**Funerai** 

Director

r than "natural", or Items 23a or 28a-f show the Medical Examiner must be notified at

7 is marked other traumatic event,

or other tra

permit. Pege Depertment of Important: If eny Injury or once.

Physician /Medicai

**Examiner** 

signed by i

pege 2 should

director,

funeral

After

To the Hospital or Attanding within 24 hours effer death.

To the Funeral Director: After completely filled in by the fur

death with the Meryland

filed within 72 hours after

Pages 1 and 2 should be nent of Health end Mental

21215-0020

Baltimore, Maryland

P.O. Box 68760,

Records,

Division of Vital

Hospital or Attanding Physician:

| Ple | ease Type o | r Print in | Black | Indelible Ink. | Assure | All | Copies | Are | Legible |
|-----|-------------|------------|-------|----------------|--------|-----|--------|-----|---------|
|     |             |            |       |                |        |     |        |     |         |

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** 1998 ELIZABETH KATHERINE RIDGELY 8:37 16, June /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Easton
If Under 24 Hrs. 8. Dete of Birth
(Month, Dey, Year) The Memorial Hospital
5. Social Security Number 6. Sex 7. Ag Talbot If Under 1 Year 7. Age (In yrs. lest birthdey) Birthplece (Stete or Foreign Country) 1 □ M 2 □ xF Months Deys BALTIMORE, MD 218-18-6839 JULY 8,1902 95 Usuel Residenca of Decedent 10e, Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director MD CAROLINE GOLDSBORO 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? U.S.A. 27348 SANDTOWN ROAD 21636 Funeral 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ☐ No
If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, 11. Marital Status Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married WHITE 1 ☐ Yes 2 ☐ No Specify: by 3 XWidowed 4 □ Divorced Year or Detes: Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) OWN HOME HOMEMAKER UNKNOWN 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be LAURA BATEMAN WILLIAM MAYERS 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 303 MacINTOSH DRIVE - GLEN BURNIE, MD. 21061 PHYLLIS C. BOYCE (DAUGHTER) 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ➡ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 6/19/98 BALTIMORE BALTO NAT'L CEMETERY 21. Signeture of Funeral Servica Licental 22. Name end Address of Fecility HUBBARD FUNERAL HOME INC. 21229 4107 WILKENS AVENUE-BALTIMORE, MD Approximete Intervel Between Onset end Deeth 23e. Part1. Enterwise disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Immediete Ceuse (Final Myocardial Infarction 1 hr diseese or condition resulting in deeth) Due to (or es e consequence of): Examiner 30 years Hypertension
Due to (or es a consequenca of): Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest Physician/Medicai Due to (or es e consequenca of): Pert It. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings aveilebte prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? 1 ☐ Yes 2 No 1 Yes 2 No Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) Certification: To 1□ Yes 2 No 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Naturel 5 Pending 1 Yes 2 No 2 Accident investigation 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 12 Certifying Phyalcien: To the best of my knowledge, deeth occurred et the time, dete and pleca, end due to the ceuse(s) end menner as steted.
2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end pleca, end due to the ceuse(s) end menner stated. Medicai 29a, Certifier 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 6-19. DOO 51132 alis 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

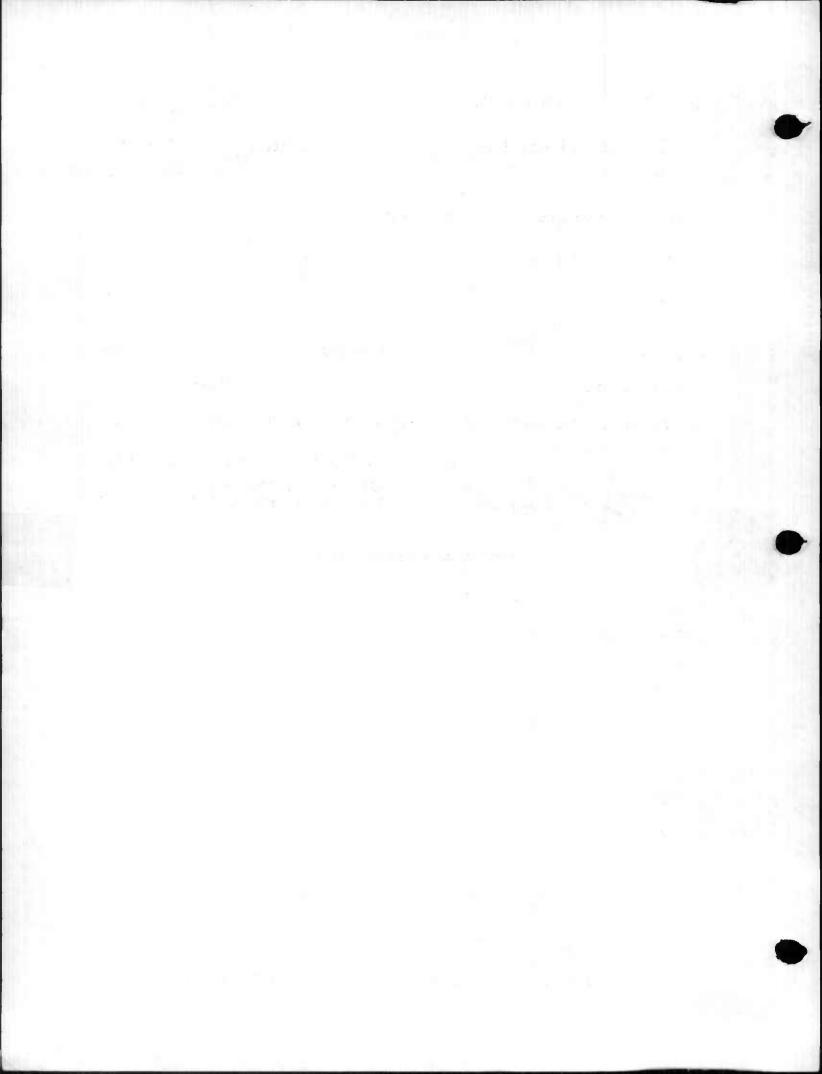
State

Registrar

31. Dete filed (Month, Dey, Yeer)
JUN 2 9 1998

DR. JORGE ABREGO - 332 N. MAIN STREET - FEDERALSBURG, MD. 21632 32. Registrer's Signeture

Julia Savidson-Randale



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth KOBERTS JOSEPH 7:34 A, M ABRAHAM 26 98 4e Fecility Name (If not Institution, give street and number) BAYVIEW MEd. CTR. 4940 4b. City, Town, or Location of Deeth 4c. County of Deeth T. Age (In yrs. lest birthday) The man and the set birthday of th BALTIMORE IT Under 24 Hrs. 8. Date of B 5. Social Security Number 8. Date of Birth (Month, Dey, Year) 9. Birthplace (State or Foreign 10 M 2□ F Months Deys Min -01-1904 GEORGIA 417-034-475 Yrs. Usual Residence of Decedent 10d. Inside City Limits 10c. City, Town or Location 10e State 10b. County 12 Yes 2 No md BALLIMORE 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street end Number 21212 U.SA AVE. Willow 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Bace - American Indian. 11. Meritel Status Bleck, White, etc. 1□ Yes 22 No 1 Never Married 2 Merried Specify: Black Specify: 3 Widowed 4 Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elemantery/Secondery (0-12) Cotlege (1-4or 5+) COAST GAURD SEAMAN 18. Mother's Neme (First, Middle, Maiden Surnama) 17. Father's Neme (First, Middle, Last) Roberts JOSEPH MINNIE ROBERTS 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Raletionship (Type, BAlto. Md. 21212 KOBERTS (SON) WILLOW AVE. 638 NORRIS 20e. Method of Disposition 1 Buriel 2 Cremation 3 Removel from State 4 Donetion 5 Other (Specify) 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 6/29/98 22. Name and Address of Fecility CARDE FUNERAL SERVICE 21. Signeture of Funeral Service Licenses Dennis B. AUE. BALto. Md. 21215 5502 WINNER 23a. Pent1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest shock, or heart failure. List only one cause on each line. Congestive heart bailine Immediate Cause (Final disease or condition resulting in death) Atrial fibrillation Sequentially list conditions, if eny, laeding to immadiata cause. Enter Underlying Ceuse (Disease or injury that initieted events Renal insufficery resulting in death) Lest Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Demen to se 24b. Were autopsy findings eveilable prior to 24e. Wes en eutopsy performed? complation of cause of daath? 1 Yes 2Z No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 28. Place of Deeth (Check only one) Othar: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yas 2 No 1 Minpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 28c. Injury at Work? 27. Menner of Deeth 28d. Describe how Injury occurred 28b. Time of 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 4 Homicide

P.O. Box 68759 1 100 signed by Division of Vital Records, peed has The certificate Physician: within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral di

or Attending

**Physician** 

/Medical

Examiner

Director

Funerai

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Completed

Director

item 27 is marked other than "natural", or items 23s or 28s-f show other traumetic event, the Medical Examiner must be notified at

6 any injury once.

**Physician** 

/Medical Examiner

Physician/Medical Examiner

þ

Completed

Be

10

Certification:

edicai

permit. Pages 1 and 2 should be filed within 72 hours efter Department of Health and Mental Hygiene. Important: If Item 27 ia marked other then "netural", or ite

with the Maryland

29a. Cartifiar

(Check only one) 2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, deta end plece, end due to the ceuse(s) end menner steted. 29b. Signetura and titla of certifiar

4 Name

D3064-1

16 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

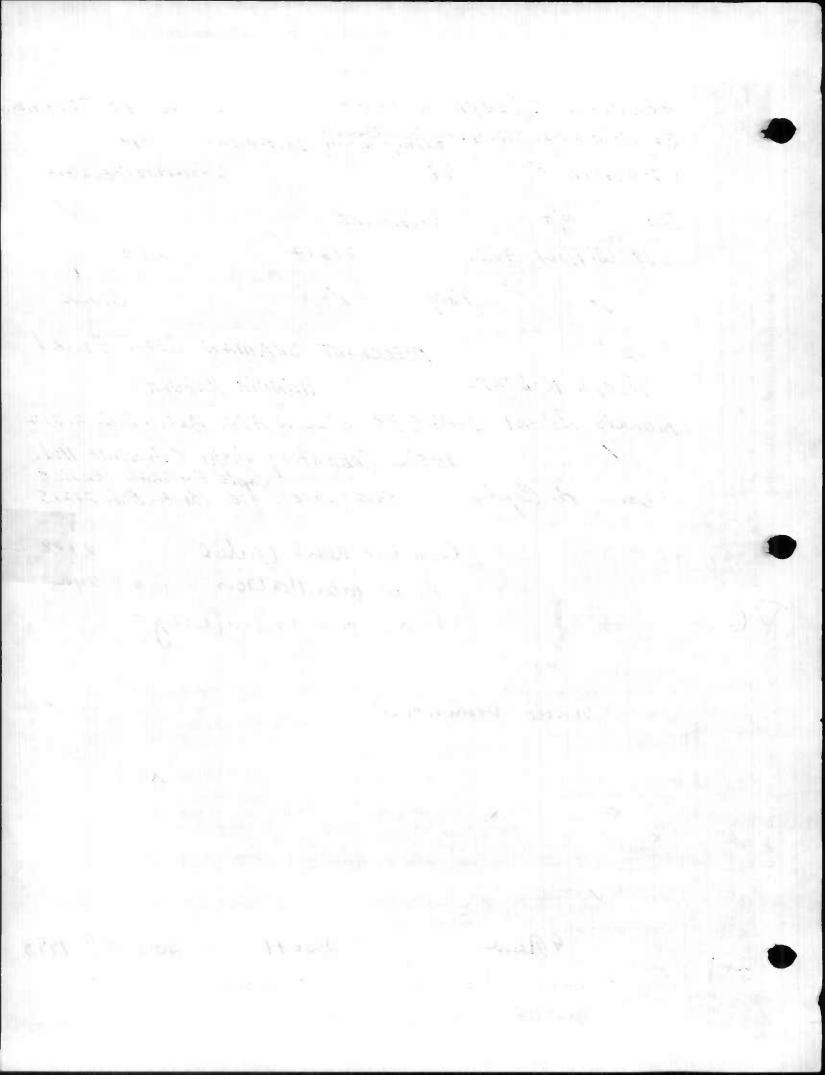
29d. Date signed (Month, Day, Year)

30. Name and address of person who complated causa of death (Itam 23a) (Type, Print)

KAMESH SABAPATIM 821 N. EUTAW ST. #308 BALTIMORE ND. 21201 31. Date filed (Month, Dey, Year)

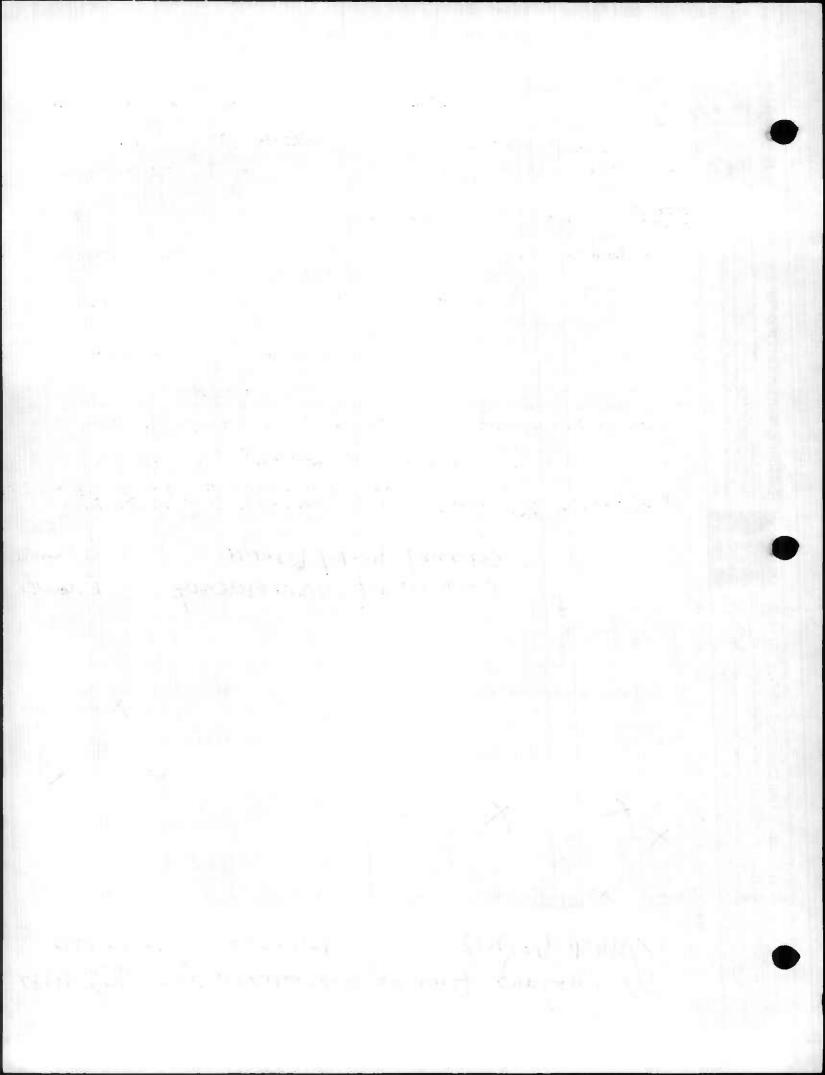
Registrar

32. Registrer's Signeture JUN 2 8 1998 Julia Davidson-Randale



State of Maryland / Department of Health and Mental Hygiene Q 8 20003

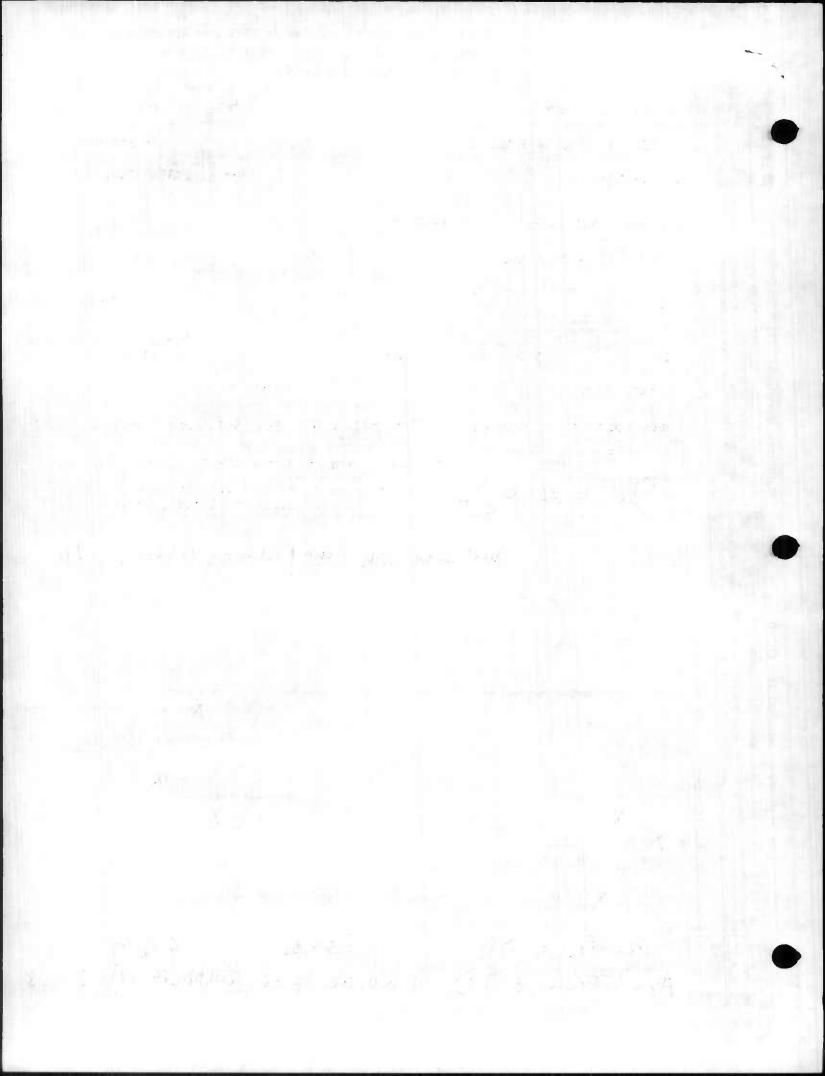
|  |   |   |                          | Certifica         | te of L                            | Death  | F                                    | leg. No.           | 0 6                | 0003   |
|--|---|---|--------------------------|-------------------|------------------------------------|--|--------------------------------------|--------------------|--------------------|--|
| Dhuaisian  | 1. Decedant's Nama (First, Midd   | la, Last)   | CNIANT                   | T 37              |                                    |  | 2. Data of Dea<br>Month              |                    | Year               | 3. Tima of Death   |
| Physician<br>/Medical  | LUKE  |   | SNAVE                    | I بان             |                                    |  | JUNE                                 |                    | 1998               | 10:05PM  |
| Examiner   | 4a Facility Nama (If not Institution, give street and number)  4b. City, Town, or Location of Death 4c. County of   |   |                          |                   |                                    |  |                                      |                    |                    |  |
|  | THE JOHNS HOPE  5. Social Sacurity Number   | KINS HOSPITA  | L<br>ga (In yrs. last bi | rthday) If Und    | ar 1 Yaar                          | BALT LMOK  |                                      |                    | N/A                | placa (Stata or Foreig   |
| uneral<br>irector  | 578-54-7286   | 10XM 20 F   | 80                       | Yrs. Months       |                                    | Hours Min.   |                                      | 1918               | Cot                | sylvania   |
| <b>*</b>   | Usual Rasidance of Decedant  10a. Stata 10b. County   | ,   | 10c. City, Tov           | m or Location     |                                    |  |                                      |                    |                    | 10d. insida City Limits  |
| be notified a<br>Director  | Rep. of<br>Panama   | N/A   | Pan                      | ama City          | /                                  |  |                                      |                    |                    | 1 Nas 2 Na   |
| 23a or 2<br>mit be no.   | 10e. Street and Number<br>510A CUTUNDU  | 10f. Z  | ip Coda<br>N/            | А                 |                                    | 10g. Citizan o<br>Unite                              |                                      |                    |                    |  |
| then 'natural', or items 23a or 28a-1 show<br>the Medical Exercines must be notified at<br>completed by Funeral Director | 11. Marital Status  1 Navar Married 2 Mar 3 Widowed 4 Divorced  | H VAc Give  | ?<br>INO<br>IABALTT      |                   | edant of H<br>ecify Cuba<br>2 X No | ispanic Origin? (S<br>in, Maxican, Puari<br>Specify: | pecify Yas or No-<br>to Rican, atc.) | 14. R<br>B         | lack, Whita        | ican Indian,<br>, atc.<br>hite   |
| natur<br>lical   | 15. Decedar   | nt's Education  | 168                      | . Decedant's Us   | ual Occupa                         | ation  | rkina                                | 16b. Kind ot       | Businass/li        | ndustry  |
| n, the Medical   | Etementery/Secondary (0-12)   | College (1-4or  | 5+)                      |                   |                                    | during most of wo                                    |                                      | -                  |                    |  |
|  | 12<br>17. Fathar's Nama (First, Middla,   | (ASI)   |                          | Civi              | 1 Eng                              | ineer  | ma (First, Middla,                   | -                  | ineer              | ing  |
| arked otheric event,   |   |   |                          |                   |                                    |  |                                      |                    |                    |  |
| EE   | John Adam S  19e. Informant's Name/Ralations  |   | 19                       | o. Mailing Addra  | ss (Street                         | and Number or Ru                                     | ra Peiff<br>Jral Routa Numbe         |                    | vn, Stata, Z       | ip Coda)   |
| 27<br>r tr   | Glenda Snavely  | - daughter  | 6                        | 524 Mea           | dowfi                              | eld Ct.,   | Elkridg                              | e, Md.             | 210                | 75   |
| . = 0  | 20a. Mathod of Disposition  |   | 20b. Place o             | of Disposition (N | ama of                             | 1  | Data                                 | 20c. Location      |                    | Town, Stata  |
| ry or  | 1 Burial 2 XCramation<br>4 Donation 5 Other (S  |   | 3                        |                   |                                    | on Cremi   | 6/26/98                              | Laure              | el. Mo             | 1.   |
| Important: if<br>any injury o<br>once.   | 21. Signature of Funaral Sarvice  | Licensaa  |                          |                   |                                    | ss of Facility                                       |                                      | ne @ Me            | adowr              | ridge MP,  |
| 2 4 0  | pomo  | 2) X her  | 00                       | 7250 W            | ashin                              | aton Bly   | d. Elkr                              | idae.              |                    | 21075  |
|  | 23a. Part1. Enfar tha diseasa, o shock, or haart failura. List  | r complications thet clust<br>t only ona causa on erc | d the death. Do          | not anter tha mo  | ode of dyln                        | ig, such as cardia                                   | c or raspiratory ar                  | rest,              |                    | Approximete<br>Intervat Batween<br>Onsat and Daath                             |
| sician   | Onsat ar  |   |                          |                   |                                    |  |                                      |                    |                    |  |
| edicai<br>miner  | Immediata Causa (Finat disease or condition resulting in deeth)  a. Contently Anthry District  Dua to (or es a consequence of):  Purmonary (MSUFFICIENCY)  b. |   |                          |                   |                                    |  |                                      |                    | 6 May              |  |
| ē E  | ,   | 01  | Dua to (or es a          | consequance of    | f):                                |  | SCICAL                               | 10 1               | ì                  | 6 Monde  |
| nsit min   |   | b   |                          | IN MING           | (]                                 | vs un-   | uen                                  | 7                  | i                  | 6 hough  |
| physician and strength buriet-transit edical Examiner  | Sequentially list conditions, if any, taading to immadiate causa. Entar Undarrying Ceuse (Diseesa or Injury c.  |   |                          |                   |                                    |  |                                      |                    |                    |  |
| sicia<br>e bun   | Ceuse (Diseesa or Injury that Initiated avants  | c   | Due to for es e          | consaquance of    | ۸.                                 |  |                                      |                    | -                  |  |
| 0 0  | rasulting in daath) Last  |   | Dua to (or as a          | consaquance or    | ).                                 |  |                                      |                    |                    |  |
|  |   | d   |                          |                   |                                    |  |                                      |                    | 1                  |  |
| the att  | Part II. Other significant condition  | ons contributing to death                             | but not rasulting        | In tha undarlying | causa giv                          | an in Part I.  | 23b. Did t                           | obacco use         | contribute         | to the cause of deat   |
| 2 a 5  |   |   |                          |                   |                                    |  | 10                                   | /es 2□Ne           | 3 2 Pr             | obably 4 Unkno   |
| should<br>should   |   |   |                          |                   |                                    |  | 24a. Was<br>perfo                    | an autopsy<br>med? | 8                  | Vara autopsy findings<br>vaitable prior to<br>completion of causa<br>of death? |
| has<br>pe 2  |   |   |                          |                   |                                    |  | 101                                  | as a Navio         | •                  | □Yas 2XNo  |
| certificate<br>rector, pag   | 25. Was casa rafagred to madica   | at I  |                          |                   |                                    | 26 Place of De                                       | ath (Chack only o                    | /                  |                    | 2100   |
| =  | axaminar?   | Hospitat: Inpat                                       | iant 2 ER/O              | utpatient 3 0     | Oth Oth                            | 06:  | doma 5 ☐ Rasio                       |                    | Other (Spec        | e(fv)  |
| 長 商  | 27. Menner of Death   | 28a. Uate of Inj                                      | ury 28b.                 | Time of Injury    | 28c. Injun<br>Wor                  |  | 28d. Describe                        |                    |                    |  |
| tor: After<br>y the fune<br>ilcation   | 1 Natura 5 Pendii<br>2 Accidant invasti   | igation   | 7 (100)                  | М                 |                                    | Yas 2 □ No   |                                      |                    |                    |  |
| af Director: After t<br>led in by the funers<br>Certification:   |   |   |                          |                   |                                    |  |                                      |                    | m <i>ber or Ru</i> | ral Routa Number,  |
| To the Funeral Director: After completely filled in by the funer completely filled in by the funer Medical Certification | (Check only 2 Medical   | ng Physician: To the best<br>Examiner: On the basis   | of axamination as        |                   |                                    |  |                                      |                    |                    |  |
| - T  | 20h Signeture and title of certifie   | and mannar s  | tatad.                   | 2                 | 9c. Licens                         | a number   |                                      | 29d Data sic       | ned (Manti         | Day Year)  |
| The Med  | 29b. Signatura and titla of certifia  | noma  | $\overline{}$            |                   |                                    |  |                                      | 29d. Data sig      |                    |  |
| To the   | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  |   | /                        | i                 |                                    |  |                                      | AIA IV             | LY                 | 1777   |
| To the   | D/WWW   | 1/4/  |                          |                   |                                    |  |                                      | Jours              | - 1                |  |
| Comple   | 30. Nama and addrass of person  | who completed causa of                                | death (Itam 23a)         | (Type, Print)     | ) made                             | ces. 6   | ns Hoon                              | Joan .             | BAN                | nushe  |



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| P  |   | State of Marylan  | Certifica                          |                     |  |  | ig. No.                              | 3 20   | 1004  |  |
|--|---|---|------------------------------------|---------------------|--|--|--------------------------------------|--|---|--|
| Physician<br>/Medical  | Decedent's Name (First, Middle, Last     JOY A. SCOTT   | )   |                                    |                     |  | 2. Date of Deat<br>Month<br>June 25        | Day 1998                             | Year   | 3:15 PM   |  |
| Examiner   | 4a Facility Neme (If not institution, give  | street and number)  |                                    | 4                   | b. City, Town, or Lo   | cation of Deeth                            | 4c. County                           | of Death   |   |  |
| Funeral<br>Director  | 541-34-5345   |   | Yrs. If Under                      | or 1 Year<br>Days   | Rockdale If Under 24 Hrs. Hours Min.   | 8. Date of Birth<br>(Month, Day,<br>Apr 6, | Year)                                | 9. Birthplac<br>Country,<br>Wyomir                         | e (State or Foreign   |  |
| pug *  | Usual Residence of Decedent  10a, Stete 10b. County 10c. City, Town or Location   |   |                                    |                     |  |  |                                      | 10d.   | Inside City Limits  |  |
| death with the Meryland<br>rms 23s or 28s-1 show<br>rmset to morrised at<br>mersel Director  |   |   |                                    | 1 ☐ Yes 22 No       |  |  |                                      |  |   |  |
| vith the Me<br>t or 28a-1s<br>be routles   | Maryland Baltimore Rockdale  10e. Street and Number 10f. Zip Code   |   |                                    |                     |  |  | 0g. Citizen of \                     | What Country   | ?   |  |
| h wid  | 3508 Milford Mill Rd. 21244   |   |                                    |                     |  |  | USA                                  |  |   |  |
| or he  | 11. Marital Status 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced   | 12. Was Decedent Ever in U,<br>Armed Forces?<br>1 ☐ Yes 2 ☑ No<br>If Yes, Give<br>Year or Detes:                    | S. 13. Was Dece<br>If Yes, spo     | ecify Cuba          | spenic Origin? (Spe<br>n, Mexicen, Puerto I<br>Specify:  | cify Yes or No-<br>Rican, etc.)            |                                      | e - American<br>ck, White, etc                             |   |  |
| 2 hou  | 15. Decedent's Edu  | rcetion   | 16a. Decedent's Use                | uel Occupa          | ation<br>luring most of working  | 100  | 16b. Kind of B                       | ualness/Indus  | itry  |  |
| sryland 21215-0020 should be filed within 72 hours aff to Mental Hygiene. marked other than "natural, or matic event, tra Medical Exam To Be Completed by F  | Elementery/Secondery (0-12)  12  17. Father's Name (First, Middle, Last)  | Elementery/Secondery (0-12) College (1-4or 5+)  12 Teacher  |                                    |                     |  |  | Oregon & Baltimore<br>School Systems |  |   |  |
| Maryland d 2 should be file th and Mental Hy 7 is marked oth traumatic event   |   |   |                                    |                     | 18. Mother's Name  |  |                                      | 110)   |   |  |
| faryla 2 should is marked and Menicularity   | Eric Moline  19a. Informant'a Name/Relationship (T)   | vne Print)  | 19h Mailing Addres                 | s (Street           | Sylvia<br>and Number or Rura   | Herbis                                     |                                      | State. Zin Co  | ode)  |  |
| of Heal  | Lauri Ann Scott  20a. Method of Disposition  1  Burial 2  Cremation 3  4  Donation 5  Other (Specify,   | Removal from State  | 3508 Milf                          | me of<br>other plac | ө)   | Date                                       | 20c. Location                        | Maryland 21244  Ition - City or Town, State  rel, Maryland |   |  |
| Baltime<br>permit. Pag<br>Department<br>Important: I<br>any Injury o   | Baltimore Washington Crem 6-26-98 Laurel, Maryland  21. Signature of Funeral Service Licensee  Loring Byers Funeral Directors, Inc.  8728 Liberty Rd. Randallstown, Maryland 2113 |   |                                    |                     |  |  |                                      |  |   |  |
| Physician  | 23a Page Enter the disease, or comp<br>shock, or heart feilure. List only of  | lications that caused the death<br>ne cause on each line.   | n. Do not enter the mo             | de of dyin          | g, such es cardiac o   | r respiretory erro                         | est,                                 | A  | pproximate<br>iterval Between<br>inset and Death              |  |
| /Medical<br>Examiner   | Immediate Cause (Final disease or condition resulting in death)   | a Due to (o   | on with                            | brec.               | in & pulm  | enady t                                    | retastas                             | az .   | 9485  |  |
| owecuted in an internal intern | Sequentially list conditions, if any, leading to immediate  | b Due to (o   | r es a consequence of              | ):                  |  |  |                                      | 1  |   |  |
| 6876( ficete be physicie ts the but  | Cause (Disease or Injury that initiated events resulting in death) Last  Due to (or as a consequence of):   |   |                                    |                     |  |  |                                      |  |   |  |
| death certifice attending red for use as   | Float II. Other classificant annothing as   |   |                                    |                     | on in Book i   | ook Dide                                   |                                      | madibudo do el   | ha anuan of death   |  |
| P.O.   | Part II. Other significant conditions co  | Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part |                                    |                     |  |  |                                      |  | he cause of death<br>bly 4 ☐ Unknow                           |  |
| ecord aw requir as been s 2 should   |   |   |                                    |                     |  | 24e. Was e<br>perfor                       |                                      | availa   | autopsy findings<br>able prior to<br>pletion of ceuse<br>ath? |  |
| A stee Page  |   |   |                                    |                     |  | 1 🗆 Y                                      | es 2 No                              | 101  | res 2□ No   |  |
| f Vital Rec<br>ysicien: The law<br>is certificate has b<br>director, page 2 s  | 25. Was cese referred to medical examiner?  | Hospital:   |                                    | Oth                 | 26. Place of Death   | 10   |                                      |  |   |  |
| of Vita Physician: this certific rai director,   | 1 Yes 2 No  | 1   Inpatient 2   28a. Date of Injury   | ER/Outpatient 3□ D<br>28b. Time of | IOA                 | Other: 4 Nursing Home 5 Residence 6 Other (Specify)  Injury at 28d. Describe how injury occurred |  |                                      |  |   |  |
| VISION Attending or deeth. ector: After by the fune  | 1 Naturat 5 Pending investigation 3 Suicide 6 Could not be  | (Month, Day Year)  28e. Place of fnjury - At ho   | М                                  | 10                  | Work?<br>1 □ Yes 2 □ No  |  |                                      | Route Number.  |   |  |
| Division o  To the Hospital or Attending Ph Within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral Medical Certification:  | 4 Homicide determined   | building, etc. (Specify aiclan: To the best of my known   | v)                                 |                     |  | City or Tow                                | n, State)                            |  |   |  |
| To the Hospital Within 24 hours To the Funeral completely filled   |   | ner: On the basis of examinal and menner stated.  |                                    |                     |  |  |                                      |  |   |  |
| To the within To the comp  | 29b. Signature and title of certifier   |   | 2                                  | c. License          | e number   | 2  | 9d. Date signe                       | ed (Month, Da  | y, Year)  |  |
| d  | I Clan tet Kourt  | (1. C. S  |                                    | 1)37                | 035  |  | 6.56                                 | -98  |   |  |
| 7'0  | 30. Name and address of person who of Alan (EFKOW)  | ompleted sause of death (Item   | (T Wau                             | Lee.                | Aprile,  | Baltin                                     | 1980                                 | DI   | 21208   |  |
| State  | 31. Dete filed (Month, Day, Year)   | 32. Registrar's Signa   | ture                               |                     |  |  | ,                                    |  |   |  |

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1 Decedant's Name (First Middle Last) 2. Dete of Death 3. Tima of Death **Physician** JUNE 26, 1998 2:40 AM JOHANNE STELL /Medical 4a Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SAINT JOSEPH MEDICAL CENTER TOWSON BALTIMORE 5. Social Security Number If Under 1 Yaar 7. Aga (In yrs. last birthday) 6. Sax 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) **Funeral** Months Days Hours Min 1 □ M 2 C F Yrs. 055-01-1713 Director **GERMANY** 93 Usual Rasidance of Decedan with the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits show tem 27 ia marked other than "natural", or flems 23s or 28s-f show other traumstic event, the Madical Examiner must be northed at 1 ☐ Yes 2 No MD Director BALTIMORE TOWSON 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funeral 4 LINLOW COURT death 21286 USA 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indien. 11. Maritel Status Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiena. Important: If item 27 ia marked other than "natural", or ite 1 Yas 2 No If Yas, Giva Year or Datas: 1 Never Merried 2 ☐ Married 1 ☐ Yas 2 🔀 No Specify: Specify by 3 St Widowed 4 □ Divorced WHITE Completed 16a. Dacedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Hygiena. Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER 3rd GRADE OWN HOME 18. Mothar's Nama (First, Middle, Meiden Sumeme) 17. Fathar's Nama (First, Middla, Last) Be JOHANN HUELSMANN ELIZABETH JACKSONTHEIS 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) TOWSON, MD 4 LINLOW COURT 21286 GERTRUDE S. KASPER DAUGHTER altimore. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Date 1 ☐ Buriel 2 X Cremation 3 ☐ Ramovai from Stata any injury or METRO CREMATORY, INC. 4 ☐ Donation 5 ☐ Othar (Specify) 6/27/98 CATONSVILLE, MD 21. Signature of Funaral Service Licenses 22. Nama and Addrass of Facility JOHNSON FUNERAL HOME, P.A. Pant Enter the disease or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, 21286 Approximate Intervei Between Onset and Death **Physician** Immediata Causa (Final disaasa or condition rasulting in daath) /Medical ABDOMINAL SEPSIS 2 WEEKS Examiner Dua to (or as a consequance of): Examiner Sequantially list conditions, if any, laeding to immadiata causa. Enter Undarlying Cause (Disease or Injury that initieted avants rasulting in daath) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequence of) ed by the datached Pert II. Other eigniticant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? P.0. signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown CEREBROVASCULAR ACCIDENT Division of Vital Records, þ 24b. Wara autopsy findings eveilable prior to complation of ceuse of death? 24a. Was an autopsy performed? Completed ATRIAL FIBRILLATION paga 2 has 2 X-NO 1 Yas 2 No certificate Hospital or Attending Physician:
 24 hours after deeth.
 Funeral Director: After this certific. 25. Was cese referred to medicei Be 26. Placa of Death (Check only ona) examinar? Hospitel: Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 1 Inpetient 2 □ ER/Outpetient 3 □ DOA Certification: To funaral 27. Mannar of Death 28a. Data of Injury (Month, Day Yaar) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Natural Injury 1 Tas 2 Accidant 3 Suicida 6 ☐ Could not be datarmined 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Streat end Number or Rural Routa Number, City or Town, Stata) 4 D Homicide Certifying Physician: To tha best of my knowledge, deeth occurred at tha tima, data and place, end due to the ceuse(s) end manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner stated. 29a. Cartifiar Medical (Check only one) To the Vithin 2 29b. Signatura and titla of certifier 29c. Licansa number 29d. Deta signed (Month, Day, Year) multumo D 41410 30. Nema and oddrass of person who completed ceuse of daath (Item 23e) (Type, Print) JOGINDER P. MEHTA, M.D., 7620 YORK ROAD, TOWSON, MARYLAND 21204 31. Data filed (Month, Day, Year) 32. Registrar's Signetura State Julia Davidson JUN 29 Registrar

We I've Marketa to the

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2 B 3 10 10 N

And the Contract of the Contra

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. Item#28b,28f per Phy G760 6/29/98 EW 1. Decedent's Nama (First, Middle, Last) 2. Date of Death Year 98 Month **Physician** Jack F Schilling 4a Facility Name (If not institution, give street and number) /Medical 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimon Hours Min. 8. Date of Birth (Month, Day, rauma 9. Birthplace (Stata or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 1 M 2□ F Hours 213-28-43/8 Usual Rasidance of Decedent 60 Yrs. MARYIAN Director the Merylend 10d. Inside City Limits 10a State 10b. County 10c. City, Town or Location 1 Yas 2 No MARYLAND ANNE Director ARMANE 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code "natural", or items 23s or 21090 DRIVE .5. A VIEW Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. 11. Marital Status 12. Was Decedant Ever in U.S. Armed Forces? 1 Yas 2 No If Yes, Giva Yaar or Dates: 1 ☐ Never Married 2 ☐ Married Specify: WhitE 1 ☐ Yas 2 No Baltimore, Maryland 21215-0020 Specify: þ 3 Widowed 4 Divorced Completed 7 is marked other than "natur traumatic event, the Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedent's Education SELF. EMPLOYED (Specify only highest grade complated) filed within Etementary/Secondary (0-12) Cotlaga (1-4or 5+) Hygiene. H GRADE -LOOR INSTALLER ONSTRUCT 18. Mothar's Name (First, Middle, Maidan Sumama) 17. Fathar's Nama (First, Middle, Last) Peges 1 end 2 should be 1 nent of Heelth and Mental I Schilling -RANK GLADLYS Counci 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) cont of Heelth an contant: If item 27 is reversity or other Schilling SON inthicupa 412 Hillview Md. 21090 MARK 20b. Ptace of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Mathod of Disposition Date 1 Burial 2 Cremation 3 Removal from State 10WSON 424/98 4 ☐ Donation 5 ☐ Other (Specify) SERVICE Corp. 22. Name and Addrass of Facility GEURGE 21. Signatus#10f Funeral Service Licenses J. GONGE Ritchie 21225 23 Fart1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or haart failure. List only one cause on each line. 4001 Approximata Intarval Between Onset and Deat **Physician** /Medical Immediate Cause (Final · Multisystem disease or condition resulting in death) Organ Examiner Due to (or as a consequence Examiner novacic ana Sequentially list conditions, if any, laading to immediate causa. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last P.O. Box 68760 Physician/Medical Dua guance of) Did tobacco use contribute to the cause of death? signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I 1 Yes 2040 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? been si Completed 24a. Was an autopsy is certificate has t director, page 2 s 1 Yes 2 2 No 1 Yes Division of Vital To the Hospital or Attanding Physician: within 24 hours efter death. 25. Was case reterred to medicel axaminar? Yes 2 □ No Be 26. Place of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Spatient 2 ER/Outpatient 3 DOA Certification: To this funeral 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred After affernoon 5 Pending investigation 1 □ Natural 148 and Number or Rural Routa Number, Accident within 24 hours efter death To the Funeral Director: / completely filled in by the f 3 ☐ Suicide 6 Could not be Ptace of trijury - At home, tarm, street, factory, office building, atc. (Specify) Location (Street and City or Town, State) 4 Homicide 2900 Blk novo Certifying Physician: To tha best of my knowledga, daath occurred at the time, date and place, and due to tha causa(s) and manner as statad. Medical Examiner: On tha basis of examination and/or invastigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one)

29c. License number

who complated cause of death (Item 23a) (Type, Print)

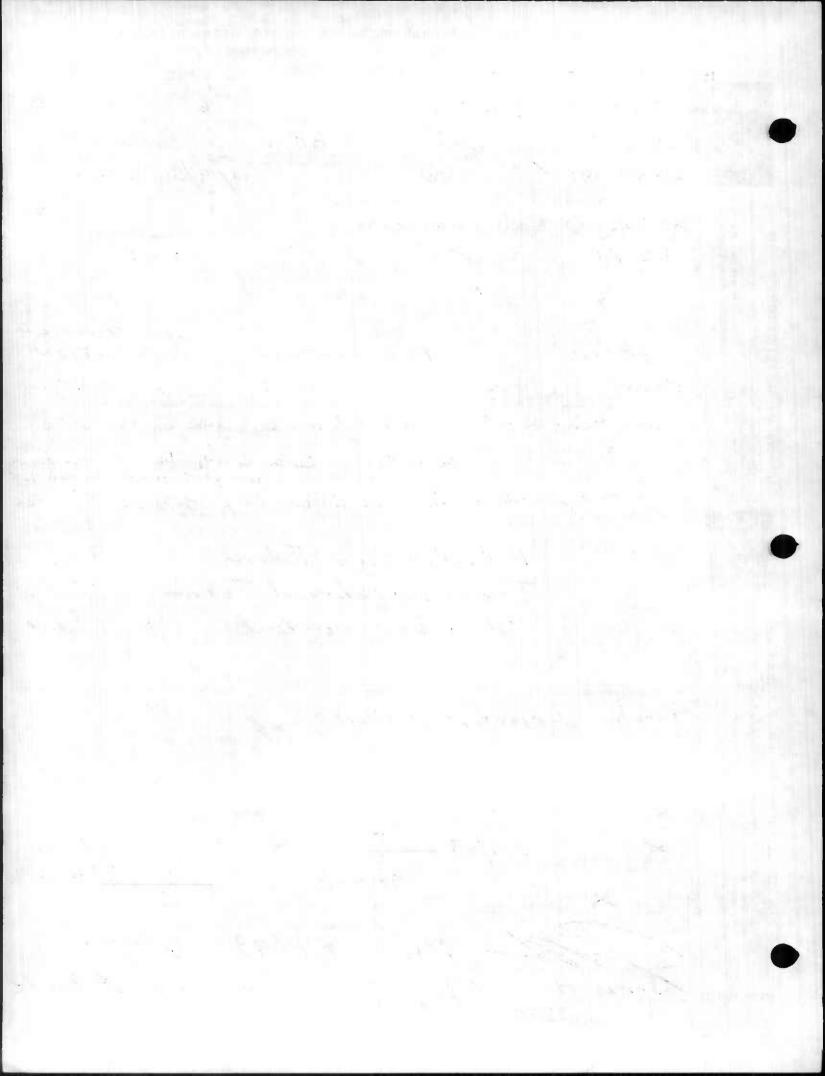
32. Registrar

29d. Date signed (Month, Day, Year)

State Registrar 29b. Signature and fittle of certified

1 mu 31. Date filed (Month, Day, Year)

JUN 291998

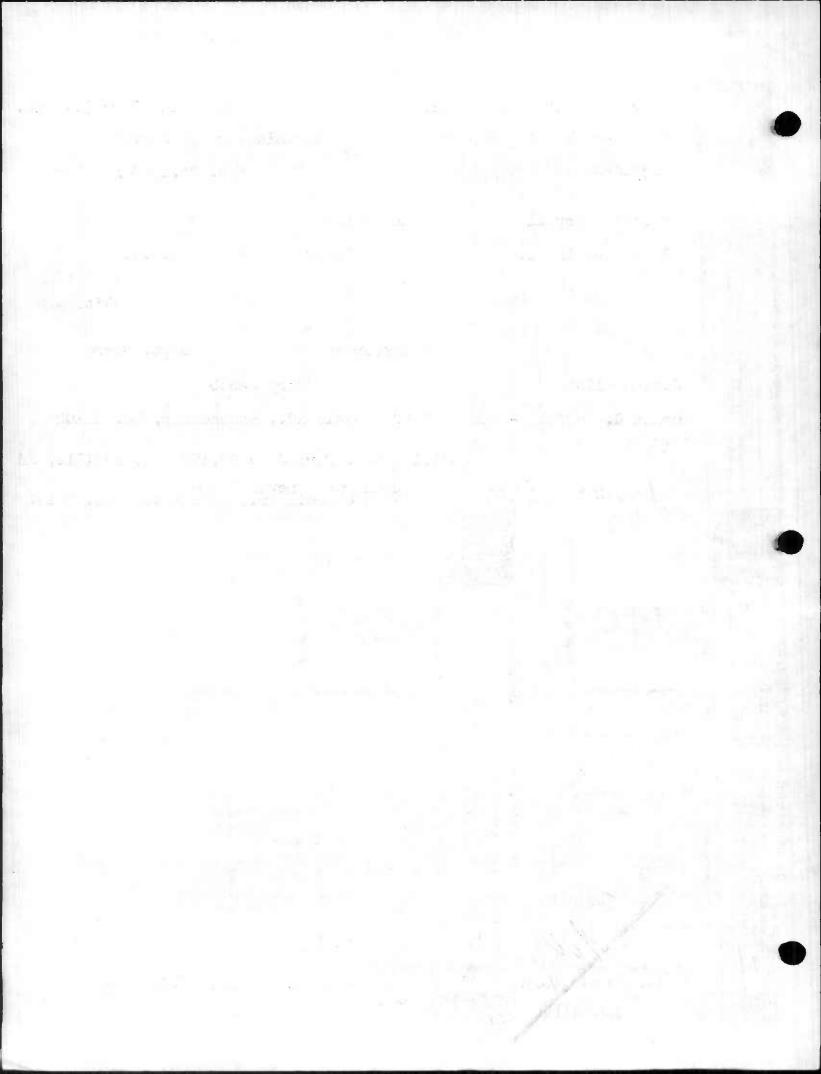


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Tima of Death **Physician** 1998 Margaret Elizabeth Saffell 9:20 pm. June /Medicai 4a. Facility Neme (If not institution, giva streat and numbar) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Westminster Nursing Center Westminster Carroll If Under 24 Hrs. 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) 8. Date of Birth 9. Birthplace (Stata or Foraign Feb. 21, 1910 Maryland **Funeral** 10 M 20 F Months Days Hours 213-05-6868 88 Yrs Director Usuel Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Director Maryland Carroll Manchester 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8 2552 Ebbvale Rd. 21102 Herra 23a U.S.A. Peges 1 and 2 should be filed within 72 hours efter death nent of Heelth and Mental Hygiene. If Item 27 Is marked other than "natural", or tema 23. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indian. Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2Ū No þ 3 Widowed 4 □ Divorcad Specify: White Completed 15. Decedent's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Salesperson Dept. Store 17. Fether's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumama) Be Joseph Flint Mary Jacob 19a. Intormant's Name/Relationship (Type, Print) 19b. Malling Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Peges 1 and 2: Department of Heelth a Important: If Item 27 Is any Injury or other trau Norman G. Saffell -2542 Ebbvale Rd., Manchester, Md. 21102 son 20b. Place of Disposition (Name of cametary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1- Burial 2 ☐ Cremetion 3 ☐ Removel from State LakeView Mem. Park June 29,1998 Sykesville, Md 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licansee 22. Name and Address of Fecility Eckhardt Funeral Chapel 3296 Charmil Dr., Manchester, 21102 Md. 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heert failure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medicai Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or es e consequence ot) Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of): Division of Vital Records, P.O. Box 68760. Hospital or Attanding Physician: The law requires that the death certificate be Physician/Medicai Due to (or as a consequence of) Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detact 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Were autopsy tindings available prior to completion of cause of death? Be Completed 24a. Was an autopsy peed certificate hes t 1 🗆 Yes 2 No 1 Yes 22 No 25. Was case reterred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 ☐ Residenca 6 ☐ Other (Specity) 9 1 Yes 2 No 1 inpatient 2 ER/Outpatient 3 DOA After this 27. Menner of Death Medical Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Natural death. 1 Yes 2 No 2 Accident Director: / 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) after 4 - Homicide To the Hospital o within 24 hours aff To the Funeral DI completely filled in 29a / Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as steted. 2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated. 29b, Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Ilem 23a) (Type, Print) Business Center Doine Reisterstown, MD Kushner, MD 31. Date tiled (Month, Day, Year)
JUN 2 9 1998 State

DHMH 16 Rev 6/95

Registrar



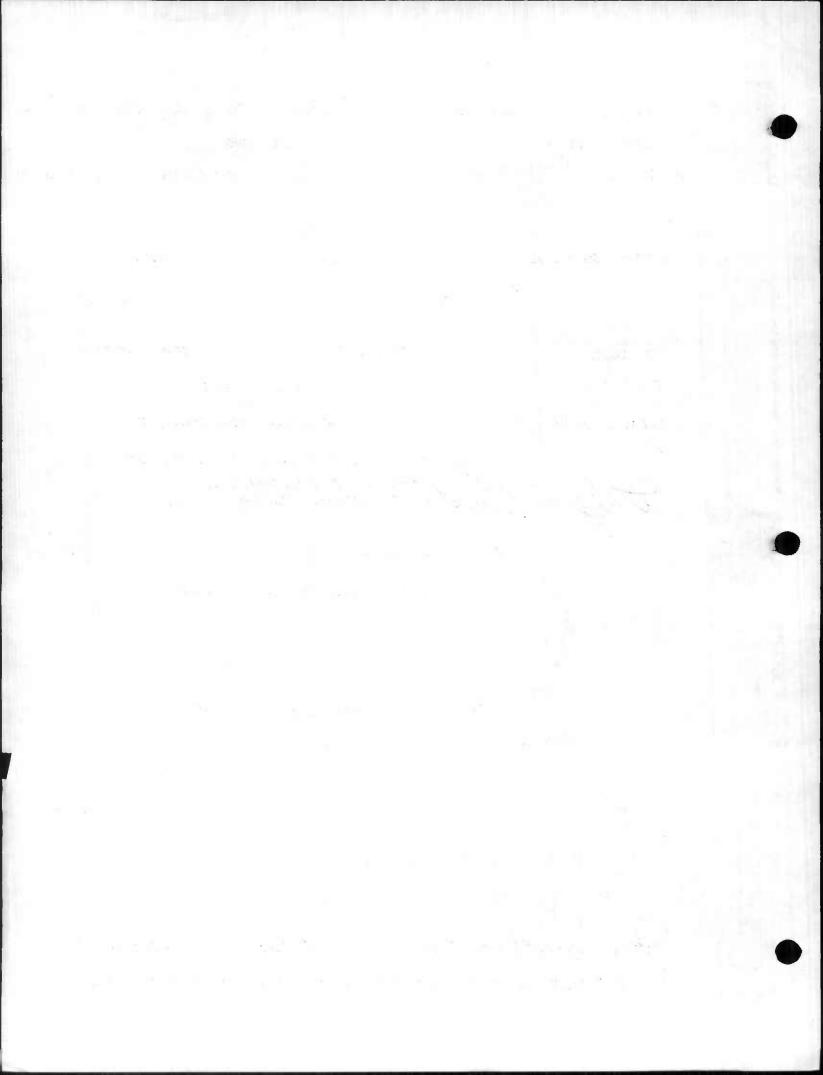
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death Month **Physician** ucker 1998 4a. Facility Name (If not institution, give street and numbar, 21 JUNE /Medical 4c. County of Death 4b. City, Town, or Location of Death Examiner JOSEPH RICHEY HOUSE BALTIMORE 7. Age (In yrs. last birthday) If Under 1 Year If Undar 24 Hrs.

Months Days Hours Min. 5. Social Security Number 6. Sex 8. Date of Birth (Month, Day, Year) Birthplace (State or Foraign Country) **Funeral** 1 □ M 2 □ F Months Days Hours Min Yrs. 82 Director 249-01-6370 FEB 6,1916 SOUTH CAROLINA Usual Residence of Decedant the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits in "natural", or items 23a or 28a-f ahow Wedical Examiner must be notified at MD N/A 1X Yes 2 No Director BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? death with 21229 3578 BENZINGER ROAD U.S.A. 12. Was Decedent Ever in U,S.
Armed Forces?
1 ○X as 2 □ No
If Yes, Give
Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 14. Race - American Indian Black, White, atc. filed within 72 hours after 1 Never Married 2 Married 21215-0020 1 ☐ Yas 2 No Specify: WW II Specify: Completed by 3 Widowed 4 Divorced WHITE 15. Decadent's Education 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highast grade completed) Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) pount. Pages 1 and 2 should be filed wi Depertment of Health end Mentel Hygiens Important: if item 27 ie markad other tha part hilury or other traumatic event, the 1 pages. the TRUCK DRIVER TRANSPORTATION 5TH GRADE Baltimore, Maryland 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be DAVID TUCKER MINNIE HARING 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) BERNADINE TUCKER ( WIFE) 3578 BENZINGER ROAD - BALTIMORE, MD 21229 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 XBurial 2 Cremation 3 Removal from State MEADOWRIDGE MEMORIAL PARK 6/24/98 4 ☐ Donation 5 ☐ Other (Specify) ELKRIDGE, MD 21. Signature of Funeral Service Licensee HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23a. Part1. Enter the disease, or complications that control tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or each line. Approximate Interval Batween Onset and Death **Physician** /Medicai Immediate Causa (Final CARDIOMYOPATHY 9 MONTAS disease or condition rasulting in death) **Examiner** Physician/Medical Examiner ARTERIOSCLEROTIC YEARS IFE AIRT DISEASE Saquentially list conditions, if any, leading to immediate causa. Enter Undarlying Causa (Disaasa or Injury that initiated events resulting in death) Last Dua to (or as a consequence ot): Box 68760. The law requires that the death certificate-be Due to (or as a consequence of) Records, P.O. Parl II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 19788 2 No 3 Probably 4 Unknown DIA SETS MELLITUS been signed t should be det þ 24b. Wara autopsy findings avallable prior to completion of cause of death? CRIPPLING RHEVERATOID ASCHPRITIS Completed 24a. Was an autopsy pege 2 1 ☐ Yas 2 ☐ No 1 Yas 2 No Division of Vital or Attending Physician: Be 25. Was case referred to madical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospice 1 Yes 2 No Certification: To 1 Inpatiant 2 ER/Outpatiant 3 DOA this 27. Manner of Death Date of Injury (Month, Day Year) 28c. tnjury at Work? 28b. Tima of 28d. Dascribe how Injury occurred After 1 Natural 5 Pending investigation To the Hospital or Attanding within 24 hours efter death.

To the Funeral Diractor: Afte completely filled in by the fun 1 Yes 2 No 2 Accident 6 Could not ba 3 Sulcide 28e. Place of Injury - At homa, farm, street, factory, offica building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida 29a. Cartifier (Check only one) 1 Certifying Phyaician: To tha best of my knowladga, daath occurred at tha tima, data and place, and dua to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the causa(s) and manner statad. Medical 29b. Inature and title of cartifie 29d. Data signed (Month, Day, Year) ucaepblan mo 30. Name and addrass of person who completed cause of death (Item 23a) (Type, Print) JOHN B. MACGIBBON 101 WREAD ST. BALTIMORE MO 21201 MD JUN 291998 31. Date filed (Month, 32. Registrar's Signature State Julia Davidson-Bandala Registrar



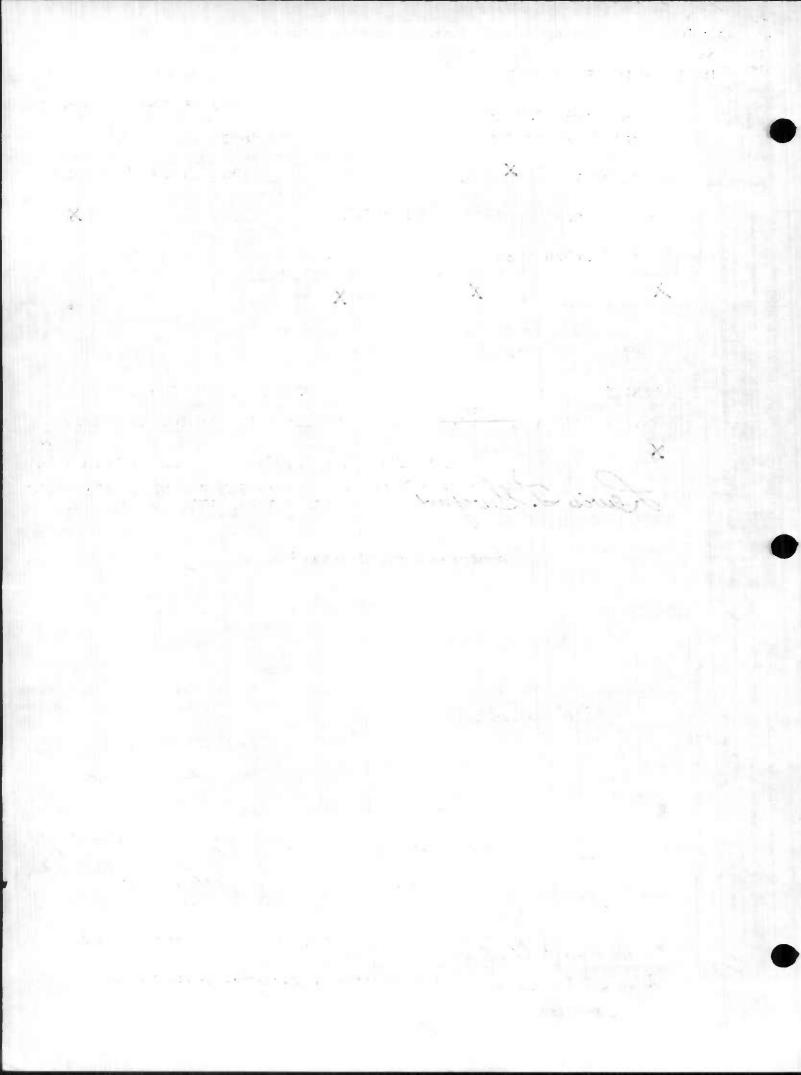
State Registrar Vennis

30. Name and addrass of person, no completed cause of death (item 23a) (Type, Print)

HO

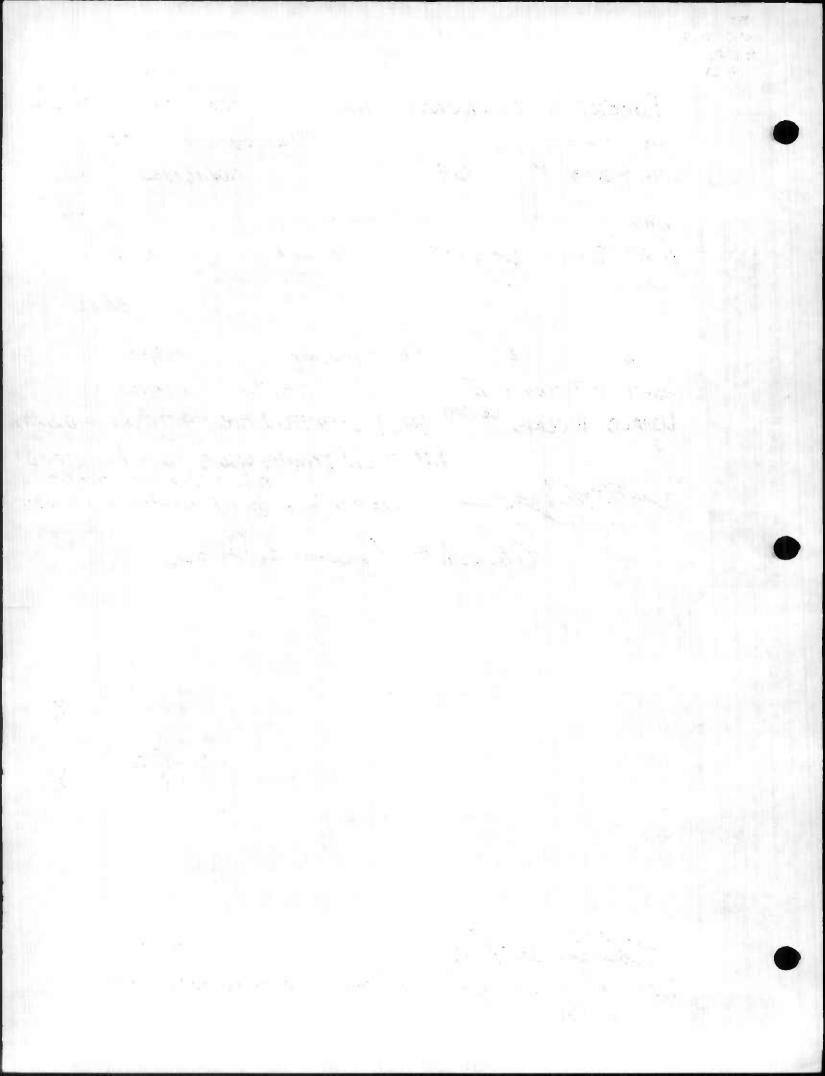
32. Registrar's Signature Pulia Devidson

111 Penn Street, Baltimore, Maryland 21201



State of Maryland / Department of Health and Mental Hygiene

|            | TORREN   | CE                  |   | Certificate   | e of Death   | Reg.  | No.  | 0010  |  |  |
|------------|--|---------------------|---|---|--|---|--|---|--|--|
|            | Physicia   |                     | 1. Decedent's Name (First, Middle, Last)  ROBERT O. TORRENCE  | E TI  |  | 2. Date of Deeth Month JUNE 21,             | Day 1998 Year                                      | 3. Time of Death 10:27 PM.                                      |  |  |
|            | ¹ /Medic<br>Examin   |                     | 4a Facility Neme (If not institution, give street end number)   |   | 4b. City, Town, or Loc   | cation of Deeth                             | 4c. County of Deeth                                |   |  |  |
| 1          | Funeral<br>Director  |                     | 644 JASPER ST.  5. Social Security Number   | birthdey) If Under<br>Yrs. Months   | 1 Year If Under 24 Hrs. Days Hours Min.                        | B. Dete of Birth<br>(Manth, Dey, Ye         | 9. Birthr<br>1933                                  | place (Stete or Foreign http)                                   |  |  |
|            | Maryland<br>H show   | tor                 |   | own or Location ALTIMO  | re   | ,   | 1  | 0d. Inside City Limits  |  |  |
|            | oth with the Marylar<br>23a or 28a-f show  | Direc               | 10e. Street end Number 644 Jasper Street  | 10f. Zip  | Code 2/20/   | 10g.  | Citizen of What Cour                               | nfry?   |  |  |
| 020        | 72 hours efter deeth with the Maryland<br>"neturel", or itema 23a or 28a-f show<br>at cal Examinat must be notified at | by Funeral Director | 11. Marital Stetus  1 Never Married 2 Married 1 Never Married 2 Married 3 Widowed 4 Divorced  12. Was Decedent Ever In U,S. Armed Forces?  1 Yes 2 No If Yes, Give Yeer or Dates:                                   | 13. Was Deced   | dent of Hispenic Origin? (Specify Cuban, Mexican, Puerto R     | city Yes or No-<br>Rican, etc.)             | 14. Raca - Americ<br>Bleck, White,<br>Specify: B/O |   |  |  |
| 21215-0020 | within ene.  | Completed by        | (Specify only highest grede completed)  Elementery/Secondary (0-12)  College (1-4or 5+)   | 6a. Decedent's Usua<br>(Give kind of wor<br>life. DO NOT us<br>Ph Togy          | rk done during most of working retired)  COP Trey              | ng +  | Kind of Business/In                                | dustry  |  |  |
| /land      | od at a  | To Be               | 17. Fether's Name (First, Middle, Last) Robert O. Torrence II   |   | 18. Molher's Name  | (First, Middle, Maid                        | THNCL  |   |  |  |
| e, Maryl   | end 2 should<br>lealth end Mer<br>m 27 is merke<br>her trsumetic   |                     | DONALD MORRIS COUST   | 9b. Mailing Address<br>3907 C<br>a of Disposition (Nem                          | (Street end Number or Rura<br>RANSTON /                        | Are. BA                                     | MORE,  | MD 2/229  |  |  |
| Baltimore, | permit. Pages 1<br>Depertment of H<br>Important: If ite<br>eny injury or ort<br>once.                                  |                     | 20a. Method of Disposition  1 Burial 2 Cremation 3 Removal from Stele 4 Donetion 5 Other (Specify)  21. Signafure of Funeral Service Licensee   | T. ZION   | d Address of Fecility  | Date 200                                    | Location - City or To<br>Lansdau<br>Wylie 7        | UNL, UND  |  |  |
| Ř          | Depertrice Depertrice Imports one in initial one in initial one.   |                     | Molny   | 638N.   | Gilmon St  | VEET BI                                     | ALTIMONE   | MD. 21217   |  |  |
|            | Physician<br>/Medical<br>Examiner  |                     | 23a. Pert1. Enter the disease, or complications that caused the deeth. D shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death)  Due to (or es | e consequence of):  | lions cula   | Diserse                                     |  | Approximate<br>Intervel Between<br>Onset and Death              |  |  |
| 68760,     | ertificate be executed fing physician and see the bunaritensit   | Medical Examiner    | if eny, leading to immediate cause. Enter Underlying Cause, Disease or Injury C   | e consequence of):  |  |   |  |   |  |  |
| O. Box     | death c  | Physician/M         | d   |   |  |   |  |   |  |  |
| 2          | requires that the  | ρ                   |   |   |  | 1 Yee                                       | 2 No 3 Pro   | / V   |  |  |
| Rec        | 2 s D  | Completed           |   |   |  | 24a. Wes an a performed                     | ction of   | ere eutopsy findings alleble prior to impletion of cause death? |  |  |
| Vital      | ysician: The list certificate he director, pege  | Be                  | 25. Was case referred to medical exeminer?  |   | 26. Plece of Deeth   | (Check only one)                            |  |   |  |  |
| ō          | £ £ =  | 2                   | 1 ☑ Yes 2 ☐ No Hospital: 1 ☐ Inpatient 2 ☐ ER/  | Outpatient 3 DO b. Time of Injury M   |  | ne 5X Residenc<br>28d. Describe how         | e 6 Other (Speci<br>Injury occurred                | (y)   |  |  |
| Division   | al or Attendi<br>s efter death<br>bl Director: A<br>ed in by the f   | Certification:      | 3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Plece of Injury - Al home, building, etc. (Specify)   | 28f. Location (Street and Number or Rurel Route Number,<br>City or Town, Stete) |  |   |  |   |  |  |
|            | To the Hospital or I within 24 hours efter To the Funerel Director Completely filled in L                              | edicai              | 29a. Certifier (Check only one)  1. Certifying Physician: To the best of my knowled 2. Medical Examiner: On the basis of exemination and manner stated.   | Ige, death occurred a end/or investigation,                                     | at the time, date and place, of , in my opinion, deeth occurre | end due to the caus<br>ed at the time, date | e(s) and menner es s<br>end place, end due t       | stated.<br>o the cause(s)                                       |  |  |
|            | To th<br>To th<br>comp   | M                   | 29b. Signeture end title of certifier   | 290   | c. License number  | 29d.  | Date signed (Month,                                | Dey, Year)  |  |  |
|            | 3  |                     | 30. Name and address of person who completed cause of deeth them 23.  | a) (Type Bries)   | O.C.M.E.   | JU  | NE 22, 199   | 98  |  |  |
|            |  |                     | 41  |   | reet, Baltimo  | re, Maryl                                   | and 21201  |   |  |  |
|            | Sta<br>Registra  | _                   | 31. Date filed (Month, Dey, Yeer)  32. Determine Samuel   | on Pandall  |  |   |  |   |  |  |

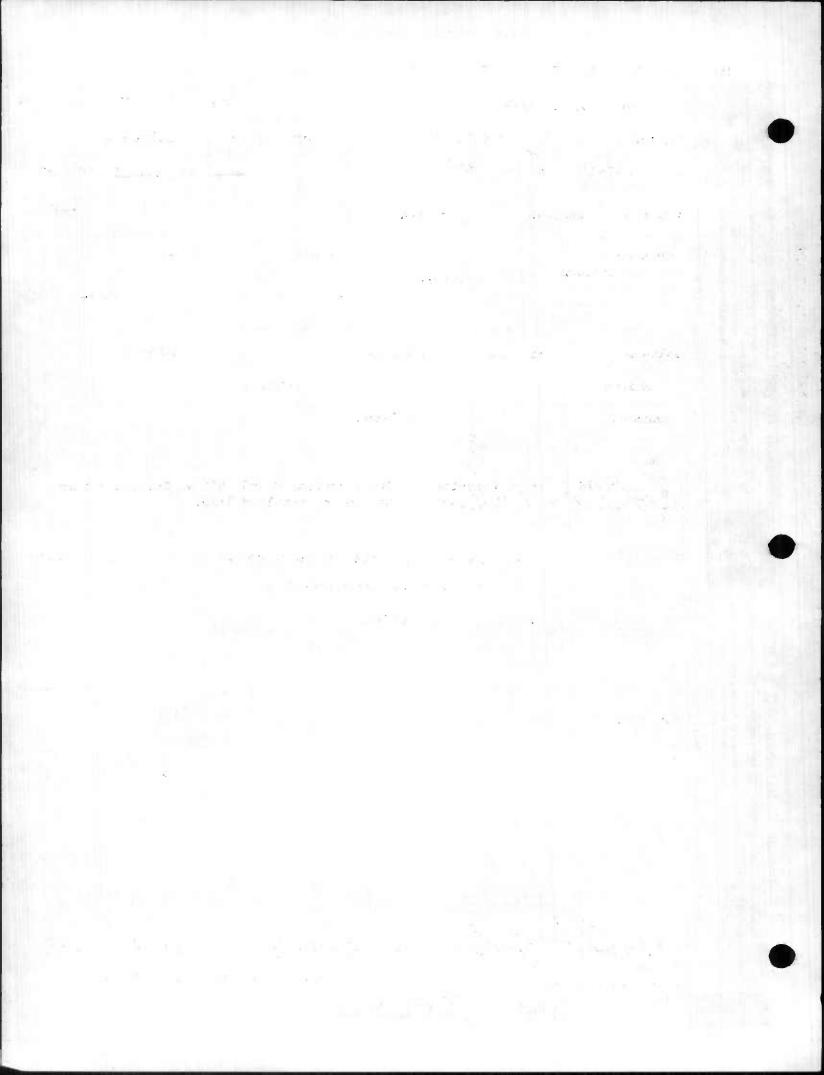


State of Maryland / Department of Health and Mental Hygiene

Item#8 per ANAT. Brd. Item#27 per Phy G760 6/29/98EVCertificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** 1998 7:25 PM June Paul Joseph Wunder /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner VA MHCS FORT HOWARD DIVISION Fort Howard Baltimore If Under 1 Yaar 5. Social Security Number Birthplaca (Stata or Foreign Country) 6 Sex 7. Age (In vrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** 1√2 M 2□ F Months Days Hours 218-32-7455 63 Yrs. JuneApril 9,1935 unknown Director Usual Residence of Decedent with the Menyland 10d. Inside City Limits 10a State 10b County 10c City Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examinat must be notified at unknown unknown unknown unknown Director 10e. Street and Numbar 10f. Zip Code 10g. Citizen of What Country? unknown U.S.A. unknown Funeral 72 hours after death 12. Was Decedent Ever in U,S.
Armed Forces? unknown
1 □ Yas 2 □ No
If Yes, Give
Yaar or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian. 11. Marital Status Unknown Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Peges 1 and 2 should be filed within lent of Health and Mental Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Surnama) unknown unknown 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) epertment of Health to Important: If Item 27 is any Injury or other enough. unknown unknown Baltimore, 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, crematory or other placa) Date 20c. Location · City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 St Donation 5 ☐ Othar (Specify) 21. Sonature of Funeral Service Licensee Ronald S. Wa 22. Nama and Address of Facility Wade, Director State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201

23a Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, hock, or heart failure. List only one cause on each line. Approximate triterval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Unknown \*End Stage Interstial Lung Disease Examiner Due to (or as a consequence of): Examiner History Of Pulmonary Embolism and i-transit The law requires that the death certificate be axecuted Sequentially tist conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or trijury that initiated events resulting in death) Lest Due to (or as a consequence of): physician a s the burial-t Fibrilation Atrial Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of): attending p signed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Seizure Disorder 2 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was en autopsy certificate has b lirector, pege 2 s 1 Yas 2 No 1 ☐ Yes 2 ☐ No Hospital or Attanding Physician: 24 hours after daath. Funeral Director: After this certifice director, Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) To Hospitat: Prinpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2⊠ No 28a. Date of tnjury (Month, Day Year) funeral 27. Menner of Deeth 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury at Work? 1 Netural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident rector: / 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) A Proving the Funeral Director of Funeral Dire 4 Homicide 1 🕰 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the cause(s) and manner as stated. To the Hosp within 24 hou To the Fune completely fil Medical 29a. Certifier 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Data signed (Month, Day, Year) 29b. Signature and title of continu 29c. License number 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) MD 9600 North Point Road Fort Howard, MD 21052 Arastoo Yazdani, 31. Dete filed (Month, Day, Year) JUN 2 9 1998 State Registrar

DHMH 16 Rav 6/95

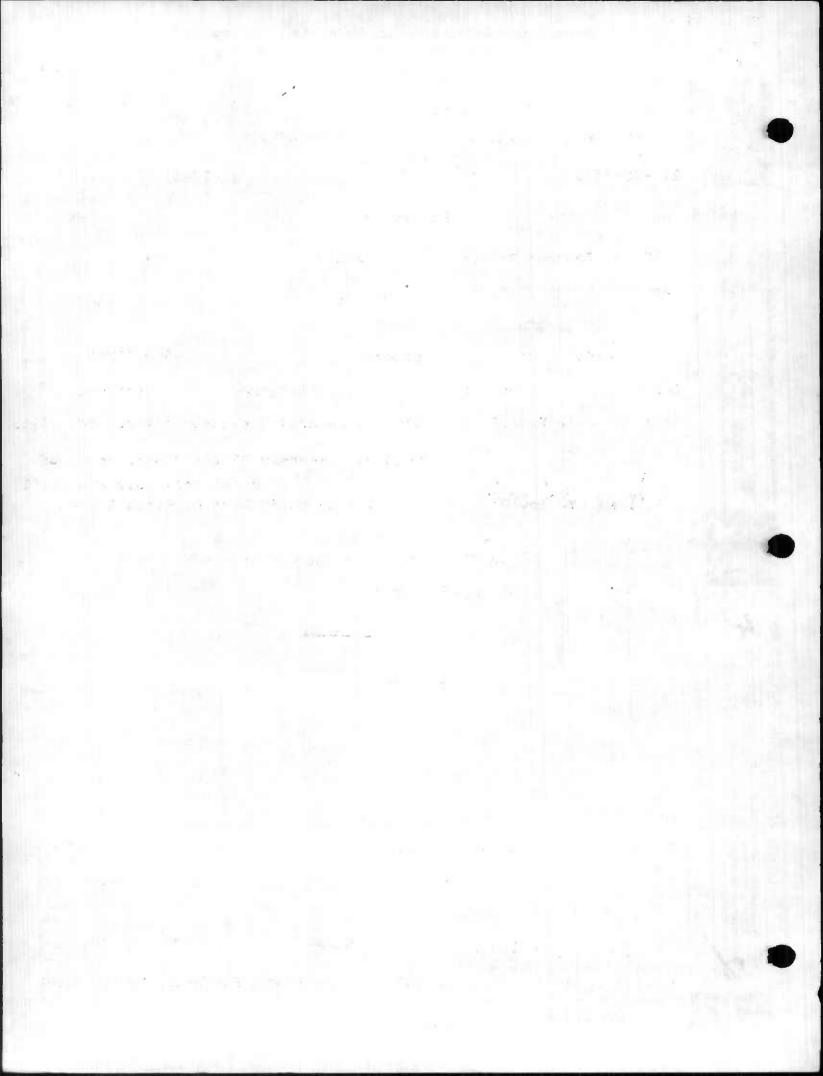


TYREE WRIGHT

State of Maryland / Department of Health and Mental Hygiene

| F           | ASP   |  |  |  | Ce                          | rtificat                               | e of           | Death                        |                 |                                       | Reg. No.                                       | 0 2               | 0011   |
|-------------|---|--|--|--|-----------------------------|--|----------------|------------------------------|-----------------|---------------------------------------|--|-------------------|--|
|             |   | 1. Decedent's Name (First, Mid   | Decedent's Name (First, Middle, Last)              |  |                             |  |                |                              |                 |                                       |  | Vaa-              | 3. Time of Deeth   |
|             | Physician<br>/Modical   | Tyree  | т.   | Wright   |                             |  |                |                              |                 | JUNE JUNE                             | 24 1   | 998               | 2257 P   |
|             | /Medical<br>Examiner  | 4e Fecility Name (If not institution JOHNS HOPK  | on, give street end n                              | ımber)   |                             |  |                | 4b. City, To                 |                 | ocation of Deat                       | th 4c. Coun                                    | ty of Deeth       |  |
|             | Funeral<br>Director   | 5. Social Security Number 215-98-7406  | 6. Sex<br>1 <b>½</b> M 2 □ F                       | 7. Age (In yrs.<br>16  | lest birthdey)<br>Yrs.      | If Under<br>Months                     | 1 Yeer<br>Deys |                              | 24 Hrs.<br>Min. | 8. Dete of Bir<br>(Month, De<br>12-26 | rth<br>ey, Year)                               | 9. Birthp<br>Cour | oleca (Stete or Foreign<br>htry)   |
|             | anyland<br>show   | Usual Residence of Decedent  10e. State 10b. Coun  Md  | NA   |  | y, Town or Lo               |  |                |                              |                 |                                       |  | 1                 | 0d. Inside City Limits  ↓ Ves 2 No   |
|             | ith the Mar<br>or 28a-f a<br>be rectived<br>Director  | 10e. Street end Number   | NA   | De   | ITCIM                       | 10f. Zip                               | Code           |                              |                 |                                       | 10g. Citizen o                                 | What Cour         | ****   |
|             | Vith Vith   | 1701 E. Fed  | loral Sty  |  |                             |  | 21:            | 2                            |                 |                                       |  | villet cour       | · · · · ·  |
|             | r items 23s   | 11. Merital Status   | 12. Was Dec  | edent Ever in U  | S. 13.                      |  |                |                              | Igin? (Spe      | ecify Yes or No                       | USA<br>0- 14. Re                               | ace - Americ      |  |
| 020         | by by   | Never Married 2 Ma<br>3 Widowed 4 Divorce  | orces?<br>2 XNo<br>ive<br>Detes:                   | Ever in U.S.  13. Was Decedent of Hispanic Origin? (Stif Yes, specify Cuben, Mexican, Puerto  1  Yes 2 No Specify: |                             |  |                |                              |                 |                                       |  | ack               |  |
| 21215-0020  | led within 72 ho<br>ygjene.<br>ver than "natura<br>nt, the Medical<br>Completed   |  | ent's Education<br>est grede completed<br>College  | )<br>(1-4or 5+)  | (Give                       | dent's Usue<br>kind of wo<br>DO NOT us | rk done        | during mos                   | st of work      | ing                                   | 16b. Kind of Business/Indu                     |                   |  |
| 2           | ygien<br>r, th  | 10th Grade   | NA   |  | Stud                        | dent                                   |                | 40 14-15                     | ada Maran       | - (First Adidde                       | Unem   |                   | d  |
| Ξ.          | ould be fill Mentel H arked oth aftic ever  | 17. Father's Neme (First, Middle   |  | 1. 1.  |                             |  |                |                              |                 |                                       | e, Maiden Sume                                 |                   |  |
| 2           | should marke umaric   | Thomas  19a. Informent's Name/Relation   |  | ght  | 19h Melli                   | nn Address                             | /Stree         | 1                            | line            |                                       | B:<br>ber, City or Tow                         | cadfo             |  |
| Ma          | traus   | Earline Paul   |  |  |                             |  |                |                              |                 |                                       | Baltim   |                   |  |
| more,       | s 1 and<br>f Health<br>item 27<br>other tr  | 20e. Method of Disposition   |  | 20b. P   | Placa of Disposemetery, cre | osition (Ner                           | ne of          |                              |                 | Dete                                  | 20c. Location                                  |                   |  |
| Ë           | y or ∓  | 1 ☑ Burial 2 ☐ Cremation<br>4 ☐ Donation 5 ☐ Other   |  | State  |                             |  |                |                              | ry              | 06-29-                                | 98 Ba  | ltimo             | re, Md.  |
| Balti       | permit. Pages Department of Important: If is any Injury or RDCS.  | 21. Signature of Funeral Service 23a. Part1. Enter the disease,  | Cons   | )  | V                           | M.C.                                   | Ma             | ess of Fecili                | FH .            | 1101 E                                | . Nor  | -                 | and 21202  |
| ,09         | Physician Medical Street Examiner  edical Examiner  | Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  |  |  |                             | quence of):                            | NET            | U. p.                        | n e             | JUNSHE                                | ot Wo  | 2M)               | Onset and Deeth  |
| OX          | leeth certifice<br>attending pl<br>d for use as t<br>d for use as t<br>Iclan/Mec  |  | d  |  |                             |  |                |                              |                 |                                       |  | 1                 |  |
| Ď.          | d for d for d   | Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  23b. Did tobacco use contribute to the cause of death but not resulting in the underlying ceuse given in Part I.   |  |  |                             |  |                |                              |                 |                                       |  |                   | o the cause of death?  |
| , P.O.      | v requires that the deeth cen<br>been signed by the attendin<br>should be detached for use<br>leted by Physician/N  |  |  |  |                             |  |                |                              |                 | 1 Yes 2 1 No 3 Probably 4 U           |  |                   |  |
| Records,    | S NO C  |  |  |  |                             |  |                |                              |                 |                                       | s en eutopsy<br>formed?                        | 8/                | fere autopsy findings<br>valleble prior to<br>empletion of cause<br>deeth? |
| E .         | s certificate has the firector, page 2 s  |  |  |  |                             |  |                |                              |                 | 1 00                                  | Nes 2□No                                       | 11                | Des 2□No   |
| Vital       | Attending Physicien: ordeath. ector: After this certific by the funeral director, iffication: To Be   | 25. Was case referred to medic examiner?   |  |  |                             |  | 100            |                              | e of Deet       | h (Check only                         | one)   |                   |  |
| 0           | this calding  | 1 No 27. Menner of Death   |  |  | ER/Outpetie                 | - 1                                    | JA             |                              |                 |                                       | how injury occ                                 | LITTLE TO THE     | (y)  |
| uo.         | After fune  | 1 □ Neturei 5 □ Pend   |  | of Injury<br>oth, Day Year)  | Injury                      |  | 8c. Inju<br>Wo | ork?<br>Yes 2                | - 1             |                                       | 50 W   |                   | Herra  |
| Division of | Attenditions of the function of the functions of the function | 3 Suicide 6 Coul   | not be 28e. Plac                                   | e of Injury - At he  | 2257 f                      |  |                |                              |                 | 28f. Location                         | (Street end Nur                                |                   | el Route Number,   |
| á           | tal or Attanding P rs after death. al Director: After t led in by the funers Certification:   | 4 Momicide determined building, etc. (Specify, specific control of the specifi |  |  |                             |  |                |                              |                 |                                       | ity or Town, Stele) I E. FOOSTO L BOUTHONS LIV |                   |  |
|             | To the Hospital or Atlanding Physician: The is within 24 hours after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page  Medical Certification: To Be Com  | 29a. Certifier 1 Certify (Check only one) Medica   | ing Physician: To the I Examiner: On the I and mai | e best of my kno   | wledge, deat                | h occurred<br>vestigetion              | et the t       | ime, dete er<br>opinion, dec | nd plece,       | and due to the                        | cause(s) and                                   | manner as s       | steted.  |
|             | withir<br>To th<br>comp   | 29b. Signature and title of certif   | melhe  | le   |                             |  |                | se number<br>M.E             |                 |                                       | 29d. Date sign                                 | 25,199            |  |
|             | 8   | 30. Name and address of person MARANCO   | ) N. K   | ORFU   | lun ,                       |  | Per            | n Str                        | æet,            | Baltir                                | nore, M  | arylaı            | nd 21201   |
|             | State<br>Registrar  | 31. Date filed (Month, Dey, Yea JUN 29   |  | Registrar's Signa  |                             |  |                |                              |                 |                                       |  |                   |  |
|             | negistrar   | JUNAS  | 1338   | Julia Davi   | dron-Ra                     | ndell.                                 |                |                              |                 |                                       |  |                   |  |

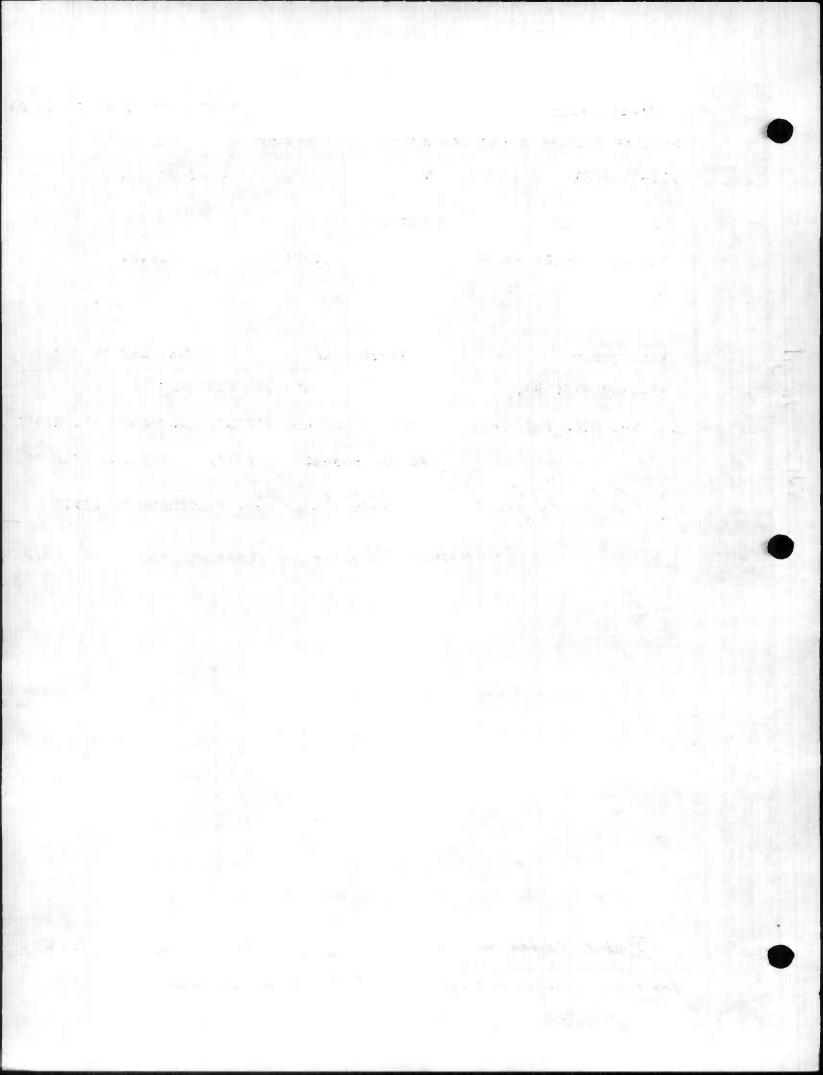
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 2. Date of Death 1 Decedent's Name (First Middle Last) Month **Physician** 25, JUNE 1998 12:15 PM Virgil Wise /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner GREATER BALTIMORE MEDICAL CENTER BALTIMORE TOWSON If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Sex 1 M 2 □ F 7. Age (In yrs. last birthday) Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Deys Hours Director 217-22-3451 Usual Residence of Decedent 13 28 MD. with the Marylend r 28a-f show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limita 1X Yes 2 No Directo BALTIMORE MD NA 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? an "natural", or items 23s or Medical Examiner must be 807 N. CHARLES STREET U.S.A. 21201 death Funeral 12. Was Decedent Ever in U,S.
Armed Forces?
\*\*Doves 2 □ No
if Yes, Give
Year or Dates: 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) Pages 1 and 2 should be filed within 72 hours etter ment of Health and Mentel Hygiene.

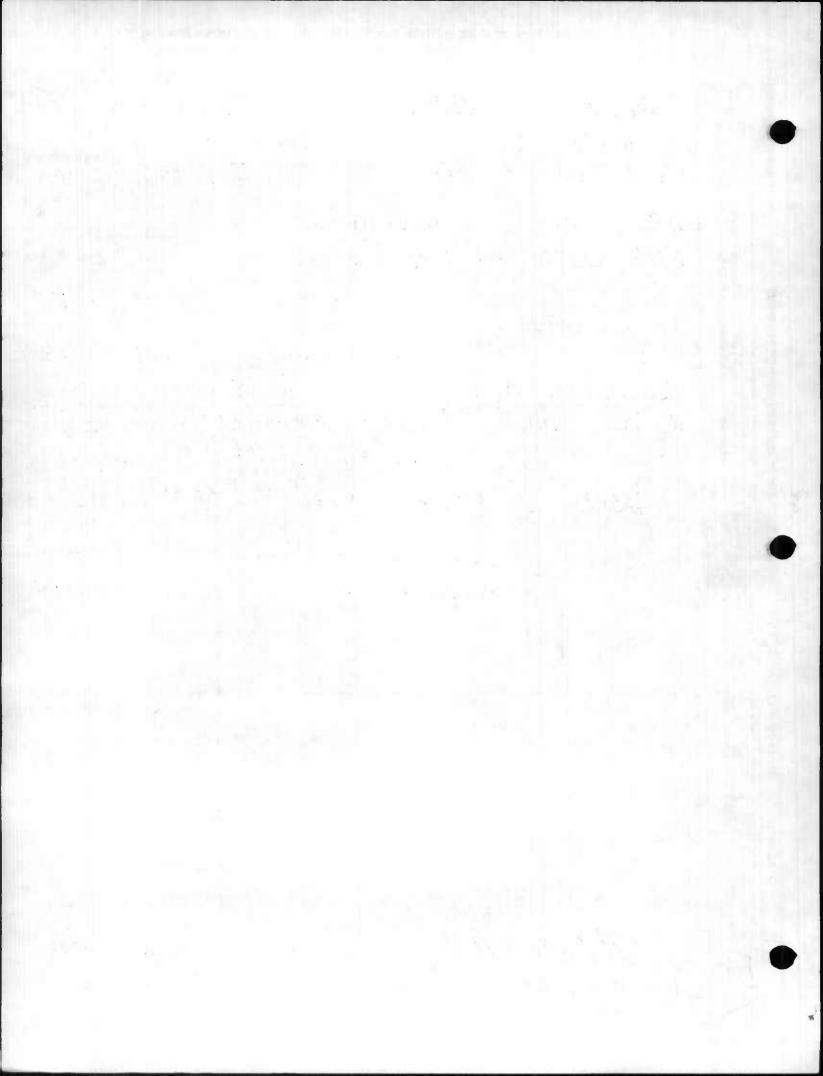
The file of the merked other than "natural", or ite wry or other traumatic event, the indicate Example ury or other traumatic event, the indicate Example. X Never Married 2 ☐ Married 1 ☐ Yes 2 X No Specify: Specify: p 3 ☐ Widowed 4 ☐ Divorced BLACK Completed Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Busineas/Industry Elementery/Secondery (0-12) College (1-4or 5+) ELI LIPMAN CORP. MAINTENANCE 12th grade N/A 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) ALBERTA CERTSADE WILLIAM WISE SR. 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dependent of Health a Important: If item 27 is any injury or other tra once. 807 N. CHARLES STREET, BALTIMORE MD. 21201 DOROTHY WISE FRIEND 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) GARRISON FOREST 6/29/98 OWINGS, MILL MD. 21. Signature of Funeral Servica Licensee 22. Name and Address of Facility MARCH F/H WEST
4300 WABASH AVE, BALTIMORE MD
shock, in heart failure. List only one cause on each line. 21215 Approximete interval Between Onset and Death Physician Thyroid Cancer immediate Cause (Final disease or condition resulting in deeth) /Medical Metastake Examiner Examiner physician and The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an eutopsy performed? Completed Is certificete hes director, pege 2 2 🗆 No 1 Yes 25 No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this cartificately filled in by the funerel director, 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 25€No Certification: To 1 Mnpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aft To the Funeral DI completely filled in 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as atlated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 29c. License number Robet C. Shefar, R June 26, 1998 52810 30. Name and eddress of person who completed cause of death (item 23a) (Type, Print) Robert C. Shepard M.D. 6569 North Charles Street, Baltomure, MD 21204
31. Date filed (Month, Day, Year) 32. Agaistra's Signature 31. Date filed (Month, Day, Year) She Sandson-Randose JUN 2 9 1998 Registrar



|               |   |                |   | State of Marylar   |   | ent of Health ar<br>ate of Death                                  | nd Mental I                              | Hygiene 9 8                               | 20014  |
|---------------|---|----------------|---|--|---|---|--|---|--|
|               | Physicia<br>/Medica   | al             | 1. Decedent's Name (First, Middle, La   | Wi   | Son   | 4h City Tow   | 2. Deta or Month                         | e 11,19                                   | Yeer 3. Time of Deeth  |
| 800           | Examine<br>Funeral<br>Director  | :1             | 111-18-240  | Ct.  | last birthdey) If Und<br>Yrs. Month   | Ba<br>der 1 Year   If Under 2                                     | Itimo                                    | f Birth<br>Day Year)                      | 9. Birthpleca (State or Foreign Country)   |
|               | farylend<br>I show  | o              | Usual Rasidenca of Decedant  10e. Steta 10b. County   | 10c. Ci  | ty, Town or Location  | actors  |  |   | 10d. Insida City Limits 1 ☐ Yes 2 ☑ No   |
|               | h with the N<br>23a or 28a-   | ਠ∣             | 10e. Street and Number  | on Ave N   | 10f.:   | 20012   |  | 10g. Citizen of V                         | Vhet Country?  |
| 020           |   | by Funeral     | 11. Maritel Status  1 Never Merried 2 Married 3 Widowed 4 Divorced  | 12. Wes Decedent Ever in L<br>Armed Forcas?<br>1  Yas 2 No<br>If Yes, Give<br>Year or Detas: | If Yas, s   | cedent of Hispenic Original Control Cuben, Mexican, 2 No Specify: | in? (Specify Yas o<br>Puarto Rican, etc. |   | e - American Indian,<br>sk, Whita, atc.  |
| ld 21215-0020 | build be filed within 72 hours<br>Mentel Hygiene.<br>Inked other than "naturel",<br>aftc event, the Medical Exa         | Completed by   | 15. Decedent's E. (Specify only highest gra  Etamentary/Secondary (0-12)  17. Father's Neme (First, Middle, Last, | Cotlage (1-4or 5+)   | 16e. Decedant's U<br>(Give kind of<br>life. DO NOT  | work don't during most of use retired)                            | le                                       | 16b. KInd of Bu                           | siness/Industry<br>. Of Labor<br>(e)   |
| Maryland      | s 1 and 2 should be filed within f Health and Mentel Hygiene. Item 27 is marked other than other traumatic event, traum | To Be          | Lawrence 19a. Informent's Name/Reletionship (   | WILSOV<br>Type. Print) (COUSIN)  | 19b. Mailing Addra  | ass (Street and Number  | or Rurel Route M                         | umber, City or Town,                      | State, Zip Code) 2001  |
| Baltimore, M  | es 1 end<br>of Health<br>f Item 27<br>r other ti  |                | 20e. Method of Disposition  1 Burial 2 Cramation 3  | 20b.   | Plece of Disposition (formetary, cremetory, | r other plece)  | an St.  Date / 6/15/95                   | 20c. Location                             | Shington D.C. City or Town, State  |
| Baltir        | permit. Peg<br>Department<br>Important: It<br>any Injury o  | 1              | 4 Donation 5 Other (Specification of Funarel Sarvice Deep 1. Signature of Funarel Sarvice Deep 1.                 | 120  | 22. Nama<br>Jose  | em. Cemete<br>and Address of Facility<br>ph. L. Ru                | 1  | neral H                                   | ome  |
|               | Physician   |                | 23a. Pert/ Entar tha disassa, or com<br>shock, or heert failure. List only  |  |   | 0   |  |   | Approximeta<br>Interval Between<br>Onset end Death                                   |
|               | /Medical<br>Examiner  | -              | Immediate Cause (Final disaase or condition resulting in death)   |  | or es e consequence o   | -   | ai live                                  |   | years  |
| 8760,         | death certificate be executed e ettending physician and of for use es the buriet-transit                                | al Examiner    | Sequentielly list conditions, if eny, leeding to immediate causa. Enter Underlying Causa (Disaasa or Injury       | b. It y pe   | or es e consequance o   |   |  | - 1                                       | yems   |
| Box 687       | eath certificete<br>ettending physi<br>i for use es the   | in/Medical     | that initieted evants resulting In deeth) Lest  | Due to (d  | or as e consequence o   | f):   |  |   |  |
| P.0.          | that the death  | Physician/Me   | Pert II. Other significant conditions of  | ontributing to death but not ra-   | sulting In the undarlyin  | g cause given in Pert I.  |  | Did tobacco uss co                        | ntribute to the causs of death?  3 Probably 4 Unknown                                |
| Records,      | been sign   | Completed by   |   |  |   |   | 246.                                     | Wes an eutopsy<br>performed?              | 24b. Were autopsy findings<br>aveilable prior to<br>completion of cause<br>of deeth? |
| al Re         | ysician: The lev<br>is certificate hes<br>director, page 2  | COH            |   |  |   |   |  | 1□Yes 2 No                                | 1 ☐ Yes 2 ☐ No   |
| Vital         | Physician:<br>this certific<br>ral director,  | Be             | 25. Was casa referred to medicat examiner?  | Hospitel:  |   | Other   | of Deeth (Check o                        |   |  |
| of            | Attending Physic death.  ector: After this by the funeral di  | ation: To      | 27. Menner of Deeth  1 Daturel 2 Accident  5 Pending investigation  | 28a. Data of Injury<br>(Month, Day Year)   | 28b. Time of Injury M   | 28c. Injury et Work? 1 Yes 2 N                                    | 28d. Desc                                | Residence 6 ⊡0th<br>ribe how injury occur |  |
| Division      |   | Certification: | 3 ☐ Suicide 6 ☐ Could not b datarmined  | building, atc. (Speci  | per or Rurel Route Number,  |   |  |   |  |
|               | • Hosp  | edical         | 29a. Cartifier 1 Certifying Ph<br>(Check only one) 2 Medicat Example 1  | ysician: To the best of my known the same of examinations of examinations and menner stated. | owiedge, deeth occurr<br>etion end/or investigeti   | ed et the time, date and<br>on, in my oplnion, deeth              | n occurred et the ti                     | ime, date end placa,                      | and dua to the cause(s)  |
| V             | To th<br>Comp   | M              | 29b. Signature and title of cartifier   | u nn   |   | 29c. Licanse number   |  |   | d (Month, Day, Year)   |
|               | -   |                | 1 Al Amo  | pay the  | no  | D2520   | 5  | June                                      | 23,1998  |
|               | 9   |                | 30. Neme end eddress of person who WARITEY  | 5 BMC 67   | 23e) (Type, Print)  | horles S  | h BA                                     | Us. md                                    | 23, 1998   |
|               | State<br>Registra   |                | 31. Data filed (Month, Day, Yéer)  JUN 2 9 1998   | 32 Registrer's Sign  | etura<br>Andelle  |   |  |   |  |

DHMH 16 Rev 6/95



with the Marylend death

> **Physician** /Medical Examiner

sichen end burial-transit ettending physician the been signed by the ette should be deteched for

DOLORES

YOUNG

Division of Vital To the Mospital or Attending F within 24 hours after death.
To the Funeral Director: After it

State

31. Deta filad (Month J Pan Y 2 9 1998

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Death Yaar Month Dolores Young PM 23 8:00 MUC 97 4a. Facility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth AGNES HOSPITAL BALTIMORE N/A If Under 1 Yeer If Under 24 Hrs. Hours Min. Birthpiece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthday) Days 1□ M 2♥ F 215-28-8967 SEP. 23, 1931 Maryland Usual Rasidance of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. fnside City Limits 7 le marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Md. N/A 1 X Yas 2 No Director Baltimore 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 916 Rvan Street 21223 USA Funeral permit. Peges 1 end 2 should be filed within 72 hours efter deat Depertment of Heelih end Mentel Hyglene. Important: If item 27 Is marked other than "natural" any injury or other traumetic exercises. 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Maxican, Puarto Rican, etc.) Raca - Amaricen Indian, Black, White, etc. 1 ☐ Navar Married 2 ☐ Marriad 1 ☐ Yas 2 ☑ No If Yas, Giva Yeer or Datas: 1 ☐ Yas 2 🔀 No Specify: caucasion þ 3 ☐ Widowed 4 ☐ Divorced 15. Decedant's Education (Specify only highast grada completed) 16e. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Etementery/Secondery (0-12) Cotlege (1-4or 5+) Homemaker 8 Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) John Blunt Helen Woods 2 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Robert & Helen Ware (daughter) 916 Ryan St., Balto., Md. 21223 20b. Plece of Disposition (Nama of cematary, cramatory or other placa) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Dete 1 Surial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) 6/27/98 Glen Burnie, Md. Cedar Hill Cemetery 22. Nama and Address of Facility Gary L. Kaufman Funeral Home @ Meadowridge MP, Inc. aura A. Dexter 7250 Washington Blvd., Elkridge, Md.

List only one cause on each line. Approximata Interval Between Onset and Death Immediata Causa (Finel PHELLHONIA disaase or condition rasulting in death) Due to (or es a consequence of): Examiner OBSTRUCTIVE/RESTRICTIVE LUNG DISESE Sequantially list conditions, if eny, laading to immediate ceuse. Entar Underlying Cause (Diseasa or Injury that initiated avants rasulting in death) Lest Due to (or es a consaquance of): HEART FAILURE CONGESTIVE Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HELLITUS DIABETES à 24b. Ware autopsy findings available prior to completion of causa of daeth? 24a. Was an autopsy performed? Completed 1 Yas 2 No 25. Was cese refarred to medical axaminer? Be 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2 No 1 Impatiant 2 □ ER/Outpatient 3 □ DOA 27. Mannar of Deeth 28a. Data of Injury (Month, Day Year) 28b Time of Certification: 28c. Injury at Work? 28d. Describe how Injury occurred 1 Matural 5 Panding 1 ☐ Yas 2 ☐ No 2 Accident invastigation 6 Could not be datermined 3 Sulcida 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, data and plece, end due to the ceuse(s) end mennar es stated.

| Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated. 29a. Cartifier Medical (Check only one) 29c. Licansa number 29b. Signature and title of certifian 29d. Data signed (Month, Day, Year) D 51494 llis 30. Name and eddrass of person who complated ceusa of death (Item 23a) (Typa, Print) Rus ST. AGNES HOSP; 900 CATON AVE VIOLETA

32. Ragistara Signatura
Sundson-Randall

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Registrar

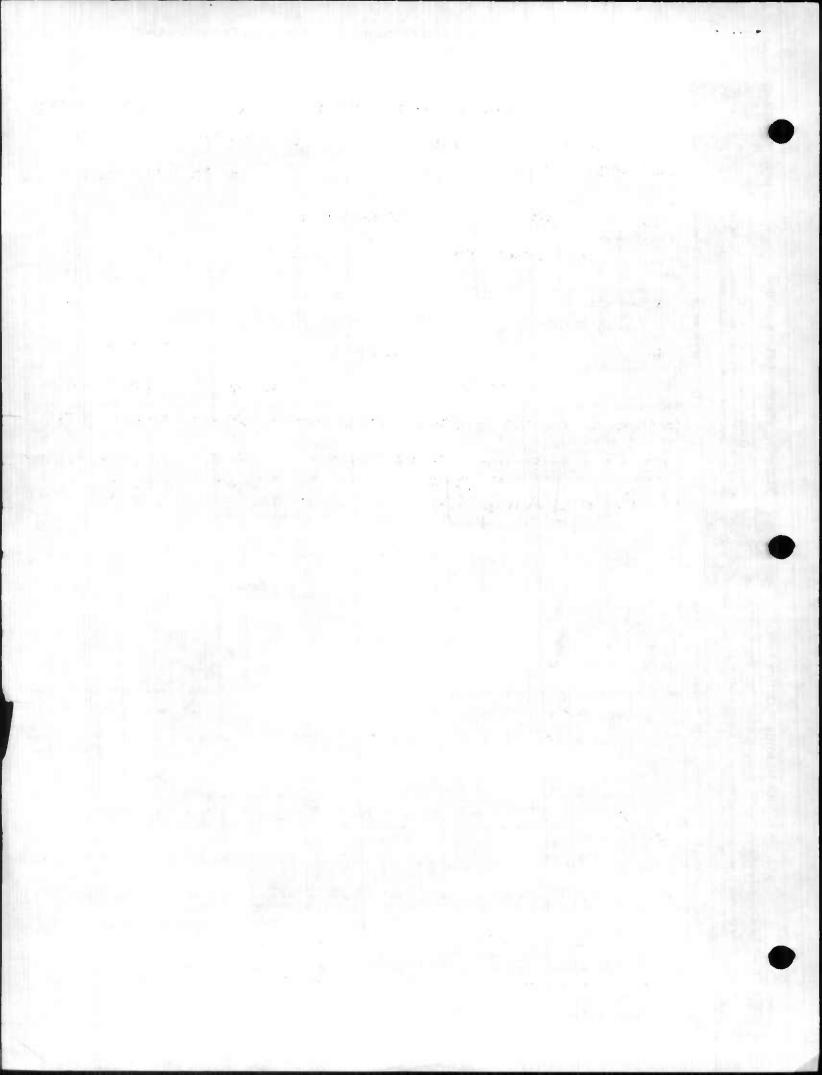


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Day Month Year **Physician** Catherine Geraldine Androsko 25 1998 1:38 p.m. June /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner N/A Baltimore City Good Samaritan Hospital Hours Min. 8. Dete of Birth (Month, Day, Year)
Apr 28, 1918 If Under 1 Year Months Days Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Days 1□ M 2X F 170-10-5497 80 Director Penna. Usual Residence of Decedent 10c. City, Town or Location the Merylenc 10a State 10b County 10d. Inside City Limits permit. Pages 1 end 2 should be filed within 72 hours efter death with the Meryler Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Medical Examinar must be not not 1 X Yes 2 □ No Baltimore City N/A Directo Md. 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 21214 Pkwy. 6505 Eastern United States Funeral 12. Was Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 [X] No
If Yes, Give
Year or Dates: 14. Raca - American Indian, Black, White, etc. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: White by 3 Widowed 4 ☐ Divorced Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Own Home Homemaker 18. Mother's Name (First, Middle, Malden Sumame) 17. Fether's Neme (First, Middle, Last) Be Andrew Sable (Not Known) Maryann 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Maryland 21014 Bel Air, Constance R. Trautwein (Daughter) 713 Bedford Rd. altimore, 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 Donetion 5 Other (Specify)Entombment 6/30/98 Baltimore Maryland Moreland Memorial 21. Signature of Funeral Service Licensee Milton J Knight Jr 22. Neme and Address of Facility Leonard J. Ruck, Inc. 5305 Harford Road 21214 Baltimore, Maryland 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse of each line. Approximata Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final Cerebroraseular hours disease or condition resulting in death) Examiner Due to (or as a consequence of): insufficiency Examiner Cerebrorascular lars Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequenca of): P.O. Box 68760 Physician/Medical Due to (or as a consequenca of): esn signed by the e 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknow Dementia Division of Vital Records, þ Diabetes mellions Hype 2 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed page 2 s 20 No 1 ☐ Yes 2 ☐ No 1 Yes certificete Hospital or Attending Physician: 25. Was case referred to medical examiner? director Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2No 1 ☐ Inpatient 2 ☐ ER/Outpatient DOA 2 this funeral 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of After 1 Naturel 5 Pending investigation Injury efter death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) in by 4 | Homicide 24 hours e Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) end manner stated. 29a. Certifier Medical completely (Check only one) within 2 To the 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signeture end title of cartifier unon 040480 June 26, 1998 Belain 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 7672 Formo, mo Balto MD 21236 FERNANDO

State Registrar 31. Date filed (Month, Day, Year)
JUN 3 0 1998

32 Registrer's Signeture



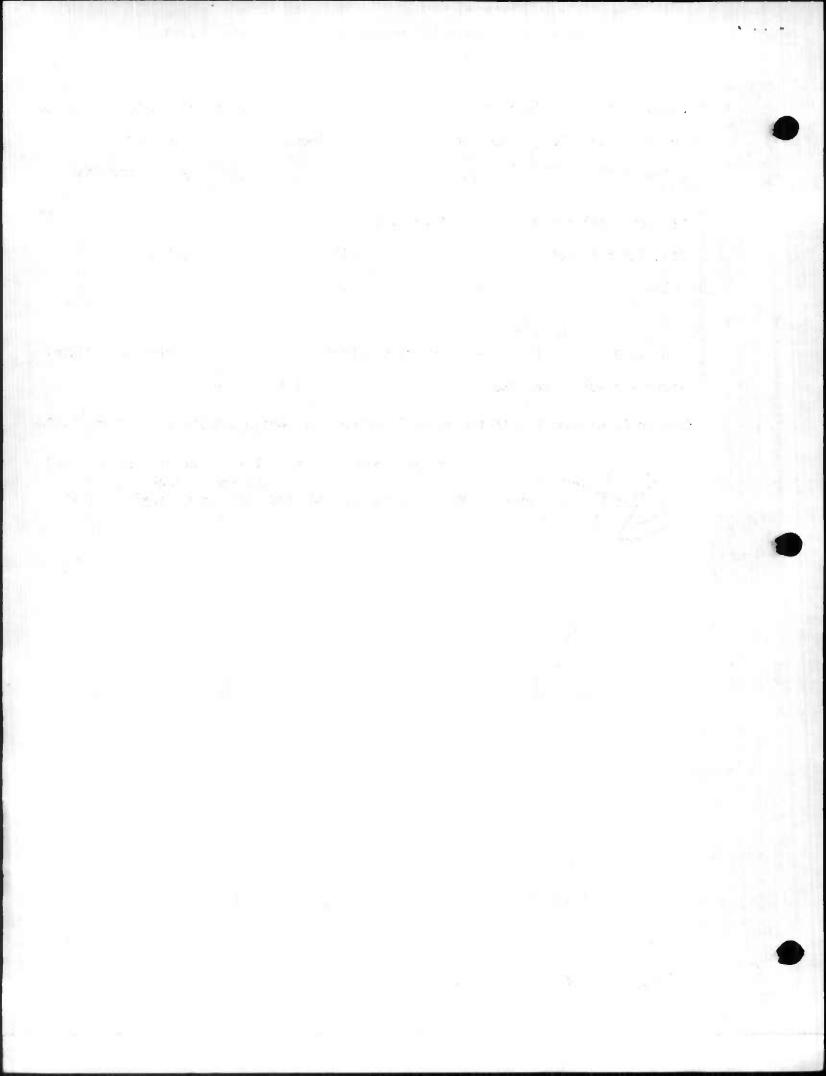
State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Month Day 27, June 7:25 pm Helen Elizabeth Amorose /Medicai 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Dulaney Towson Nursing Center Towson Baltimore 5. Social Security Number If Under 1 Year If Under 24 Hrs. 9. Birthplace (State or Foreign Country)
Maryland 7. Age (In yrs. last birthday) **Funeral** 1□ M 21XF Deys Hours Yrs. 217-12-3179 75 Director Usual Residence of Decedent death with the Marylend 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner rount be notified at 1 Yea XXNo Director Maryland Baltimore Parkville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ŏ U.S.A. Items 23a 3110 Texas Avenue Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 (A No If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Maritei Status permit. Pages 1 end 2 should be filed within 72 hours after of Department of Health end Mental Hygiene. Important: if fern 27 is merked other then "natural", or flet any injury or other traumatic event, the Med call Examination once. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) 8 Years College (1-4or 5+) Print Examiner Printing Industry 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) frederick Walter Amorose Lillian J. Rost. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) <u>Kathryn O. Amorose/Sister-in-law 9225 Harford View Drive Baltimore, Maryland 21234</u> 20b. Place of Disposition (Name of cometery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Othar (Specify) Moreland Memorial Park 7-1-98 Baltimore, Maryland 21. Signature of Fundal Service Licensee 22. Name end Address of Facility Leonard J. Ruck, Inc. J. Wayne Osterling | 5305 Harford Road Baltimore, Maryland asse, or complications that caused the death. Do not anter the mode of dylng, such as cerdiac or respiratory arrast, but only one cause on each line. Onset and Death **Physician** /Medical Immediate Cause (Final 1 day diseasa or condition rasulting in daath) Examiner Physician/Medical Examiner The law requires that the daath certificata be executed Sequentially list conditions, if any, laading to immadiate ceusa. Entar Undarlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequance of): attending physician a for use as the burial-Records, P.O. Box 68760. Dua to (or as a consequence of) Part II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed b þ 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? ate hes b 1 ☐ Yes 2 ☐ No certificate Division of Vital al or Attending Physician: The safter death.

I Director: After this certificate of in by the funeral director, pe Be 25. Was cese rafarred to medical 26. Place of Death (Check only ona) Other: 48 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 1 Yas 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Panding investigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 ☐ Suicide 28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicida 24 hours a Hospital 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner stated. To the Hosp within 24 hor To the Fune completely fi 29a. Certifie (Check only one) 29b. Signeture and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) ach verdant, M.D. 1347813 30. Name and address of person who complated cause of death (Item 23a) (Type, Print) ISASHAR KARAKASH

State Registrar 31. Date filed (Month, Day, Yaar) JUN 3 0 1998 32/Registrar's Signeture Randala

3007 E. Northern Parkway Baltimore



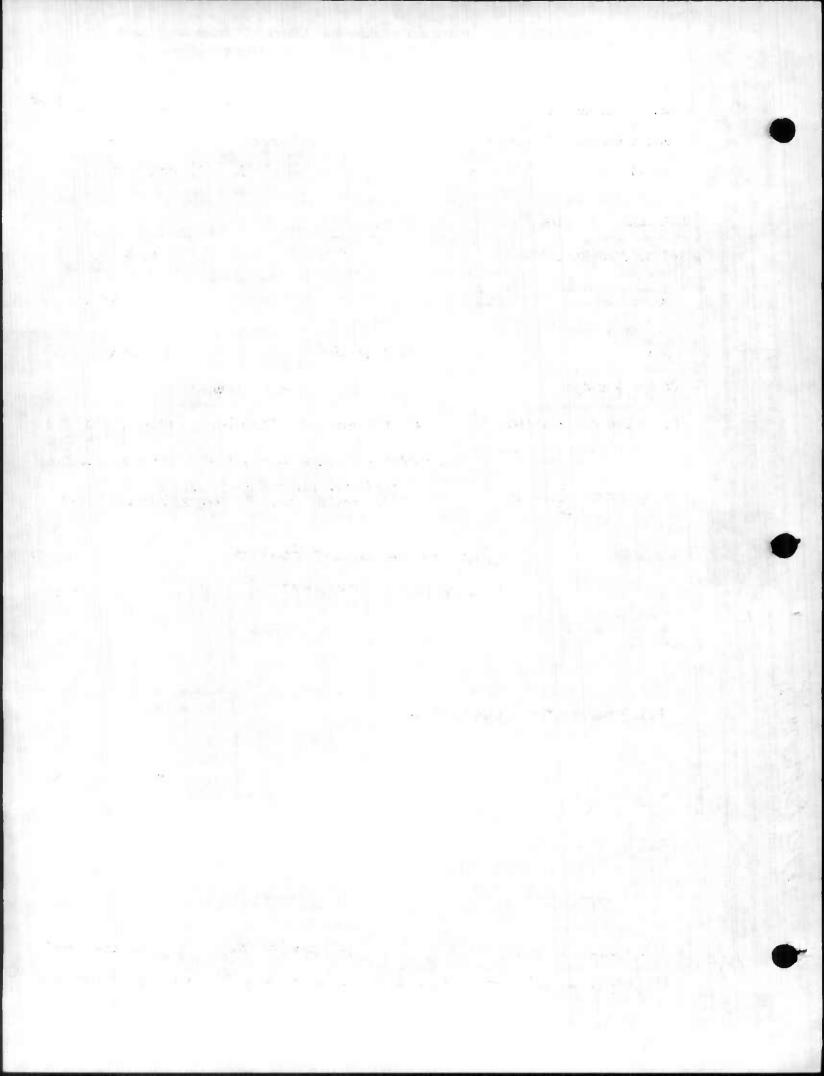
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** 0758 26+h June 1995 Anna Budchick /Medical 4a Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Union Memorial Hospital Baltimore N/A 8. Date of Birth (Month, Day, Year) Nov. 5, 1903 5. Sociel Security Number 7. Age (In yrs. last birthday) if Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) **Funeral** Deys 1 ☐ M 2 🂢 F Months Hours Yrs Hungary 213-10-6528 94 Director Usual Residence of Deceden the Meryland 10a State 10h Counts 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examinal must be notified at Yes 2 No Maryland Directo N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? U. S. A. 701 W. 41st Street 21211 Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11 Marital Status Black, White, etc. filed within 72 hours after 1 Never Married 2 Married 1□ Yes 2NO 3altimore, Maryland 21215-0020 Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) el Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Sausage Linker Meat Packer 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) permit. Peges 1 and 2 should be 1 Department of Health and Mentel I Important: If Itam 27 is marked of George Dyondya Anna Unknown 19a. informant's Name/Relationship (Type, Pnint) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Helen Sudina (Daughter) 26 Hathaway Road, Timonium, Maryland 21093 other 1 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State Injury or 1 Ø Burial 2 ☐ Cremation 3 ☐ Removal from State Andrew's Russian Orth, 6/29/98 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility
Schimunek Funeral Home Inc. 21. Signature of Funeral Service Licensee Zavoyna Mark T. 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. **Physician** Congestive Heart Failure /Medical Immediate Cause (Final 12 hours diseese or condition resulting in death) **Examiner** Due to (or as a consequence of) mellitus Examiner Diabetes 15 years Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the ceuse of death? signed by i 1 Yes 2 No 3 Probably 4 Unknown ALZheimeris Dementia ð 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed certificate has 1 Yes 20 No 1 Yes 2 No 25. Was case referred to medical examiner? director, Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Lo 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 28c. Injury at Work? 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of Certification: After 5 Pending investigation 1 Naturel
2 Accident death. 1 ☐ Yes 2 ☐ No Director 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 I Homicide ò Hospital c To the Hospital
within 24 hours a
To the Funeral C Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) AT2438946 June 26,1998 6 Devolt M.D. 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 201 E. University Parkway Batto. mg. 21218 Michard A. Elliott 31. Date filed (Month, Day, Year) 32. Registrar's Signeture State

Registrar

JUN 3 0 1998

rul Davidson-Mandelle

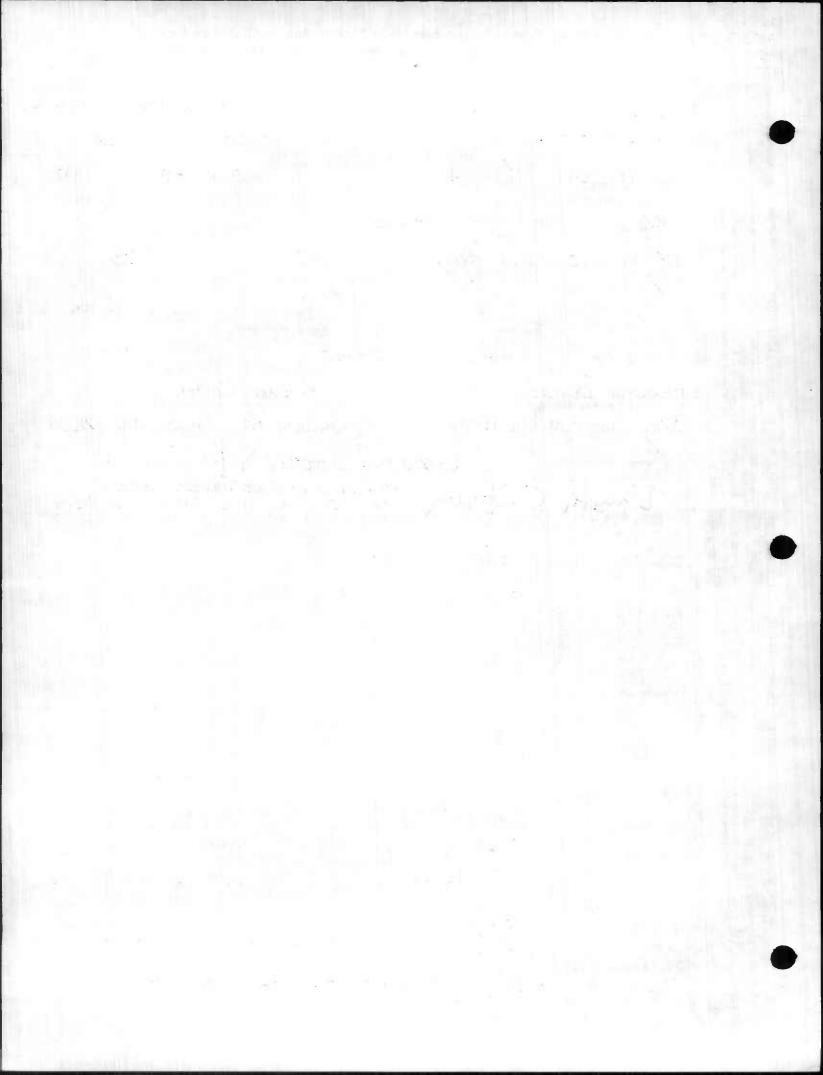


WRC 98-3677-510 KASSI

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State of Maryland / Department of Health and Mental Hygieneg 8 20010

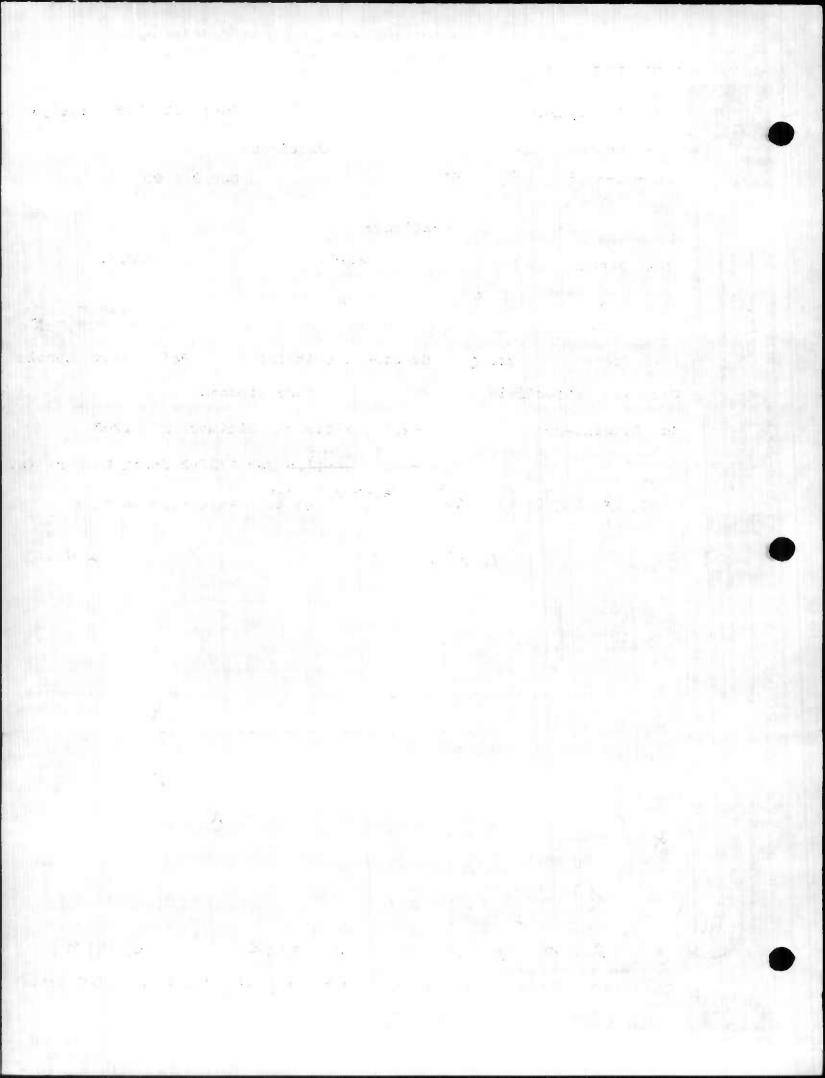
| URTON  |   | Certificate of Death   | Reg. No  | 20019  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| I Bu Talana  | Decedent's Name (First, Middle, Last)   |  | 2. Date of Death<br>Month Da                           | 3. Time of Death                                       |  |  |  |  |
| Physician<br>/Medical  |   |  | JUNE 26,   | 1998 7:36 PM.  |  |  |  |  |
| Examiner   | 4a Facility Name (If not institution, give street and number)   | 4b. City, Town, or L   |  | County of Death  |  |  |  |  |
|  | ST. AGNES HOSPITAL  | BALTI  |  | N/A  |  |  |  |  |
| Funeral<br>Director  | 5. Social Security Number  20 - 11 - 1009  Usuel Residence of Decedent  | birthday) Yrs.  If Under 1 Yeer If Under 24 Hrs. Months Days Hours Min.  | 8. Date of Birth<br>(Month, Dey, Year)<br>10 - 12 - 88 | 9. Birthplace (State or Foreign Country)  MD           |  |  |  |  |
| Mend we  |   | own or Location  |  | 10d. Inside City Limits                                |  |  |  |  |
| Meny<br>Heat   | MD N/A BALTI  | MORE   |  | 1 ☑ Yes 2 ☐ No   |  |  |  |  |
| vith the Me<br>or 28a-f s<br>be notified   | 10e. Street and Number  | 10f. Zip Code  | 10g. Cit   | tizen of What Country?                                 |  |  |  |  |
| th wit   | 815 N. WOODINGTON KOAD  | 21229  |  | USA  |  |  |  |  |
| offer death very flew 23s  | 11. Merital Status 12. Was Decedent Ever In U,S. Armed Forces?  | 13. Was Decedent of Hispanic Origin? (S<br>If Yes, specify Cuben, Mexican, Puerto  | pecify Yes or No-                                      | 14. Rece - American Indian,<br>Bleck, White, etc.      |  |  |  |  |
| 20 se the cor th   | 1 ☑ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No  | 1 ☐ Yes 2 ☐ No Specify:  |  | Specify: 12  |  |  |  |  |
| hours e  |   | De Board and Havel Commenter   | 10h W  | OLACK (ind of Business/Industry                        |  |  |  |  |
| Maryland 21215-0020 a 2 should be filed within 72 hours effer death with the Meryland th end Mental Hygiene. 7 is marked other than "natural", or items 23s or 28s-f show treumstic event, the Medical Examinar must be notified at To Be Completed by Funeral Director  | 15. Decedent's Education<br>(Specify only highest grade completed)  | <ol> <li>Decedent's Usual Occupation<br/>(Give kind of work done during most of work<br/>life. DO NOT use retired)</li> </ol>  | king 160. K  | and of business/industry                               |  |  |  |  |
| 212<br>with<br>iene.<br>there  | Elementery/Secondery (0-12) College (1-4or 5+)  | STUDENT  |  | N/A  |  |  |  |  |
| be filed<br>tal Hyg<br>d other<br>event,   | 17. Father's Name (First, Middle, Last)   |  | ne (First, Middle, Maiden                              | Sumame)  |  |  |  |  |
| yland 212 build be filed with Mental Hygiene. arked other that stic event, the   |   | BRENDA   | CARTER   |  |  |  |  |  |
| Maryla d 2 should th end Men 7 is marke treumatic  |   | 9b. Mailing Address (Street and Number or Ru   | ral Route Number, City                                 | or Town, Stete, Zip Code)                              |  |  |  |  |
| CENL   |   | 815 WOODINGTON K   |  | . MD 21229   |  |  |  |  |
| 0 2 - 2  | 20a. Method of Disposition  1 🗷 Burial 2 🗆 Cremation 3 🗔 Removal from State   | of Disposition (Name of<br>stery, crematory or other place)  | 11 7   | ocation - City or Town, State                          |  |  |  |  |
| t. Pertimentant:   | 4 Donation 5 Other (Specify)  |  | 7/2/98 13  | ALTO. MD   |  |  |  |  |
| Baltim pemit. Peg Department Important: I any injury o   | 21. Signeture of Funeral Service Licensee   | 22. Name and Address of Fecility VAUGHN C. GREEN   | E FUNERAL  | SERVICE  |  |  |  |  |
| 20140  | Vangly Cotten   | 5151 BALTO NATL'   | PIKE . BACK  |  |  |  |  |  |
|  | 23a. Part1. Enter the disease, or complications that caused the death. shock, or heart railyre. List only one cause on each line.   | o not enter the mode of dying, such es cardiec   | or respiratory errest,                                 | Approximate<br>Interval Between<br>Onset and Deeth     |  |  |  |  |
| Physician /<br>/Medical  | Immediate Cause (Finel  | 15.  |  |  |  |  |  |  |
| Examiner   | disease or condition resulting in death) a.   | a consequence of):   |  |  |  |  |  |  |
| <u> </u>   |   | a consequence oi):   |  |  |  |  |  |  |
| DX 68760, certificate be exacuted nding physician and use as the bunal-transit   | Sequentially list conditions,   | a consequence of):   |  |  |  |  |  |  |
| e exe<br>unal-l  | if any, leading to immediate cause. Enter Underlying Cause (Disease or injury thet initiated events thet initiated events resulting in death) Last  Due to (or as a consequence of):  |  |  |  |  |  |  |  |
| 68760<br>ficate be of<br>physician<br>is the bun   |   |  |  |  |  |  |  |  |
| Z 60 Z   |   |  |  |  |  |  |  |  |
| of the second  |   |  |  |  |  |  |  |  |
| IS, P.O. Institute designed by the elby Physic   | Pert II. Other significant conditions contributing to death but not resulting   | g in the underlying cause given In Part I.   |  | 3b. Did tobacco use contribute to the cause of death   |  |  |  |  |
|  |   |  | 1 Yes 2  | 2☐No 3☐ Probably 4☐ Unknown                            |  |  |  |  |
| Kecords, P le law requires that has been signed b ge 2 should be det mpleted by Pl   | 1   |  | 24a. Was an auto                                       | opsy 24b. Were eutopsy findings                        |  |  |  |  |
| law require<br>las been si<br>2 should I   |   |  | performed?   | available prior to<br>completion of cause<br>of death? |  |  |  |  |
| The law requirerate has been so page 2 should  |   |  | 1 ☐ Yes 2  | 2€No 1 ☐ Yes 2 ☐ No                                    |  |  |  |  |
| VITAL I  | 25. Wes case referred to medical  | 26. Place of Dea   | ath (Check only one)                                   |  |  |  |  |  |
| Of VIta Physician: rthis certific ral director,  |   | Outpatient 3 DOA Other: 4 Nursing H  | lome 5 Residence                                       | 6 □Other (Specify)                                     |  |  |  |  |
| After the funeral fune |   | b. Time of linjury at Work?  1   | 28d. Describe how Inju                                 |  |  |  |  |  |
| r Attending<br>r Attending<br>for death.<br>rector: After<br>by the fune   | 2 Accident investigation 6 □ Could not be 26 − 98 □   |  | Struck 5   |  |  |  |  |  |
| DIVISION C<br>befor death.<br>In Director: After the<br>ed in by the funera<br>Certification:  | determined determined 28e. Place of Injury - At home building, etc. (Specify)   | ,  | City or Town, State                                    |  |  |  |  |  |
|  |   |  |  | s) and manner as stated                                |  |  |  |  |
| policy and  | (Check only one) 2 Medical Examiner: On the basis of examination one)   |  |  |  |  |  |  |  |
| N S  |   | 29c. License number  | 29d. De  | 29d. Dete signed (Month, Day, Year)                    |  |  |  |  |
|  | 4/41  | O.C.M.E.   | JUN  | E 27, 1998   |  |  |  |  |
|  | 30. Name end address of person who completed cause of deeth (Item 23  | e) (Type, Print)   |  |  |  |  |  |  |
| ,  |   | l Penn Street, Baltim  | ore, Maryla  | nd 21201   |  |  |  |  |
| State  | 31. Date filed (Month Day Year) 32. September & Signature Signature Signature Signature   | - Randa 22   |  |  |  |  |  |  |
| Registrar  | a contract of the contract of | The second secon |  |  |  |  |  |  |



|  | FH Film G761 7-2-98RC Certificate of Death   |   |                     |  |   |   | Reg. No.  2. Date of Death  3. Time of Death   |   |  |
|--|--|---|---------------------|--|---|---|--|---|--|
| Physician  | Decedent's Name (First, Middle, Last)  |   |                     |  |   | 2. Date of De<br>Month                      | Month Day Year   |   |  |
| /Medical   | Mattie Biggins   |   |                     |  |   | June<br>n, or Location of Deat              |  |   |  |
| Examiner   | 4a Facility Name (If not Institution, give   | e street and number)  |                     |  | 4b. City, Tow   | I, OI LOCATION OF DEED                      |  | OI Death  |  |
|  | 8221 Brattle F<br>5. Social Security Number 6. S   |   | last hirthday)      | If Under 1 Ye  | Baltin<br>ear Munder 2  | Ore<br>Hrs. 8. Dete of Bi                   | NA NA  | 9. Birthpiace (State or Fore  |  |
| Funeral<br>Director  |  | □M 20F 57   | Yrs.                |  | ys Hours  | Min. (Month, D                              | ay, Year)  | Country)  |  |
|  | Usual Residence of Decedent  | 37  |                     |  |   | Dec .                                       | 3 1940   | MD  |  |
| natural; or farme 23a or 28a-f abow<br>draft Example; must be notified at<br>eted by Funeral Director  | 10a. State 10b. County   | 10c. Cit  | ty, Town or Loc     | cation   |   |   |  | 10d. Inside City Lin  |  |
| r 28a-f show   | MD NA  | Ba  | altimo              | re   |   |   |  | 1X Yes 2□   |  |
| or 28s-1 show<br>be notified at<br>Director  | 10e. Street and Number   |   |                     | 10f. Zip Coo   | de  |   | 10g. Citizen of V  | What Country?   |  |
| 23a c  | 8221 Brattle F   | 5 co S  |                     | 2120   | 8   |   | U. S   | S.A.  |  |
| al', or items 23s o<br>Examinet must be<br>by Funeral Di   | 11. Maritel Status   | 12. Wes Decedent Ever in U<br>Armed Forces?   | ,S. 13. V           | Vas Decedent   | of Hispanic Origi   | n? (Specify Yes or N<br>Puerto Rican, etc.) | o- 14. Raci  | e - American Indien,<br>ck, White, etc.                                 |  |
| 교  | 1 Never Married 2 Married  | 1 Yes 27 No<br>If Yes, Give   |                     | Yes 2  |   | ,   | Specify  |   |  |
| Iby  | 3 ☐ Widowed 4 ♣ Divorced   | Year or Dates:  |                     | X iou  | Tro opoury.   |   | Ороспу   | Black   |  |
| ygiene. Northan "natural", It, the Medical Exa   | 15. Decedent's Ed<br>(Specify only highest gra   | ducation<br>ade completed)  | (Give I             | lent's Usual Ockind of work do                       | one during most   | of working                                  | 16b. Kind of Bu  | usiness/Industry  |  |
| npi  | Elementery/Secondary (0-12)  | College (1-4or 5+)  |                     | OO NOT use re  | etired)   |   |  |   |  |
| Co.  | 12th Grade 5 yrs Reading Specialist Balto  |   |                     |  |   |   |  | City Schoo  |  |
| d out  | 17. Father's Neme (First, Middle, Last)  |   |                     |  |   |   | a, Maiden Surnan   | 10)   |  |
| Men Men To   | Cardwell Satte   |   |                     |  |   | Lipcomb                                     |  |   |  |
| Is m   | 19a. Informant's Name/Relationship (   | Type, Print)  |                     |  |   | or Rural Route Numi                         |  |   |  |
| m 27<br>her ti   | Jon Biggins-so   | n   | 8221                | Brat   | tle Rd  | Baltimo                                     |  |   |  |
| of He  | 20a. Method of Disposition 1 X Buriei 2 ☐ Cremetion 3 ☐  | Removal from State  | cemetery, crem      | natory or other                                      | place)  | j   | 20c. Location -  | City or Town, State   |  |
| ant:<br>lury   | 4 ☐ Donetion 5 ☐ Other (Specify  | 98 Sout   | h Boston,           |  |   |   |  |   |  |
| permit. Types I and to Strout our bined within 72 in Department of Health and Mental Hygiene. Important: If from 27 is marked other than "naturary injury or other traumatic event, the Medical once.  To Be Completed | 21. Signature of Funeral Service Licansee  22. Name and Address of Fecility  March F/H West  |   |                     |  |   |   |  |   |  |
| 66202  | Gabrull  | e Citaro  | Ma<br>43            | CO Wa  | bash A  | ve, Balt                                    | imore M  | id 21215  |  |
|  | 23a. Pert1. Enter the disease, or com-<br>shock, or heart failure. Llat only   | plications that caused the deat   | h. Do not ente      | er the mode of                                       | dying, such as c  | ardiec or respiretory                       | arrest,  | Approximate<br>Interval Between   |  |
| hysician   | shoot, or nount tangers. Electionly  | one dadd on dadr me.  |                     |  |   |   |  | Onset and Death   |  |
| /Medical   | Immediate Cause (Final disease or condition  | - EIRRI   | hosi'               | C  |   |   |  | 2 /e412   |  |
| xaminer  | resulting in death)  | 4.  | or es a conseq      |  |   |   |  |   |  |
| i e  |  | h   |                     |  |   |   |  |   |  |
| slcien and e burial-trensit cal Examiner   | Sequentially list conditions,  | Due to (c   | or es e conseq      | uence ot):   |   |   |  |   |  |
| physicien and the burial-tree  | if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury c.   |   |                     |  |   |   |  |   |  |
| the t  | that initiated events resulting in death) Lest   | Due to (o   | or as e consequ     | uenca of):   |   |   |  | į   |  |
| Me See   |  | d   |                     |  |   |   |  |   |  |
| or us  |  |   |                     |  |   |   |  |   |  |
| ed by the attending I<br>datached for use es   | Part II. Other significant conditions of   | ontributing to death but not res  | sulting in the ur   | nderlying caus                                       | e given in Part I.  | 23b. Did                                    | tobacco use co   | ntributa to the cause of de   |  |
| d by<br>latac  |  |   |                     |  |   | 1   | Yes 20 No  | 3 Probably 4 Unk  |  |
| gned<br>be da  |  |   |                     |  |   |   |  | 24b. Were autopsy findin  |  |
| - G S  |  |   |                     |  |   | 24a. wa<br>per                              | s an autopsy<br>formed?  | available prior to  |  |
| hould I  |  |   |                     |  |   |   | 0  | completion of cause of death?   |  |
| as been sign<br>s 2 should be<br>npleted by  |  |   |                     |  |   | 1 🗆   | Yes 20 No  | 1 ☐ Yes 2 ☐ No  |  |
| ate has been si<br>page 2 should I   |  |   |                     |  |   |   |  |   |  |
| antilicate has been signed by the attending protor, page 2 should be datached for use es   | 25. Was case referred to medical examiner?   |   |                     |  |   | of Death (Check only                        | one)   |   |  |
| nis certificate has been si<br>il director, page 2 should I<br>To Be Completed   | 25. Was case referred to medical examiner? 1 ☐ Yes 2 No  |   | ] ER/Outpatien      |  | Other: 4 Nur  | ./  | one)<br>sidenca 6 DOth   | ner (Specify)   |  |
| To B   | examiner? 1 Yes 2 No 27. Menner of Deeth   | Hospitai: 1   Inpatient 2   28a. Date of Injury (Month, Day Year)   | ER/Outpatien        | 28c.   | Other: 4 Nur<br>Injury at<br>Work?  | sing Home 5 Res                             |  |   |  |
| eath. or: After this certificate has been si the funeral director, page 2 should I cation: To Be Completed   | examiner?  1  Yes 2 No  27. Menner of Deeth  1  Natural 5  Pending 2  Accident Investigation   | 28a. Date of Injury<br>(Month, Day Year)  | 28b. Time of        |  | Other: 4 Nur  | sing Home 5 Res<br>28d. Describe            | sidence 6 Oth<br>how injury occur  | Dem   |  |
| After this centure funeral direct  | examiner? 1 Yes 2 No 27. Menner of Deeth 1 Natural 5 Pending   | 28a. Date of Injury (Month, Day Year)   | 28b. Time of Injury | 28c.   | Other: 4 Nur<br>Injury at<br>Work?<br>1 Yes 2 N                                 | 28d. Describe                               | sidence 6 Oth<br>how injury occur  |   |  |
| After this centioneral direct  | examiner?  1  Yes 2  No  27. Menner of Deeth  Natural 5  Pending Investigation  2  Accident Investigation  3  Suicide 6  Could not be                    | 28a. Date of Injury (Month, Day Year)   | 28b. Time of Injury | 28c.   | Other: 4 Nur<br>Injury at<br>Work?<br>1 Yes 2 N                                 | 28d. Describe                               | sidenca 6 Oth<br>how injury occur  | Dem   |  |
| shours efter death.  Uneral Director: After this certificate has been significant or the funeral director, page 2 should I calcattlication: To Be Completed  | examiner?  1  Yes 2  No  27. Menner of Deeth  1  Natural 5  Pending Investigation 3  Suicide 6  Could not be determined  29a. Certifier 1  Certifying Ph | 28a. Date of Injury (Month, Day Year)  28e. Place of Injury - At he building, etc. (Specifications)  28e. Place of Injury - At he building, etc. (Specifications)  28e. Place of Injury - At he building, etc. (Specifications) | 28b. Time of Injury | M 28c. M eet, factory, of                            | Other: 4 Nur Injury at Work? 1 Yes 2 N  | 28d. Describe                               | sidenca 6 Oth how injury occur  (Street end Numb own, State) e cause(s) and me                                 | ber or Rural Route Number, anner as stated.                             |  |
| After this cert<br>funeral direct  | examiner?  1  Yes 2  No  27. Menner of Deeth 1  Natural 5  Pending investigation 3  Suicide 6  Could not be determined  29a. Certifier (Check only one)  | 28a. Date of Injury (Month, Day Year)  28e. Place of Injury - At h building, etc. (Specificystician: To the best of my knoth  | 28b. Time of Injury | eet, factory, of occurred at the vestigation, in its | Other: 4 Nur Injury at Work? 1 Yes 2 N fica ne time, date end my opinion, deati | 28d. Describe                               | sidenca 6 Oth how Injury occur (Street end Numb own, State) e cause(s) and ma , date end plece,                | ned ber or Rural Route Number, anner as stated. and due to the cause(s) |  |
| ours effer death.  Med in by the funeral direct  Certification: To B   | examiner?  1  Yes 2  No  27. Menner of Deeth  1  Natural 5  Pending Investigation 3  Suicide 6  Could not be determined  29a. Certifier 1  Certifying Ph | 28a. Date of Injury (Month, Day Year)  28e. Place of Injury - At he building, etc. (Specifications)  28e. Place of Injury - At he building, etc. (Specifications)  28e. Place of Injury - At he building, etc. (Specifications) | 28b. Time of Injury | eet, factory, of occurred at the vestigation, in its | Other: 4 Nur Injury at Work? 1 Yes 2 N  | 28d. Describe                               | sidence 6 Oth how Injury occur (Street end Numbown, State) e cause(s) and min, date end plece, 29d. Date signe | ober or Rural Route Number, anner as stated. and due to the cause(s)    |  |
| After this centuneral direct   | examiner?  1  Yes 2  No  27. Menner of Deeth 1  Natural 5  Pending investigation 3  Suicide 6  Could not be determined  29a. Certifier (Check only one)  | 28a. Date of Injury (Month, Day Year)  28e. Place of Injury - At he building, etc. (Specifications)  28e. Place of Injury - At he building, etc. (Specifications)  28e. Place of Injury - At he building, etc. (Specifications) | 28b. Time of Injury | eet, factory, of occurred at the vestigation, in its | Other: 4 Nur Injury at Work? 1 Yes 2 N fica ne time, date end my opinion, deati | 28d. Describe                               | sidence 6 Oth how Injury occur (Street end Numbown, State) e cause(s) and min, date end plece, 29d. Date signe | ned ber or Rural Route Number, anner as stated. and due to the cause(s) |  |

Registrar

ute filed (Month, Day, Year)
JUN 3 0 1998 32. Registrar's Signature
Julia Navidson-Randalle



#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item#20b per FH G760 6/30/98 EW 2. Dete of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Year **Physician** 01:23 SAMUEL 1998 BLACK /Medical 4a Fecility Name (If not institution, give street and number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Baltimore City Baltimore 7. Age (In yrs. last birthday) White the state of the st 6. Sex Birthplace (State or Foreign Country) 5. Social Security Number **Funeral** 1MM 2DF Days 128-42-6695 Usual Residence of Decedent Director 10d. Inside City Limits 10a State 10b County 10c. City. Town or Location 7 is marked other than "natural", or flams 23s or 28s-f shot treumstic event, the Madical Examiner must be notified at 1₽Yes 2□No BALTIMORE CIT Director NIA MARYLAND 10e. Street and Number 10g. Citizen of What Country? 31ST STREET 2/2/8 13. Was Decedent of Hispenic Origin? (Specify Yes or NoIf Yes, specify Cuban, Mexican, Puerto Rican, etc.) USA, 14. Race - American Indian, Black, White, etc. 2026 Funeral deeth 12. Was Decedent Ever in U,S. 11. Marital Status Was Decedent Ever in 0,5. Armed-Forces? 1 EVes 2 □ No 9 - 16 - 74 If Yes, Give Yeer or Detes: 9 - 29 - 76 permit. Pages 1 and 2 should be filed within 72 hours effer or Depertment of Health and Mental Hygiene. Insportant: If feem Z7 is marked other than "natural", or then any Injury or other treumatic event. It 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: BLACK Baltimore, Maryland 21215-0020 þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 + H GRADE UNKNOWN) UNKNOWN 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be (UNKNOWN) FRED BLACK 2 (UNKNOWN) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) 31ST ST. BALTIHORE, MD. 21218 Date 20c. Location - City or Town, State 2026 E. (FRIEND) ELLA TORAINE 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 6/26/98 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) CREMATORY 22. Name end Address of Facility 98 BALTIHORE, HARYLAND METRA iease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate 21. Signature of Funeral Service Licensee H. BROWN JR. FUNERAL HOME **Physician** Lukhown /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Box 68760, Physician/Medicai Due to (or as e consequence of): esn Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? P.O. 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 Unknown be dat Division of Vital Records, 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed page 2 s 1 ☐ Yas 20 No 1 Yes certificate or Attending Physicien: 25. Was case referred to medical 26. Place of Death (Check only one) examiner? 1) Yes 2 No 27. Manner of Death Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Inpatient 2 ER/Outpatient 3□ DOA this funeral 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of After 1.XNatural 5 Pending after death. Director: Aft 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide Hospital 24 hours a Funeral D 1 Decrifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical

To the Within 2

completaly

(Check only one)

29b. Signature and little of certifier

ISMIAN

31. Date filed (Month, Day, Year)

WW 3 0 1998

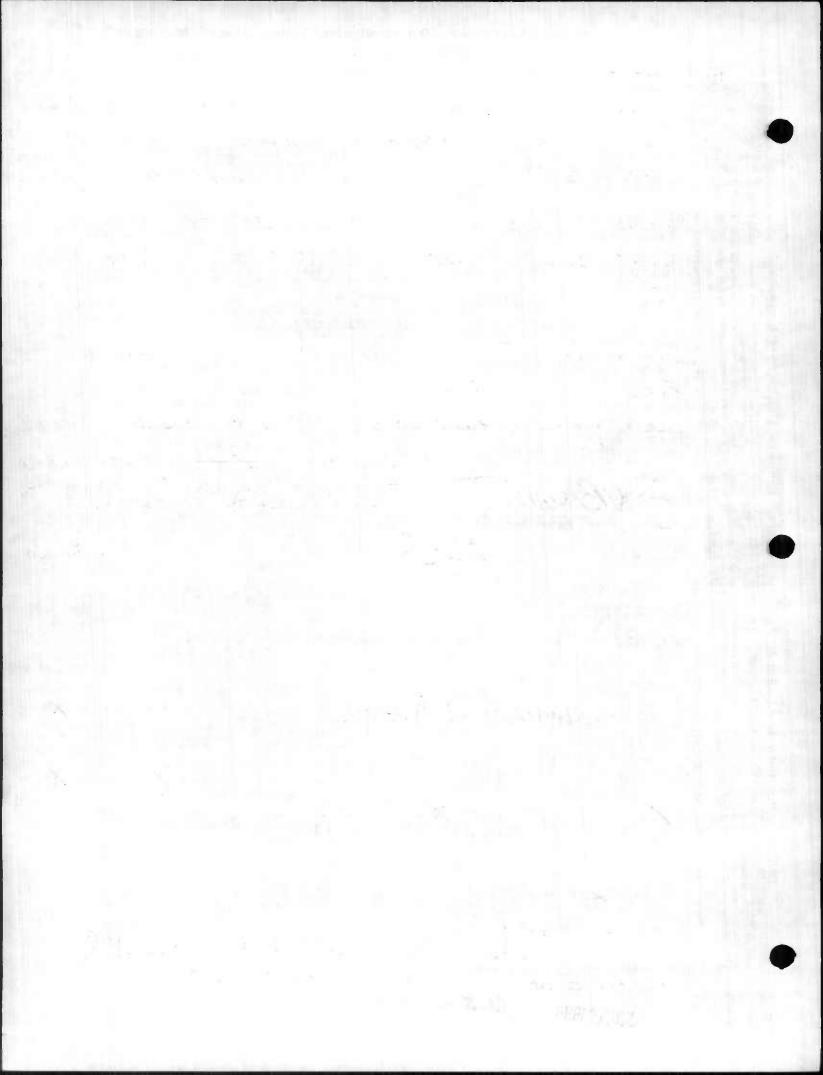
State Registrar

umma werle 31 Pagister's Signature Randage

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

29c. License number

29d. Date signed (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent'a Name (First, Middla, Last) 2. Date of Death **Physician** BUCKI 261998 6:45 A.M M. 105 June 101 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner N/A Baltimore City Mercy Hospital Center If Undar 1 Yaar If Undar 24 Hrs. Birthpleca (State or Foreign Country) 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** X⊠M 2□ F Months Days Hours 578-01-2835 Yrs. Aug. 29,1911 Maryland 86 Director Usual Residence of Decedent with the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 Yes 2 No Edgemere Baltimore Maryland Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21219 2403 Woodridge Road United States Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14 Race - American Indian 11. Marital Status Black, White, atc. permit. Peges 1 and 2 should be filed within 72 hours efter Department of Health end Mental Hygiene. Important: If Item 27 Is marked other than "natural", or Ite 1 ☐ Yas 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ White 3 ₩ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Induator Elementary/Secondary (0-12) College (1-4or 5+) Steel Industry Crane Mechanic 8 Years traumatic event, 18. Mother's Name (First, Middle, Maiden Sumama) 17. Father's Name (First, Middle, Last) Etta Kirby Marcellus Buckler 19b. Malling Address (Straat and Number or Rural Routa Numbar, City or Town, State, Zip Code) 19a. Informant'a Name/Ralationship (Type, Print) 2408 Woodridge Road Edgemere, Maryland 21219 Julius L. Buckler 20b. Placa of Disposition (Name of camatery, cramatory or other placa) 20c. Location - City or Town, State 20e. Method of Disposition any injury or c 1 Burial 2 ☐ Cremation 3 ☐ Removal from State Sacred Ht. of Jesus Cem. 6/29/1998 Dundalk, Maryland 5 ☐ Other (Specify) 4 Donation eral Service Lic 22. Name and Addrass of Facility
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland not enter the mode of dying, such as cardiac or respiratory arrest, 23a. Part1. Enter the diseasa, or complications that caused the duath shock, or heart failure. List only one cause on each lina. Approximate interval Between Onsat and Death **Physician** ZWKS. Immediate Cause (Final disease or condition resulting In death) /Medical neumonia Examiner Physician/Medical Examiner +10 Scleratic Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that Initiated events rasulting in death) Last Due to (or as a consequence of P.O. Box 68760, Due to (or as a consequenca of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? where secunding to Shirt howel 1 Yas 2 No 3 Probably 4 Unknown by Division of Vital Records, 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? Syndrome , Pulmining emholism completion of causa of death? certificata hes 1 ☐ Yes 2 ☐ No or Attending Physician: after death. Director: After this certifica 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) 10 1 Yes 2 No 2 ER/Outpatient 3 DOA funerel 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Natural
Accident 5 Pending Investigation 2 No 1 Yes 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, atreet, factory, offica building, etc. (Specify) 24 hours a Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as atated.

[In the death occurred at the time, date and placa, and due to the cause(a) and manner stated. 29a. Certifier Medical (Check only one) To the Vithin 2 29d. Date algned (Month, Day, Year) 29b. Signature and title of cartifier 29c. License number

31. Date filed (Month, Day, Year) JUN 3 0 1998 Registrar

30. Name and address of person who completed cause exteath (Item 23a) (Type, Print)

1.... E. Genzer 3015t. Peul Plice #815 13.1fu, md 21202 32. Degistrar's Signature I his Davidson-Randall

Mischell Market Service on the Relative manufact the transfer Sum I have been suffered to the The second secon a "Black modes 十二年 100 年 100 日 10 days , let the May .- . . . The set of the set of But the first of the second

State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 2. Deta of Death 1. Decedent's Name (First Middle Last) 3. Time of Death Month 6/26/98 **Physician** 5:35 M MATTIE L. BELL /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4a Facility Neme (If not institution, giva street end number) Examiner JOHN HOPKINS HOSPITAL BALTIMORE N/A If Under 1 Yaar 8. Dete of Birth (Month, Dey.) 4/16/23 Birthplace (Steta or Foreign Country)
 N.C. 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** Min Months Deys Hours 1□M 24□F 75 Yrs. 228 32 4307 Director Usuel Residence of Deceden the Marylend r 28a-f ahow 10e Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ∰Yes 2 No Director MD. N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours after death with it Department of Health end Mentel Hygiene. Important: if item 27 is marked other than "naturel", or items 23s or 2 any Injury or other traumatic event, the Medical Examinate must be an once. 3130 RAVENWOOD AVE. 21213 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yes, Giva II Year or Detes: Wes Decedant of Hispenic Origin? (Specify Yes or No-ff Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - Amarican Indian Bleck, Whita, atc. 1 Never Marriad 2# Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: SpecifyAFRO AMERICAN þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) HOME (RETIRED) HOMEMAKER 18. Mother's Neme (First, Middle, Maiden Sumame) 17. Father's Nama (First, Middla, Last) LIZZIE A. JOE TAYLOR SKINNER 19e. Informent's Neme/Raletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Routa Numbar, City or Town, Stete, Zip Code) JOSEPH BELL HUSBAND 3130 RAVENWOOD AVE. BALTO. MD. 21213 20b. Plece of Disposition (Neme of cematery, crametory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) GARRISON FOREST 7/2/98 OWINGS MILLS, MD. 22. Name end Address of Fecility
ESTEP BROTHERS FUNERAL HOME P.A. 21. Signature of Funerel Service Licenses 1300 EUTAW PL. BALTO. MD. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** Immediate Csuse (Finsl disease or condition resulting in deeth) /Medical Examiner Physician/Medical Examiner Sequentially list conditions, if sny, leeding to immediate cause. Enter Underlying Ceusa (Diseasa or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown Chronic atricl filestation À 24b. Were eutopsy findings eveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed page 2 1 Yes 2 No 1 ☐ Yas 2 ☐ No or Attending Physician: 25. Wes cese referred to medicel exeminer? Be 26. Placa of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA To Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes 2No After this 28e. Dete of Injury (Month, Dey Yaar) funerel 28d. Describe how injury occurred 27. Mannar of Deeth 28b. Time of 28c. Injury et Work? 1 Neturel 2 Accident 5 Pending 1 Yas 2 No 24 hours after deeth. Investigation 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital 11 Certifying Phyeician: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end manner es stated.
2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end plece, end due to the ceuse(e) and menner steted. 29e. Certifier To the Hosp within 24 ho To the Fune completaly fi (Check only one) 29c. Licansa number 29d. Data signed (Month, Dey, Year) 29b. Signeture end title of confifiar 0-18151 MD 30. Nama and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) 98 NORTH BRUNDHAY Chi-Shiang Chen, M.D. 32. Registrats Signature

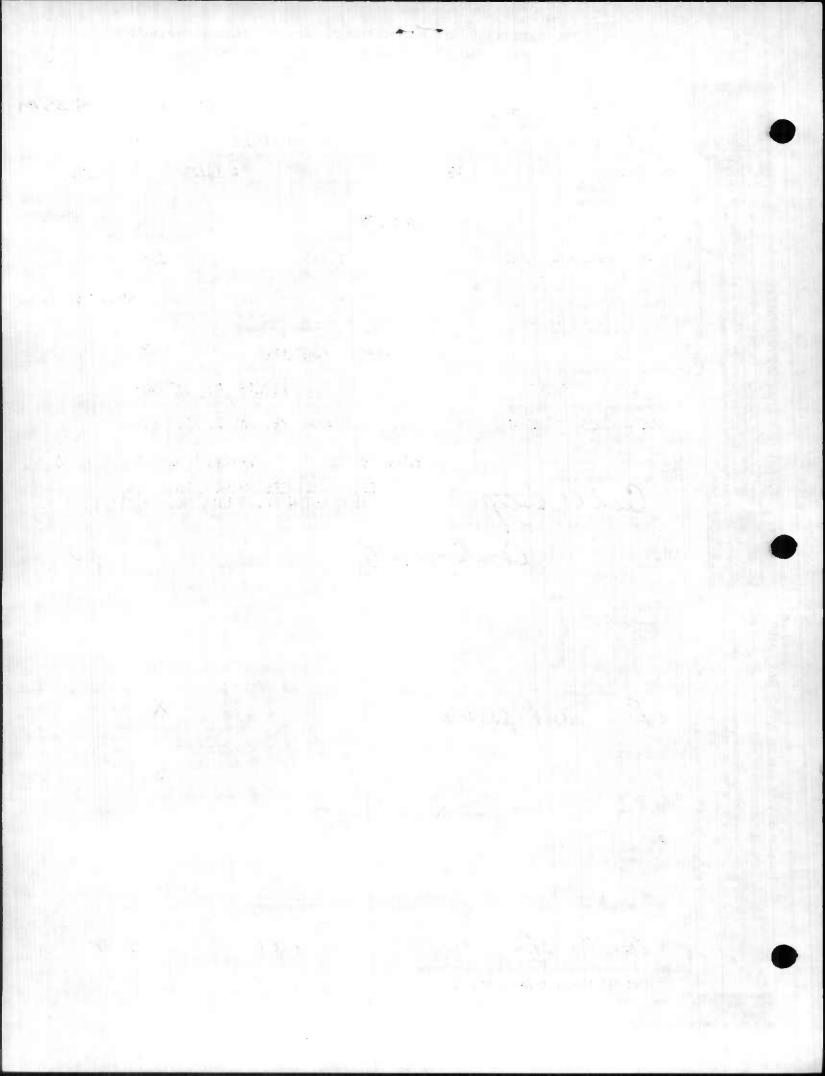
Auria Davidson-Randelle 31. Date filed (Month, Dey, Year)

**DHMH 16 Rev 6/95** 

State

Registrar

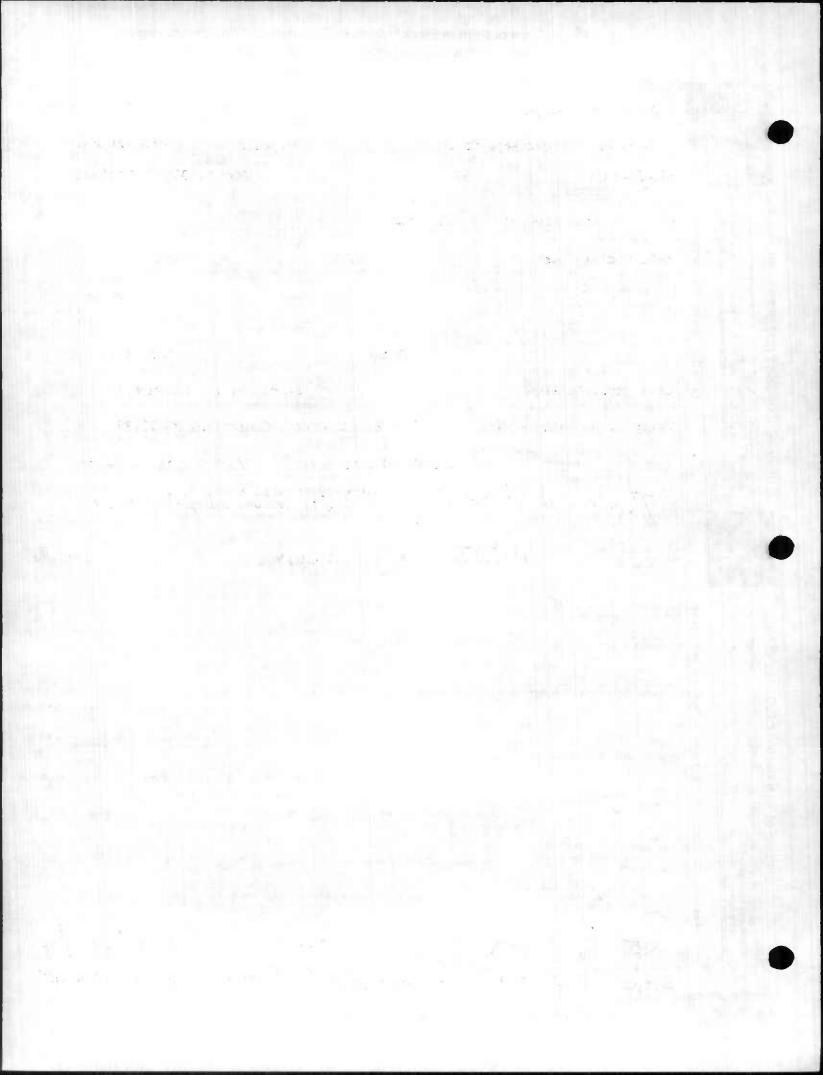
JUN 3 0 1998



State of Maryland / Department of Health and Mental Hygiene 8 20024

|  |   |   | Certificate of   | f Death                              | Re                                     | eg. No.                     | ha O                   | 024                                   |
|--|---|---|--|--------------------------------------|--|-----------------------------|------------------------|---------------------------------------|
|  | 1. Decedent'e Neme (First, Middle, La   | st)   |  |                                      | 2. Dete of Deet<br>Month               | h<br>Dey                    | Yaer                   | 3. Time of Death                      |
| Physician<br>/Medical  | Jordan M. Brow  | ning  |  |                                      | June                                   |                             | 998                    | 4:45pm                                |
| Examiner   | 4a Fecility Neme (If not Institution, giv   |   |  | 4b. City, Town, or Lo                | cation of Death                        | 4c. County                  | of Deeth               |                                       |
|  | Genesis Elderc  | are-Spa Creek   |  | Annapoli                             | S                                      | Anne                        | Arund                  | del                                   |
| Funeral  | 5. Social Security Number 6. S  | ex 7. Age (In yrs.  | lest birthday) If Under 1 Yaa<br>Months Dey  | ar If Under 24 Hrs.                  | 8. Date of Birth<br>(Month, Dey,       | Year)                       | 9. Birthpl             | ace (Stete or Foreign                 |
| Director   | 342-26-6851   | MM 2□F 67   | Yrs.   |                                      | May 8,19                               |                             | Illir                  |                                       |
| 2 .  | Usual Residence of Decedent   | *00 Ci  | ty, Town or Location   |                                      |  |                             | 110                    | Od. Inside City Limits                |
| 72 hours after death with the Maryland naturel; or items 23e or 28e-4 show acel Examiner must be notified at sted by Funeral Director  | 10a. Stete 10b. County  |   |  |                                      |  |                             | 1"                     | 1 □ Yes 2 No                          |
| e M  | MD Anne Ar  | undel Chi   | urchton  |                                      |  |                             |                        |                                       |
| or 2   | 10e. Street and Number  |   | 10f. Zip Code  |                                      | 1                                      | 0g. Citizen of W            | /hat Coun              | try?                                  |
| 23a 23a  | 5608 Bimini Cour  | t   | 20733  |                                      |  | USA                         |                        |                                       |
| 72 hours after death with the Maryfar insturer, or frems 23a or 28a-f show deal Examiner must be notified at elected by Funeral Director.  | 11. Marital Status  | 12. Was Decedant Ever In U<br>Armed Forces?<br>1 Yas 2 2 No | U,S. 13. Was Dacedent of Hispenic Origin? (Spe<br>If Yas, specify Cuban, Mexican, Puerto                       |                                      | ecify Yes or No-<br>Rican, atc.)       |                             | - America<br>k, Whita, |                                       |
| or h   | 1 Nevar Merried 2 Married   | If Yes, Give  | 1 □ Yes 2 🕱 N  | o Specify:                           |  | Specify.                    | Whit                   | e                                     |
| and a snown os med when 7.2 nours in and Mental Hygiene. 27 is marked other than "naturel", or traumatic event, the Hedges Exa. To Be Completed by   | 3 Widowed 4 Divorced  | Yaer or Detes:  |  |                                      |  |                             |                        |                                       |
|  | 15. Decedent's Ed<br>(Specify only highest gre  |   | 16a. Decedent's Usuel Occ<br>(Give kind of work dor  | e during most of work                | ing                                    | 16b. Kind of Bu             | siness/Ind             | lustry                                |
| within<br>fene.<br>the Man<br>omple  | Elementery/Secondery (0-12)   | Coilege (1-4or 5+)  | life. DO NOT use reti  | rea)                                 |  |                             | _                      |                                       |
| Hygier that the that the that the the that the the the the the the the the the th  | 12  |   | Agent  | 40 Markada Maria                     | Lif<br>Nama (First, Middla, Maidan Sur |                             | e Insurance            |                                       |
| Be dott  | 17. Fathar's Neme (First, Middla, Last)   |   |  |                                      |  |                             |                        |                                       |
| and Mental bis marked of raumatic eve  | Carl Meyer Beill  |   |  |                                      | hirley I                               |                             |                        |                                       |
| and is m   | 19a. Informent's Neme/Reletionship (  | Type, Print)  | 19b. Meiling Address (Stre   | et and Number or Run                 | el Route Number                        | r, Cify or Town,            | Stete, Zip             | Code)                                 |
| n 27   | Bette L. Brownin  | g - Wife  | 5608 Bimini  | Court, Chu                           |  | MD 207                      |                        |                                       |
| T ite  | 20a. Method of Disposition 1 □XBuriai 2 □ Cremation 3 □   | Removal from State  | Plece of Disposition (Neme of cemetery, cremetery or other p   | lece)                                | Dete                                   | 20c. Location -             | City or To             | wn, Stete                             |
| Pages<br>nent of I<br>ant: If its  | 4 □ Donation 5 □ Other (Specif  |   | odfield Cemete   | rv 7                                 | /02/98                                 | Galesvi.                    | 11e,                   | MD                                    |
| permit. Pages 1 and 2 should be filed within Important; if fern 27 is marked other than any injury or other traumetic event, the Medals.  To Be Complete.  | 21. Signature of Funaral Sarvice Licer  |   | 22. Nama and Ado   | tress of Fecility                    |  |                             |                        |                                       |
| 88 5 8   | 1 Thomas 1  | The shall   | Hardest  | y Funeral                            | Home, P                                | .A.                         | D 21                   | 101                                   |
| -  | 23a. Pefi1. Enter the disaase, or com shock, or heart fellure. List only  | plications that caused the dee                              | th To not enter the mode of d  | ely Avenue<br>lying, such es cerdiac | or respiretory arm                     | OLIS, M<br>est,             | D_Z14                  | Approximate                           |
| hysician   | shock, or heart fellure. List only  | one ceuse on each line.                                     | 4  |                                      |  |                             | i                      | Interval Between<br>Onset end Deeth   |
| /Medical   | Immediete Ceuse (Finei  | M. t. l.t   | Cont C   |                                      |  |                             | i                      | ( H                                   |
| xaminer  | diseese or condition resulting in death)  | · Meminuc   |  | rcinema                              |  |                             |                        | O MENUN                               |
| je la  |   | Due to (  | or es e consequence of):   |                                      |  |                             |                        |                                       |
| physician and<br>s the bunal-transit<br>edical Examiner  | Commentation in the secondary of  | b   | or es e consequence of):   |                                      |  |                             |                        |                                       |
| certificate be executed the physician and use as the bunal-transit of the physician and the physician  | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Undarlying Cause (Disease or Injury that initieted events  Due to (or as a consequence of): |   |  |                                      |  |                             |                        |                                       |
| physicians the bun   | Ceuse (Disease or Injury that initieted events  | C. Due to /c  | or as e consequence of):   |                                      |  |                             |                        |                                       |
| ng phy<br>e as th  | resulting In death) Lest  | 200 10 (0   | n as a donsaquance ory.  |                                      |  |                             |                        |                                       |
| use a  |   | d   |  |                                      |  |                             |                        |                                       |
| d by the attendir<br>letached for use  |   |   | Maria de la compania | - Land                               | non Did to                             |                             | naniharan da           | the sauce of death'                   |
| 9 % %  | Pert II. Other eignificant conditions of  | ontributing to death but not res                            | suiting in the underlying ceuse  | given in Pert I.                     |  |                             |                        | the cause of death?                   |
| een signed by the hould be detached by the hould be detached by Physe  |   |   |  |                                      | 1UY                                    | 'ee 2□ No                   | 3   Prot               | sably 4 Sunknow                       |
| signe<br>d be d  |   |   |  |                                      | 24a. Was e                             | en autonev                  | 24b. W                 | ere autopsy findings                  |
|  |   |   |  |                                      | perform                                |                             | GO                     | ailable prior to<br>mpletion of cause |
| S C/ □   |   |   |  |                                      |  |                             | of                     | deeth?                                |
| page Con   |   |   |  |                                      | 1 □ Y                                  | es 250No                    | 1 [                    | Yes 2 No                              |
| s certificate has director, page 2   | 25. Wes cese referred to medicei exeminer?  | 11-1-1-1  |  | 26. Plece of Deet                    | h (Check only on                       | пе)                         |                        |                                       |
| S 00 D   | 1 ☐ Yes 2 PNo   | Hospitei: 1 ☐ Inpatient 2 ☐                                 | ERVOUIDATION 3LI DOA   |                                      | me 5 Reside                            |                             |                        | y)                                    |
| After the funeral fune | 27. Menner of Deeth 1 StNeturel 5 □ Pending   | 28e. Date of Injury<br>(Month, Dey Year)                    | 28b. Time of Injury 28c. In  |                                      | 28d. Describe ho                       | ow injury occurr            | red                    |                                       |
| r death.  ctor: Affer by the fune  | 2 Accident investigation  | n   | M 1  | ☐ Yes 2☐No                           |  |                             |                        |                                       |
| n at the properties of Amending ry<br>Ne Funerel Director: After the<br>pletely filled in by the funera<br>edical Certification:   | 3 Suicide 6 Could not b<br>4 Homicide determined  | e 28e. Place of Injury - At h<br>building, etc. (Speci      | ome, farm, street, fectory, officingly)  | 00                                   | 28f. Location (Si<br>City or Town      | treet end Numb<br>n, Stete) | er or Rura             | I Route Number,                       |
| S aft  |   |   |  |                                      |  |                             |                        |                                       |
| hour<br>ly fill  |   |   | owledge, deeth occurred et the   |                                      |  |                             |                        |                                       |
| within 24 hours after death. To the Funerel Director: After thi completely filled in by the funeral Medical Certification: 1   | one) 2 Medical Exam   | end menner steted.  | etion end/or Investigation, in m   | y opinion, deeth occur               | ed et the time, d                      | aca anu piece, i            | and due (C             | , ma cedae(a)                         |
| within 24 hours To the Funerel completely filled Medical C   | 29b. Signeture end title of certifier   |   | 29c. Lica  | ansa number                          | 2                                      | 29d. Data signa             | d (Month,              | Day, Year                             |
|  | KE JA   | MD  | 9.   | 38958                                |  | 6                           | 120                    | 1 / 98                                |
| 6.   | 30. Neme and eddress of person who  | completed cause of death /ttel                              | m 23e) (Type, Print)   | 1                                    |  |                             | 1                      | /                                     |
| ( )  | Dalget Pinal  | Silly 14  | 13 Annapolu  | Road #                               | 106 0                                  | denton                      | N                      | 1021113                               |
| Choke  | 31. Data filed (Month, Dey, Yeer)   | 32. Registrer's Sign  |  |                                      |  | 27, 50 7)                   |                        |                                       |
| State  | JUN 3 0199  | 10 Milia Ka   | M  |                                      |  |                             |                        |                                       |

DHMH 16 Rev 6/95



| Amend: #1 Per M   | D Film G761 7-9-98rc   | State of Maryland   | •  | e of Death  | Reg. I                                   | $\Omega \Omega$                                 | 20026   |  |
|---|--|---|--|---|--|---|---|--|
| Physician<br>/Medical   | 1. Decedent's Nama (First, Middla, Last  |   | Brennan  |   | June ?                                   | Day Yea 27 199                                  | 8 1233  |  |
| Examiner  Funeral Director  | 5. Social Security Number 6. Sa 214–18–1300  | opkins Hospita  |  | Days Hours Min.   |  |   |   |  |
| or 28e-f ahow   | Usual Rasidance of Dacedant  10a. Stata 10b. County  Maryland Baltimore  |   | Town or Location   |   |  |   | 10d. Inside City Limits 1 ☐ Yes 2 ☑ No  |  |
| h with the Ma<br>23a or 28a-fa<br>all Director  | 10e Street and Number 416 Overbrook Roa  | ,   | 10f. Zip   | Coda 21212  | 10g.                                     | Citizen of What G                               | Country?  |  |
| 5-0020 72 hours after death with the Maryland netural; or items 23s or 28s-f show stell Examinet must be notified at seed by Funeral Director   | 11. Meritel Status  1 ☐ Navar Married 2 ☑ Married  3 ☐ Widowed 4 ☐ Divorced  | 12. Was Decedant Ever in U,S.<br>Armed Forcas?<br>1 ⊠Yas 2 □ No<br>If Yes, Give<br>Year or Datas: | 13. Was Deced  | ent of Hispanic Origin? (Spirify Cuben, Maxican, Puarto | ecify Yes or No-<br>Rican, atc.)         | 14. Race - Ar<br>Black, WI<br>Specify:          | narican Indien,<br>nite, atc.<br>White  |  |
|   | 15. Dacedent's Edu<br>(Spacify only highast grad<br>Elamantary/Secondary (0-12)  | a completed)  Collega (1-4or 5+)  | 16a. Decedant's Usua<br>(Giva kind of wor<br>lifa. DO NOT us<br>Electrical                     | k dona during most of work<br>a ratired)  Engineer      | ing                                      |   | ectric Compan   |  |
| Maryland d 2 should be file lith and Mental thy 77 is merked othe Traumatic event.  | 17. Fathar's Neme (First, Middle, Last) Patrick Devlin F 19a. Informant's Name/Ralationship (T)  |   | 19b. Mailing Addrass   | Elizab (Streat and Numbar or Rura                       | eth Mc                                   | Conneghy  | 7<br>, Zip Code)  |  |
| Baltimore, Maryland 2121 permit. Pagas 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If flam 27 is marked other than any injury or other traumatic event, that Manaca.  To Be Compl  | Mrs. Kathleen R. F  20a. Mathod of Disposition  157 Burial 2 Cramation 3 F  4 Donation 5 Other (Specify)   | Removal from Steta  | iatary, cramatory or of  | prook Road, B<br>thar place) 7 Mem Grdns 7              |  |   |   |  |
| Balti permit. Departm Importer any inju   | 21. Signature of Funeral Service License   | ee Eeronaan   | 22. Name and   | d Address of Facility                                   | Uomo                                     |   |   |  |
| Physician<br>/Medical<br>Examiner   | Immediate Course (Final  | Acute Respi   | i reton D<br>is a consequence of):   | listress Syno   |  | -   | 2 weeks   |  |
| 68760, operations of the control of | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaasa or injury that initiated evants rasulting in death) Last | Chronic pre   | s a consaquanca of): Anisone + s a consaquance of):  | herapy  |  |   | 3 weeks<br>24 mouths<br>25 mouths   |  |
| he death certiful the estending ched for use a ysician/Me   | Part II. Other significant conditions con  |   |  | 23b. Did tobacco use contribute to the cause of deat    |  |   |   |  |
| OIVISION Of VITAI RECORDS, P.O. BOX (or Attanding Physician: The law requires that the death certificate has been signed by the attanding in by the tuneral director, page 2 should be detached for use ertification: To Be Completed by Physician/MA   |  |   |  |   | 1 Yes  24a. Was an au performed          | utopsy 24                                       | Probably 4 Unknown  b. Ware autopsy findings available prior to completion of cause of death? |  |
| VITAI HE  | 25. Was casa referred to medical axaminer?   |   |  |   | 1 ☐ Yes                                  | 2.XNo   | 1 ☐ Yas 2 ☐ No  |  |
| Division of Vital Records to the Hospital or Attanding Physician: The law within 24 hours after death.  To the Funeral Director: Attanthis certificate has completely filled in by the funeral director, page 2.  Medical Certification: To Be Comp   | 27. Manner of Death  1 Natural 5 Panding 2 Accidant invastigation  |   | R/Outpatient 3 DO  8b. Time of injury M  | 8c. Injury at Work? 1 Yas 2 No                          | ma 5 □ Rasidance<br>28d. Dascribe how Ir | njury occurred                                  |   |  |
| Division  To the Respital or Attance within 24 hours after death To the Funeral Director: completely filled in by the Medical Certificat  | 3 Suicida 4 Homicida  6 Could not be datarmined  | 28a. Place of Injury - At hom building, atc. (Spacify)  | edga, daath occurred   | at tha tima, data and placa,                            | City or Town, St                         | (a(a)   | Rural Routa Number, as stated.  |  |
| To the Ho within 24.1 To the Full to the Full Complete)   | (Check only 2 Medical Examilations) 29b. Signature and title of Certifiar  | ner: On tha basis of axamination and mannar stated.   | ation and/or Invastigation, In my opinion, death occurred at the  29c. License number  ALS-000 |   |  | 29d. Data signed (Month, Day, Year)  3 27, 1993 |   |  |
| State   | 30. Nama and addrass of person who co<br>Ent Nurwheren (Manth, Day, Year)  JUN 3 0 19  | 32. Registrar's Signatur  |  | Fe St. Baltino  |  | 21287   |   |  |

particular investigation and appro-

the street of

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Day Month Year 2AM BEATRICE BRAVERMAN JUNE 28, 1998 4b. City, Town, or Location of Death 4e Facility Neme (If not institution, give street and number) 4c. County of Death 1 POMONA EAST, APT. 312 BALTIMORE BALTIMORE Hours Min. 8. Dete of Birth (Month, Dey, Year) FEB. 27,1906 9. Birthplece (State or Foreign 7. Age (In yrs. last birthday) 1□M 2□X Months Deys NEW YORK 92 Yrs. 10b. County 10c. City, Town or Location 10d. Inside City Limita 1 ☐ Yes 2 No PIKESVILLE BALTIMORE 10f. Zip Code 10g. Citizen of Whet Country? USA 21208 #312 1 POMONA EAST Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yea or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien. Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: 1 □ Never Married 2 □ Married 1 ☐ Yes 2 ☐ No Specify: 3 Widowed 4 □ Divorced WHITE 16e. Decedent's Usuel Occupation 16b, Kind of Business/Industry 15. Decedent's Education (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementery/Secondery (0-12) Cotlege (1-4or 5+) HOUSEWIFE OWN HOME 18 Mother's Neme (First Middle Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) UNKNOWN **JENNY** ROTER 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent'a Neme/Relationship (Type, Print) PIKESVILLE, MD 21208 7512 LISBURNE ROAD WILLIAM BRAVERMAN (SON) 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from State 6/29/98 BALTIMORE HEBREW REISTERSTOWN, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD BALTIMORE, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heer feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth a. CAADIO VAS CUC VA

Due to (or as e consequence of): CHADIO VOLCHUMA DILEME Cety co VOR CULTR

> 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e Was an eutoney

24b. Were eutopsy findings

**Physician** /Medical Examiner

**Physician** 

/Medical

5. Social Security Number

213-74-8464

12

Usuel Residence of Decedent

MD 10e. Street and Number

11. Meritel Stetus

**JACOB** 

20e. Method of Disposition

Immediete Cause (Final disease or condition resulting in deeth)

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in death) Lest

10a. Stete

Director

Funerai

by

Completed

Examiner

**Funeral** 

Director

th and Mentel hygiena. 7 is marked other than "naturel", or items 23a or 28s-f show traumstic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death with 1 Depertment of Haalth and Mentei Hygiena. Important: If Item 27 is marked other than "naturel", or Items 23a or i any Injury or other traumatic event, the Magical Experiment

altimore, Maryland 21215-0020

the Marylen

Examiner usa signed by I þ page 2 s certificate

Division of Vital Records, P.O. Box 68760,

or Attanding Physicien:

this

After efter death.

Physician/Medicai Completed Be 10 funeral Certification:

|   |                              |                           |  |                     |                |   | performed?  | aveileble prior to completion of cause of deeth? |
|---|------------------------------|---------------------------|--|---------------------|----------------|---|---|--|
|   |                              |                           |  |                     |                |   | 1 □ Yes No  | 1 ☐ Yes 2 ☐ No                                   |
| 25. Wes case referred to medica   |                              | edicat                    |  |                     |                | 26. Place of De   | eeth (Check only one)   |  |
| exeminer?   | A-1                          |                           | Hospitel: 1 ☐ Inpatient 2 ☐                          | ER/Outpetient       | 3□ DOA         | Other: 4 Nursing  | Home 5 Residence 6 □Other   | (Specify)  |
| 27. Mariner of Deal<br>1 Matural<br>2 Accident<br>3 Suicide<br>4 Homicide | Natural 5 F<br>2 Accident In | ending<br>ovestigation    |  | 28b. Time of Injury | 28c            | fnjury at<br>Work?<br>1 Yes 2 No  | 28d. Describe how injury occurre  | d  |
|   | a may at an an dear          | could not be<br>etermined | 28e. Ptece of Injury - At It building, etc. (Special | nome, farm, stree   | et, factory, o | 281. Location (Street end Number or Rural Route Number,<br>City or Town, State) |   |  |
| 29e   |                              |                           |  |                     |                |   | ca, and due to the cause(s) and man<br>curred et the time, dete and placa, ar |  |

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Medicai

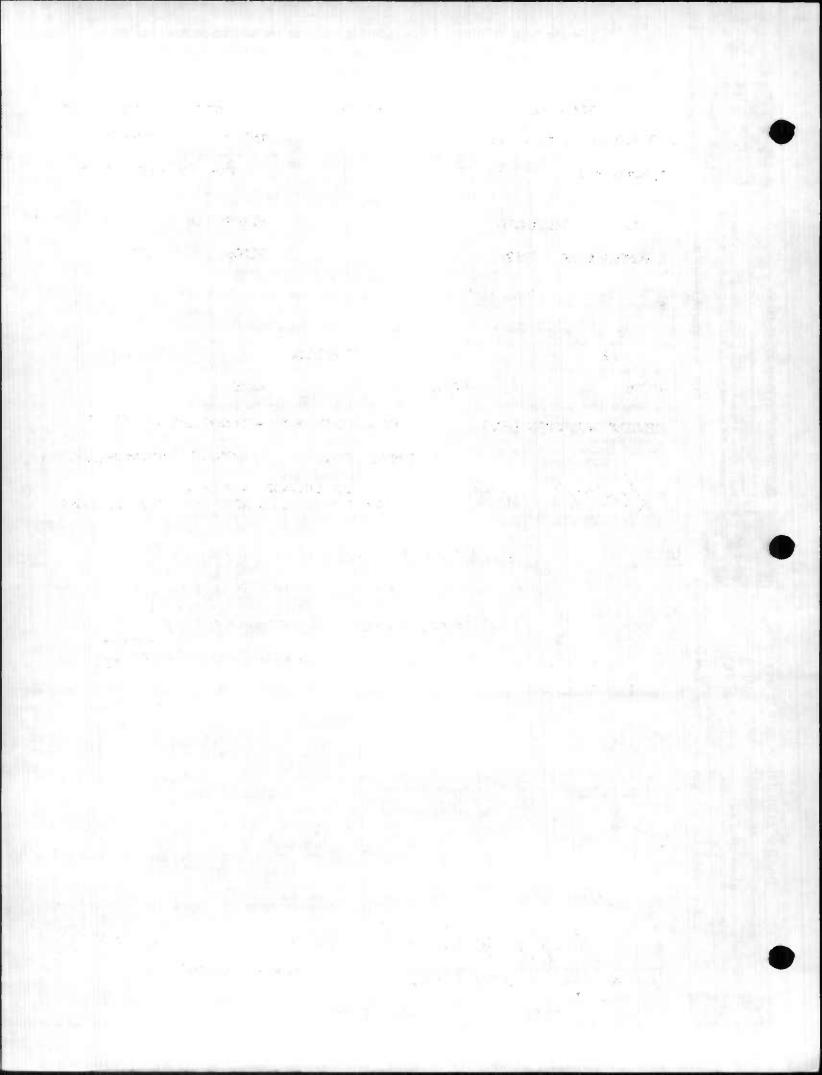
29c. License number 7 29b. Signature and title of 29d. Date signed (Month, Day, Xear)

30. Name and address of person who completed cause of deeth (New 23e) (Type, Print) / \$3\$ CATOR TRANSPORTED TRANSP

State Registrar

32. Registrer Signation - Randall

Part it. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 2. Data of Death 1. Decedent's Name (First, Middle, Last) **Physician** June 26, 1998 EMILY MARION CARSCADEN BROWN 12:57 AM /Medical 4b. City. Town, or Location of Death 4a Facility Nama (If not institution, giva streat and number) Examiner Gilchrist Center at G.B.M.C. Towson
If Under 24 Hrs. Baltimore County 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1□M 2XF Months Days Min. Hours 87 10, 1910 Director 218-36-0006 Maryland Usual Residence of Deceden the Maryland 10d. Inside City Limits 10a State 10b. County 10c. City. Town or Location 7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Modical Examinat must be notified at Baltimore City 1X Yes 2 □ No Maryland N/A Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 216 Homewood Terrace 21218 permit. Peges 1 and 2 should be filed within 72 hours effer death v Department of Haalth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Medical Experies manage. USA Funeral Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, 12. Was Decedent Ever in U,S. Armed Forcas? Black, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Datas: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specity: White Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) Elementary/Secondary (0-12) 4 yrs Medical Registered Nurse 18 Mother's Name (First Middle Maiden Surnama) 17. Fathar's Name (First, Middle, Last) Be Carscaden Stella 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 5 Running Fox Road, Glen Arm, Maryland 21057 James R. Brown, III, Esq. 20b. Placa of Disposition (Name of cematery, crematory or other placa) 20a. Method of Disposition Date 20c. Location - Cify or Town, Stata 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Green Mount Cemetery

22. Name and Address of Facility 6/29/98 Baltimore, Maryland 21. Signature of Funeral Service Martin D. Lawson lawson Mitchell-Wiedefeld Home
6500 York Road, Baltimore, Maryland 21212

enter the mode of dying, such as cardiac or respiratory arrest, Indarval Between Onset and Death Mitchell-Wiedefeld Home 23a. Part1. Enter the diseasa, or complications that caused the death. Do not enti-shock, or heart failure. List only one cause on each line. **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical C'ARC, Joma 12 mos 0= Examiner Examiner & mos CARCINOMA OF OVAZY Sequantially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequenca of) Physician/Medical Due to (or as a consequence of) Division of Vital Records, P.O. Box ed by the e Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Arterosciente Cardiovarentes Ducase signed I by 24b. Ware autopsy findings available prior to completion of cause Completed 24a. Was an autopsy performed? of death? page 2 1 ☐ Yes 2 No 1 Yas 2 No certificate To the Hospital or Attending Physician: within 24 hours eftar death.

To the Funeral Director: After this certifica completaly filled in by the funeral director, i 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospica Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 2 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of Certification: 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. edical 29a. Certifier (Check only one)

29c. Licansa number

12399

6565 North Charles Street, Towson, Maryland 21204

29d. Data signed (Month, Day, Year)

State Registrar 29b. Signature and title of certifier

31. Date filed (Month, Day, Year)

CHARLES O'DONOVAN,

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

JUN 3 0 1998

III

32. Ragistrar's Signature

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month 3 40 AM william L. Collins June 4a. Facility Nama (If not institution, give street and number, 4b. City, Town, or Location of Death Johns Hopkins Geniatric Saltimore If Undar 1 Year If Under 24 Hrs 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Day, Birthplaca (State or Foreign Country) 1**X** M 2 □ F Yrs Maryland 215-16-9241 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 □ No Baltimore Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21213 U.S.A. 517 Kenwood Avenue 12. Was Dacedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: 1949 Was Dacedent of Hispanic Orlgin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: Black 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) Warehouseman Tile Industry 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) William Collins Sr. Prisilla Brooks 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Myrna Collings - Wife 517 Kenwood Avenue, Baltimore, Maryland 21213 20b. Placa of Disposition (Name of cemetery, cremetory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State Data 1 □ Burial 2 □ Cramation 3 □ Removal from Stata Owings Mills, 4 ☐ Donation 5 ☐ Other (Specify) Garrison Forest Cemetery 07/01/98 Maryland 21. Signature of Funeral Service Licent 22. Name and Address of Facility Derrick C. Jones Funeral Home 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 4611 Park Heights Ave., Baltimore, Maryland 21215 Approximate interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) pressure ulcers Sequentially list conditions, if any, leading to Immediate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting In death) Last failure Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? piratory failure, anemia, COPD, DVT 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to completion of causa of death? otension, Seizures, peptic ulcer 24a. Was an autopsy performed? disease 1□ Yes 2□ No 1 ☐ Yes 2 ☑ No 25. Was case referred to medical examiner? 26 Piece of Dooth (Check only 1 Yes 2 No

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

Herrie 23a or 28a-f show

"natural", or

h and Mental Hyglene. Is marked other than

Department of Health a Important: If item 27 is any injury or other trau

Pages 1 and 2 should be nent of Health and Mental

filed within 72 hours after

altimore, Maryland 21215-0020

the Medical Examiner must be notified at

Director

Funerai

by

Completed

Be

certificate After this

The law requires that the death certificate be executed

or Attending Physician:

the Hospital

deeth.

Director: /

within 24 hours efter To the Funeral Direc completely filled in by

Division of Vital Records, P.O. Box 68760,

by Physician/Medicai Completed Be P 27. Manner of Death Certification:

Medicai

1 Natural

2 Accident

3 Suicide

4 Homicide

|           |          | 20. Flace of Death (Check only one) |        |                     |  |                             |                   |  |  |  |
|-----------|----------|-------------------------------------|--------|---------------------|--|-----------------------------|-------------------|--|--|--|
| lospitai: | atient 2 | ER/Outpatient                       | 3□ DOA | Other: 4 Nursing Ho |  | 5 Residence                 | 6 ☐Other (Specify |  |  |  |
|           |          |                                     |        | Injury at           |  | d. Desc <i>ri</i> be how in |                   |  |  |  |

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street end Number or Rural Routa Number, City or Town, Stete)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as atlated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signatura and titla describer. 29c. License number 29d. Date signed (Month, Day, Year)

30. Name and address of person wh empieted cause of death (Item 23a) (Type, Print)

5505 EAStERN AVE., BALTIMURE, MARYland 21224

State Registrar

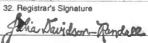
JUN 3 0 1998

31. Date filed (Month, Day, Yeer)

GREENOUGH

5 Pending investigation

6 Could not be



DHMH 16 Rev 6/95

Testerene services "Award markey on the first than The superference of the Thirty of the

98-3695-510 Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. jhm State of Maryland / Department of Health and Mental Hygiene DONNIE CHESTNUT ITEMS:23, Part 1, 27, 28a-f per MED G-761 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death JUNE 28, Day 1998 Year **Physician** 04:55 AM DONNIE CHESTNUT /Medical 4a Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 1230 CROSS STREET BALTIMORE N/A 8. Dete of Birth July 1957 If Under 1 Yeer 5. Sociel Security Number Sex XXM 2□ F 9. Birthplace (Stete or Foreign 7. Age (In yrs. lest birthdey) **Funeral** Months Days Hours MARYLAND 40 Yrs. 213-70-0538 Director Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mentel Pyglene. Important: If item 27 is marked other than "naturel", or items 23s or 28s-4 show any injury or other traumatic event, the Medical Examinet must be notified at pince. 10d. Inside City Limits 10a. Stete 10b. County 10c. City, Town or Location XXYes 2 No Directo MARYLAND BALTIMORE CITY N/A 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code 1230 CROSS STREET 21230 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 DNo If Yes, Give Year or Dates: 14. Race - American Indien, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Marital Status Never Married 2 Married 1 Yes 2(XNo Specify: Specify: BLACK by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) UNEMPLOYED N/A 12th grade 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) ERNESTINE CHESTNUT CHARLES CHESTNUT 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 1249 Glyndon Avenue, Baltimore, Maryland 21223 Sharon Adams/Sister 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition XX Burial 2 Cremetion 3 Removal from State 7-3-98 BALTIMORE, MARYLAND MT. ZION CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) of Fundral Service Liceny 22. Name and Address of Facility WILLIAM C BROWN COMMUNITY F/H 1206 W. NORTH AVENUE 23a. Pent1. Enfer the disease, or complications their ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /WEGIGE NARCOTIC AND ALCOHOL INTOXICATION Examiner Due to (or as a consequence of) Physician/Medical Examiner ettending physician and for use as the bunal-transit The lew requires that the deeth certificate be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or as a consequence of) ed by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Completed completion of cause of death? certificate has b 1 Yes 2 □ No 1 Yes 2□ No Physician: 25. Was cese referred to medical examiner? Be 26. Place of Deeth (Check only one) examiner/ 1/∑ Yes 2 □ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of A 27. Manner of Death 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 Pending

Box 68760 of Vital Records, ivision offe Hospital 24 hours

3 Suicide 4 Homicide edicai 29a. Certifier To the Hosp within 24 hor To the Fune completely fi (Check only one)

2 Accident

31. Dete filed (Month, Day, Year)

🗠 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.

JUN3 0 1998

Investigation 6 Could not be determined

28a. Date of Injury F0(11100 th, Dey Year) 6-28-98 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)
FOUND; HOME

found4:45 M

1 Yes 2 No

unknown

28f. Location (Street and Number or Rural Route Numb City or Town, State) 1230 CROSS STREET BALTIMORE CITY, MD

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) 29b. Signature and title of certifier

29c. License number OCME

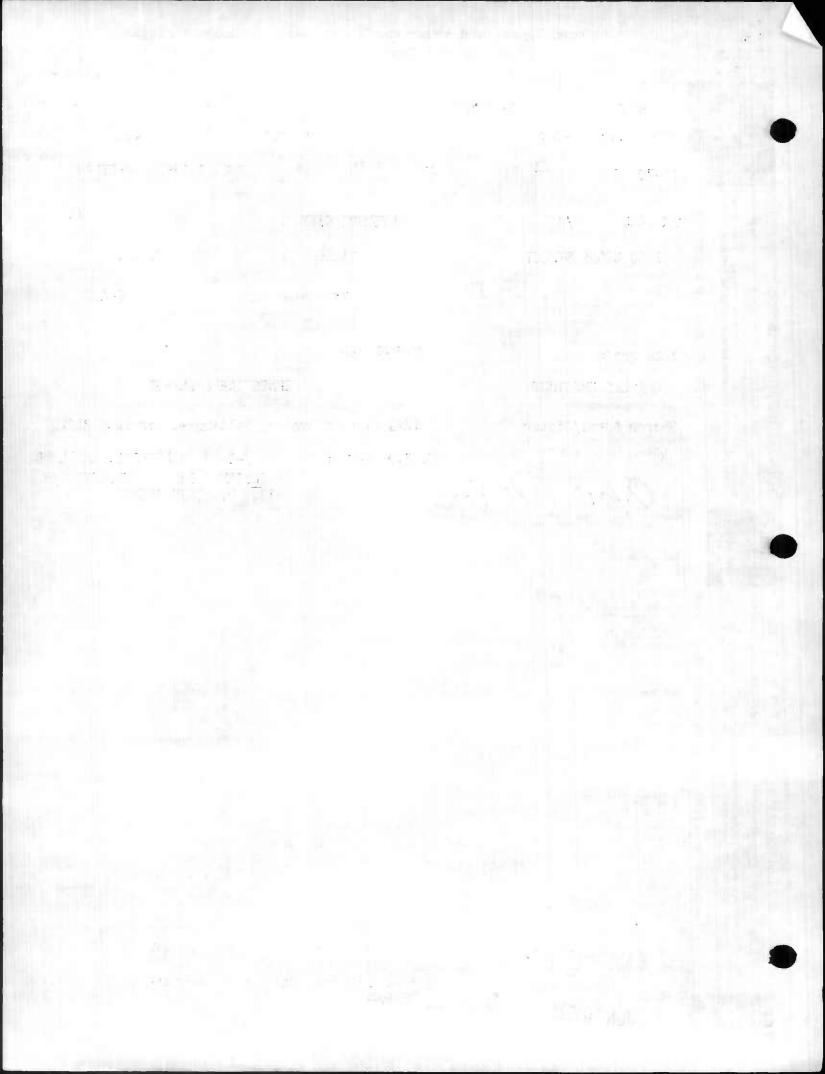
29d. Date signed (Month, Dey, Year)

JUNE 28, 1998

30. Name/arid atd led cause of death (Item 23a) (Type, Print) of person wher co

111 Penn Street, Baltimore, Maryland 21201

State Registrar 32 Adistrat Spanne Amdale



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) 28th Month 3:10 Am PHILLIP WALTER CROISSANT June 1998 4b. City. Town, or Location of Deeth 4c. County of Deeth 4e Fecility Neme (If not Institution, give street end number) NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL If Under 1 Year | If Under 24 Hrs. Months Days Hours Min. 8. Sex 1 XM 2 ☐ F 8. Dete of Birth (Month, Dey, Year) SEPT. 18,1931 8. Birthplece (State or Foreign Country) BALTIMORE, MD. Birthplece (State or Foreign Country) 5 Social Security Number 7. Age (In yrs. lest birthday) 216-28-0546 66 Usuel Residence of Decedent 10h County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No ANNE ARUNDEL GLEN BURNIE MARYLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21060 U.S.A. 208 SOUTHBRIDGE DRIVE APT. C 12. Wes Decedent Ever in U,S. Armed Forces? \*\*CXYes 2□No 1949− If Yes, Give Yeer or Dates: 1952 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Rece - American Indian. Bleck, White, etc. 1 Never Merried 2 Married 1□ Yes 2□No Specify Specify:WHITE 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 18e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) College (1-4or 5+) CABINETMAKER CARPENTRY 18 Mother's Neme (First, Middle, Meiden Sumeme GERTRUDE MAY REED 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 208 SOUTHBRIDGE DRIVE APT. C 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State MD VETERANS CEMETERY 7/2/98

p Elementary/Secondary (0-12) 17. Fether's Neme (First, Middle, Last) HENRI CROISSANT 19a. Informent's Neme/Reletionship (Type, Print) GLEN BURNIE, MD 21060 ELENORA CROISSANT-WIFE 20e. Method of Disposition 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removel from State CROWNSVILLE, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility SINGLETON FUNERAL HOME, P.A. 1 SECOND AVE., SW GLEN BURNIE, MARYLAND 21061 bese, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, re. List only one cause on each line. Approximete Intervel Between Onset end Deeth Com (lv fmmediate Ceuse (Finel len disease or condition resulting in deeth) Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of) Due to (or es e consequence of)

**Physician** /Medical Examiner

**Physician** 

/Medical

**Examiner** 

10a State

Directo

Funeral

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f ahow traumetic event, the Med cal Examiner mant by notified at

permit. Pages 1 and 2 should be filed within: Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "nany Injury or other traumetic event, "The Mental Injury or other traumetic event," "The Mental Injury or other traumetic event, "The Mental Injury or other traumetic event," "T

Baltimore,

Sant

72 hours after death

Physician/Medical P

Division of Vital Records, P.O. Box 68760 Completed has certificata Be Certification: To this Aftar or Attending s after death.

25. Wes case referred to medicel exeminer?

1 Yes 2 No

27. Menner of Death

1 Neturei

2 Accident 3 Suicide

4 Homicide

VOKE

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I, bstructive

Oh's east

23b. Did tobacco use contribute to the cause of death?

191 Yes 2 No 3 Probably 4 Unknown

24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes en eutopsy 25 No

26. Plece of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

1 Inpatient 2 □ ER/Outpetient 3 □ DOA 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation 1 ☐ Yes 2 No 281. Location (Street and Number or Rural Route Number, City or Town, State)

6 ☐ Could not be determined Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, and due to the cause(s) end manner stated. 29a. Certifier 29d. Dete signed (Month, Day, Year) 29b. Signature and the of partitles 29c. License number

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

HOSP. DR. GLEN BURNIE, MI) 21061 OWUSU-BOAIT 01

State Registra

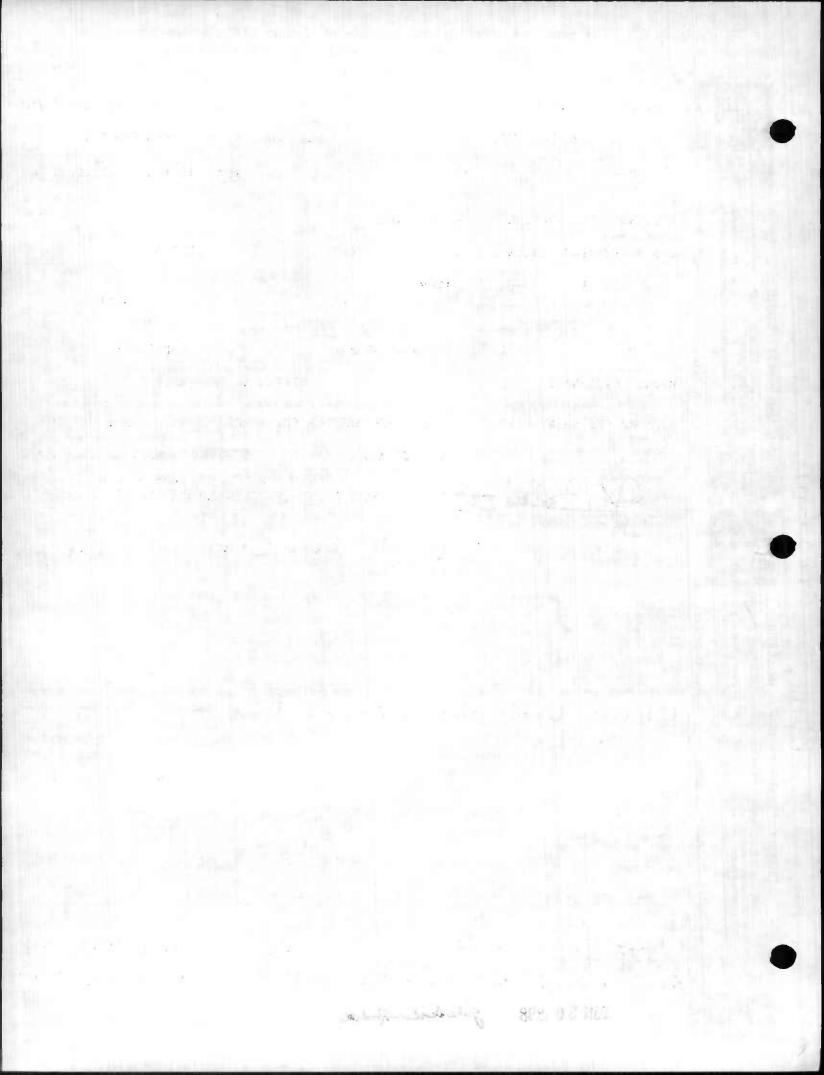
Medical

JUN 3 0 1998

32. Registrar's Signeture Julia Devido

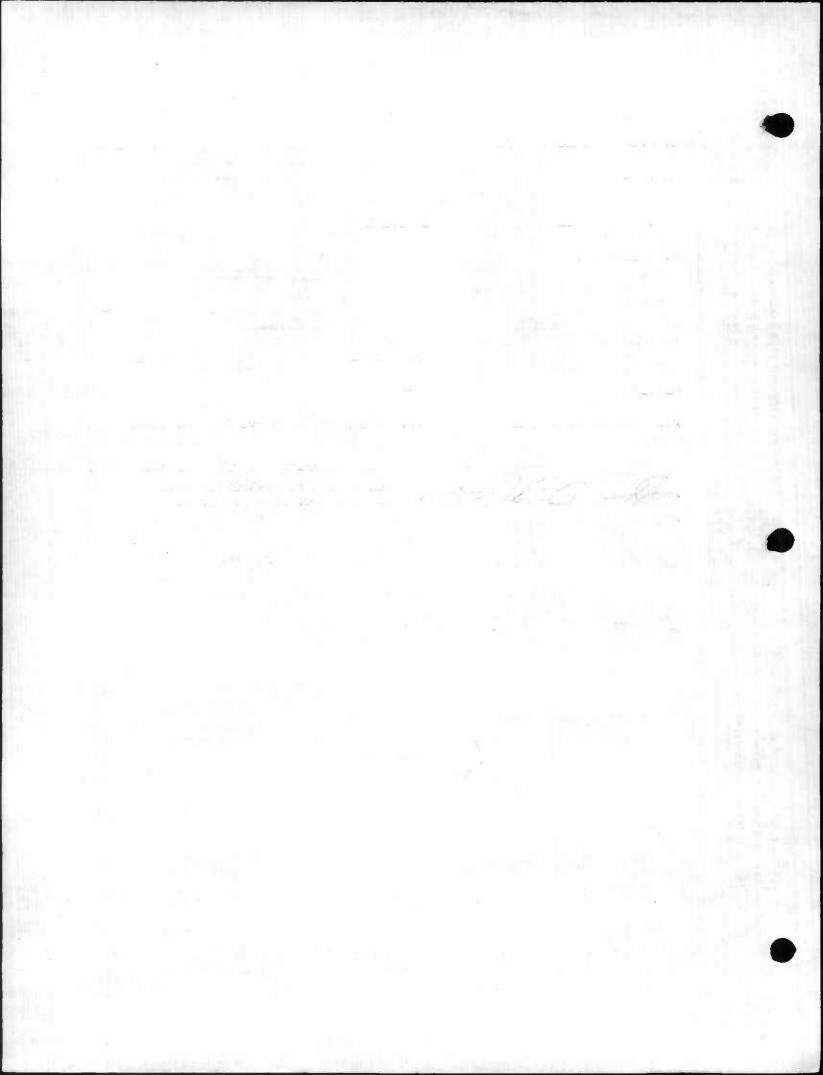
24 hours a Hospital

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Menth **Physician** Tune 29, mue /Medical 4b. City, Town, or Location of Death 4a Fscility Name (If not institution, give street and number) 4c. County of Deeth Examiner St. Joseph Medical Center Towson If Under 24 Hrs Baltimore If Under 1 Year Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** Months Days Hours 1 M 2 □ F Yrs 64 Director 212-30-5019 Jan. 4, 1934 Usual Residence of Decedent the Maryland 10a. State 10c. City, Town or Location 10d. Inside City Limits 10b. County ahow r than "natural", or items 23s or 28s-f shorter that the incition of the manufacturer must be nothered as 1 ☐ Yes 2 No Director Md. Baltimore Lutherville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 207 Felton Rd. Funeral 21093 USA 14. Race - American Indian, Bleck, White, etc. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus filed within 72 hours efter ☐ Yes 2☐No Yes, Give 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced Year or Dates: White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry lith and Mental Hygiana. 27 is merked other than "I r traumetic event, pre Hea Elementary/Secondary (0-12) College (1-4or 5+) 12 4 Vice President Mars Supermarket Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Pages 1 and 2 should be nent of Health end Mental William Unknown 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Relationship (Type, Print) Department of Health end Important: If itsm 27 is m any injury or other traum Mrs. Johanna M. Cox/wife 207 Felton Rd. Lutherville, Md. 21093 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from Stete 4 Donation 5 Sother (SpecifyEntombmentDulaney Valley Memorial 7/2/98 Timonium, Md. 21. Signature of Funeral Service Lie 22. Name and Address of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Deeth Physician /Medical Immediete Ceuse (Finet disease or condition resulting in death) Examiner Examiner rysm W Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last The law requires that the death certificate believe Box 68760, gerous Sigmoid Physician/Medical Due to (or as a consequence of) been signed by the attendin should be detached for use P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown ension Records. ò 24b. Were sutopsy findings svailable prior to completion of cause of death? Completed 24e. Wes en autopsy performed? page 2 s 1 Yes 2€ No 1 ☐ Yes 2 ☐ No Division of Vital director, Physician: 25. Was case referred to medical Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 1 Inpatient 2 □ No 2 ER/Outpatient 3 DOA this funeral 28a. Date of injury (Month, Day Year) 27. Mennet of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After or Attending 1 Naturat 5 ☐ Pending 1 Tes 2 No 24 hours efter death. Investigation 2 Accident the 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basts of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier Medical completely (Check only one) within 2. To the 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture and title of certifier Wormell arles Neme and address of person who completed cause of death (Item 23a) (Type, Print) 139 Derrielly July 2 mel Mary 102/15/ Dete filed (Month, Day, Year) State Registrar



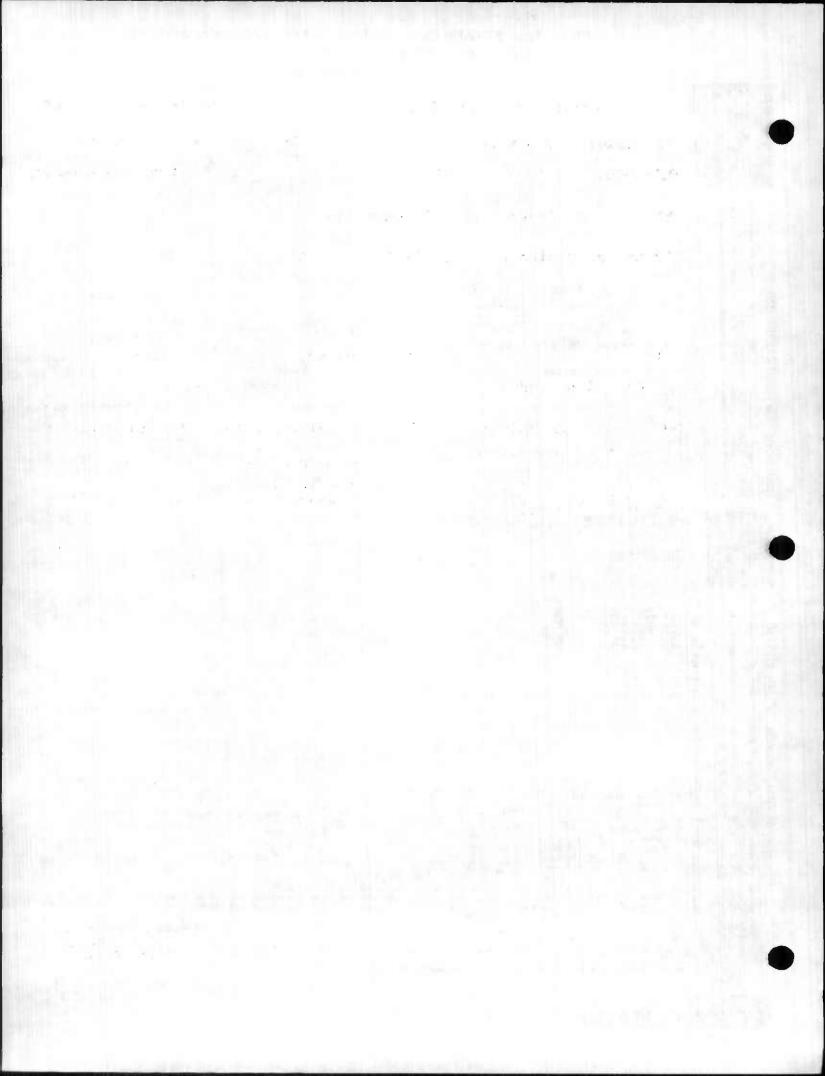
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No 2. Data of Death 3. Tima of Death 1. Decedant's Nama (First, Middla, Last) JUNE 26, **Physician** Chisho1m 3:45am Louise Μ. /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (ff not institution, giva street and number) Examiner 9113 Catonsville Baltimore 707 Maiden Choice Lane Apt. H Undar 24 Hrs. Hours Min. 8. Data of Birth (Month, Day, Year) MAR 23, 1920 7. Aga (In yrs. last birthday) If Undar 1 Yaar Months Days 5. Social Sacurity Number Birthplaca (Stata or Foreign Country) **Funeral** 1□ M 2₽F Days 78 011-18-9251 **Director** Massachusetts Usual Rasidanca of Dacedani with the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Inalda City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Mandal Examinat mast be notified at MD Baltimore Catonsville 1 ☐ Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 707 Maiden Choice Ln. Apt. pemit. Pages 1 and 2 should be filed within 72 hours after death v Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a and Injury or other traumatic event, the Hescal Example 2008. 9113 21228 USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 [X] No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Orlgin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian. Black, Whita, atc. 1 Navar Marriad 2 Married Maryland 21215-0020 1 ☐ Yas 2 X No Specity: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 16b. Kind of Businass/Industry 16a. Decedant's Usual Occupation 15. Decedant's Education (Giva kind of work dona during most of working lifa. DO NOT usa retired) (Specify only highast grada complated) Department Elamantary/Secondary (0-12) Collaga (1-4or 5+) Retail Sales Store 18. Mothar's Nama (First, Middle, Maidan Surnama) 17. Father's Nama (First, Middla, Last) Claredon Waddell Helen Giles 19b. Mailing Addrass (Straat and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) 21228 707 Maiden Choice Ln. Apt. 9113 Catonsville, a of Disposition (Nama of 20c. Location City or Town, State David S. Chisholm/husband Baltimore, 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 1 ☐ Burial 2 Cramation 3 ☐ Ramoval from State Metro Crematory, Inc. 6/30/98 Baltimore, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Licensee

Dawn F. McDonald

23a. Part. Entar tha disaasa, or complications that causad tha daath. Do not antar tha mode of dying, such as cardiac or raspiratory arrest, shock, or haart failura. List only ona causa on aach lina. P.A. Baltimore, 21228 MD Approximata tntarval Batween Onsat and Daath Physician /Medical Immediata Causa (Final diseasa or condition rasulting in death) Examine Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated evants rasulting In daath) Last Dua to (or as a consaquanca of): ettending physician and Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consequance of): 23b. Did tobacco use contribute to the cause of death? Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. the signed by the 1 Yes 2 No 3 Probably 4 Unknown p 24b. Wara autopsy findings available prior to completion of cause of death? page 2 should Completed 24a. Was an autopsy been : has 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificate Division of Vital or Attending Physician: funeral director 25. Was casa rafarrad to medical Be 26. Placa of Death (Check only ona) axaminar? Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Gasidance 6 Othar (Specify) 10 After this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Tima of Certification: 1 Natural 5 Panding death. 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant 24 hours efter death Funeral Director: 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicida Hospital 29a. Certifier Ecritifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as statad. Medical completely miner. On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical Example 1 within 2 29b. Signature and title of certify 29c. Licansa number 29d. Data signad, (Month, Pay, Year) MO 30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) Wilhers einon 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura State 301998 who swidson-Randall Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 9 8

Certificate of Death 2. Date of Deeth 3. Time of Death 1. Decedent's Name (First, Middle, Last) **Physician** 6:40 pm 26 1998 Collins XJune Blease /Medical 4c. County of Death 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street end number) **Examiner** Union Memorial Hospital Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** 1□ M 2X0 F Yrs. 243 18 1115 80 June 4, 1918 Maryland Director Usual Residence of Decedent 10e State 10h County 10c. City. Town or Location 10d, Inside City Limits tem 27 is marked other than "natural", or forms 23a or 28a-f show other traumatic event, the Madical Experies must be notified at Maryland Baltimore 1 Yes 2 No Baltimore Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3925 Glenhurst Rd. 21222 United States Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ②☐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, 1 Never Married 2 Merried 1 Yes No Specify: White þ 3 ☐ Widowed 4 X Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) filed within 7 Hygiene. d 2 should be filed within 7 th end Mental Hygiene.
7 Is marked other than "n Elementary/Secondary (0-12) College (1-4or 5+) Machine Operator Factory 6 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) James Evan Carrie Troublefield Kersey permit. Pages 1 and 2 sh. Department of Health end I Important. If fram 27 is ma-19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Bettie Collins / Daughter 3925 Glenhurst Rd., Baltimore, MD 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 □ Donation 5X Other (Specify) Entombment Holly Hills Mem. Park 6/29/98 White Marsh, MD 22. Name end Address of Facility M00382 CAFA Stephen D. Lohrmann P.A. 8717 Green Pastures Dr., Baltimore, MD 21286 man 23a Partt. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or near failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical immediate Cause (Final disease or condition resulting in death) Lymphocutic Leukemia months Examiner Physician/Medical Examiner Myelo dysplasia Months Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initialed events resulting in death) Last Duale (or as a consequence of) Division of Vital Records, P.O. Box 68750 Due to (or as a consequenca of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Congestive Heart 2 24b. Were autopsy findings evailable prior to 24a. Was an autopsy Completed Hypertension completion of cause of death? Pes 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To After this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of 1.MNatural 5 Pending daath. 1 ☐ Yes 2 ☐ No investigation 2 Accident ofter death 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homicide within 24 hours eft To the Funeral Di completaly filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

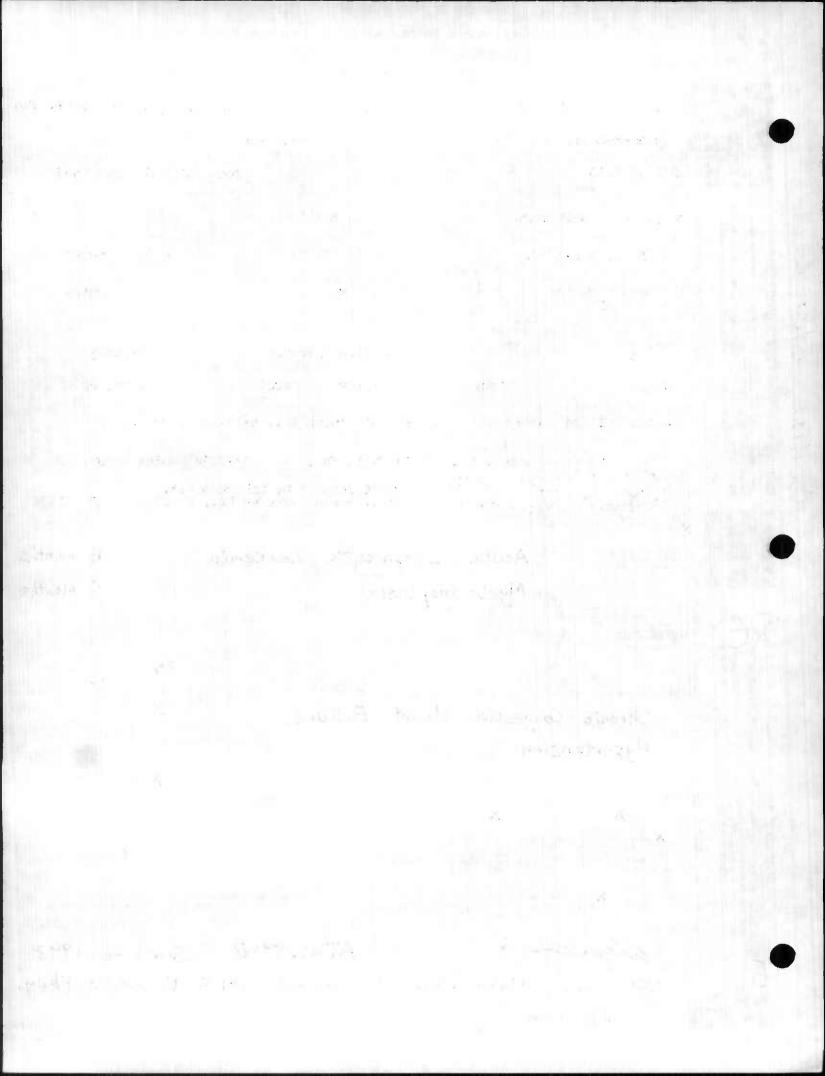
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Certifier To the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) AT 2438946 June, 26, 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Memorial Hospital 201 E. University

State Registrar 31. Date filed (Month, Dey, Yeer) JUN 3 0 1998

Union 32. Registgar's Signature Julia Davidson-Randace

**DHMH 16 Rev 6/95** 

ollins,



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death 3. Time of Counth Month 7:30 A.M. 26, 1998 ELIZABETH CLAYVILLE CONWAY June 4b. City. Town, or Location of Death 4c. County of Death Solomons Calvert If Undar 1 Yaar if Undar 24 Hrs. Hours Min. 9. Birthpiace (Stata or Foraign Country) Virginia 7. Aga (In yrs. last birthday) Months Days 1□ M 20 F Yrs

1. Decedent's Nama (First, Middla, Last) **Physician** CARRIE /Medicai 4a. Facility Nama (If not institution, giva street and number) **Examiner** The Hermitage 5. Social Sacurity Numba **Funeral** 94 213-52-5686 1904 Director Usual Rasidance of Dacedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hydiene. Important: If item 27 is marked other than "naturel", or items 23a or 28a-f show with Injury or other treumatic event, in a Medical Exercise must be notified a once. Director Maryland Calvert North Beach 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 9825 Sea Maid Court #104 20714 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - American Indian, Black, Whita, atc. 11. Marital Status 1 Navar Married 2 Married 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: Saltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No ρ Specify: 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Collega (1-4or 5+) 2 years Elamantary/Secondary (0-12) Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) John Henry Clayville Maggie Hichman ည 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) George Nichols (grandson) 8525 Mackall Road St. Leonard, Maryland 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ⊠ Burial 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Spacify) 6-29-98 New Cathedral Cemetery Baltimore, Maryland 21. Signature of Funeral Service License 22. Nama and Addrass of Facility Mitchell-Wiedefeld Home, Inc. 6500 York Road Baltimore, Maryland 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examine Dua to (or as a consaquance of): nole lithiasis Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68759

Physician/Medical Examiner Sequentially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Cause (Disaasa or injury that initiated evants rasulting in death) Last 9SP

v tension Dua to (or as a consequence of) olits

Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of ceuse of death? 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was cesa rafarred to medicel 26. Placa of Death (Check only ona) axaminar? 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Deat 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 1 Naturai 5 Pending 1 ☐ Yas 2 ☐ No 2 ☐ Accident Invastigation 6 Could not be datamined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida

29a. Cartifiai

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

29b. Signature and titla of certifian 29c. Licensa number D52192 29d. Data signed (Month, Day, Year)

10d. Insida City Limits

White

21212

Approximate Interval Between Onsat and Death

1 Yas 2 No

Hospital Rd addrass of person who complated causa of O'Keefe 120

June 26 1998

SUITE 200 Prince Frederick mp 20678

31. Data filad (Month, Day, Yaar)

32. Registrar's Signatura

JUN 3 0 1998



State Registrar

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signed by the a

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page 2 s

funeral director,

filled in by

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certificate

After this

or Attending Physician:

Hospital

death.

24 hours after deat Funeral Director:

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Completed

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Certification:

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**DHMH 16 Rev 6/95** 

Maler Berlin

State of Maryland / Department of Health and Mental Hygiene 🔾

20035 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Deeth 3. Time the **Physician** SUME 1:15 Am /Medical 4e. Fecility Neme (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Keswick Home Baltimore N/A If Under 1 Year Months Deys 8. Dete of Birth (Month, Day, Year) July 26, 1923 5. Sociel Security Number if Undar 24 Hrs. Birthplaca (Stata or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 1□ M 2\ F Hours 259-28-9646 Yrs. 74 Director Georgia Usuel Residence of Decedent the Maryland r 28a-f show a notified at 10a. Stata 10d. Inside City Limits 10b. County 10c. City, Town or Location N/A Maryland Baltimore 1. Yes 2□ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 7 is marked other than "natural", or items 23a or traumatic event, the Mod cal Examiner must be a 700 W. 40th St. 21211 United States permit. Pages 1 and 2 should be filled within 72 hours after death v. Department of Health and Mental Hygiene. Important: If them 27 is married other than "natural" page. Funeral 12. Was Decedent Evar In U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Dates: 11. Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Bieck, White, atc. 1 ☐ Never Merried 2M Marriad 1 ☐ Yes 2 No Specify: ģ Specify: White 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) homemaker own home 17. Fethar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be George M. Johnson Louise Halliburton 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) C. Read Carter/husband 3900 N. Charles St. Baltimore, MD 21218 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 ☐ Buriel 2 🗡 Cremetion 3 ☐ Ramovei from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 6/25/98 Baltimore, Maryland Greenmount Crematory 22. Name and Address of Facility Mitchell-Wiedefeld Home, Inc. 21. Signature of Funerel Sarvice Licensaa 6500 York Rd.

Baltimore, MD

Thock, or heart feilure. List only one ceuse on each line. Approximate Interval Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical . Multiple sclerosis with paraparesis 30 years Examiner Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest and Due to (or as e consequance of) Physician/Medical Division of Vital Records, P.O. Box 6876 Due to (or es a consequence of): To the Hospital or Attending Physician: The law requires that the death certific the hours after death.

To the Funeral Director: After this certificate has been signed by the attending completely filled in by the funeral director, page 2 should be detached for users Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown δ 24e. Wes en eutopsy performed? Completed 24b. Were autopsy findings aveilable prior to completion of ceusa of death? 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical exeminer? Be 28. Place of Death (Check only one) 2 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 ☐ Homicide 29a. Certifier (Check only one) Medicai 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) end manner as stated. 2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) end menner stated. 29b. Signeture and title of certifier 29c. License number 29d. Deta signed (Month, Dey, Year) Tube 24, 1998 the gar or i) 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) O ISABELLE MACGREGOR, KESWICK, 700W-40 KL STREED, BALTIMORE) MD 21211 31. Date filed (Month, Day, Yeer) 32. Registrar's Signeture State Julie Davidson Randelle JUN 3 0 1998 Registrar

make from the second will

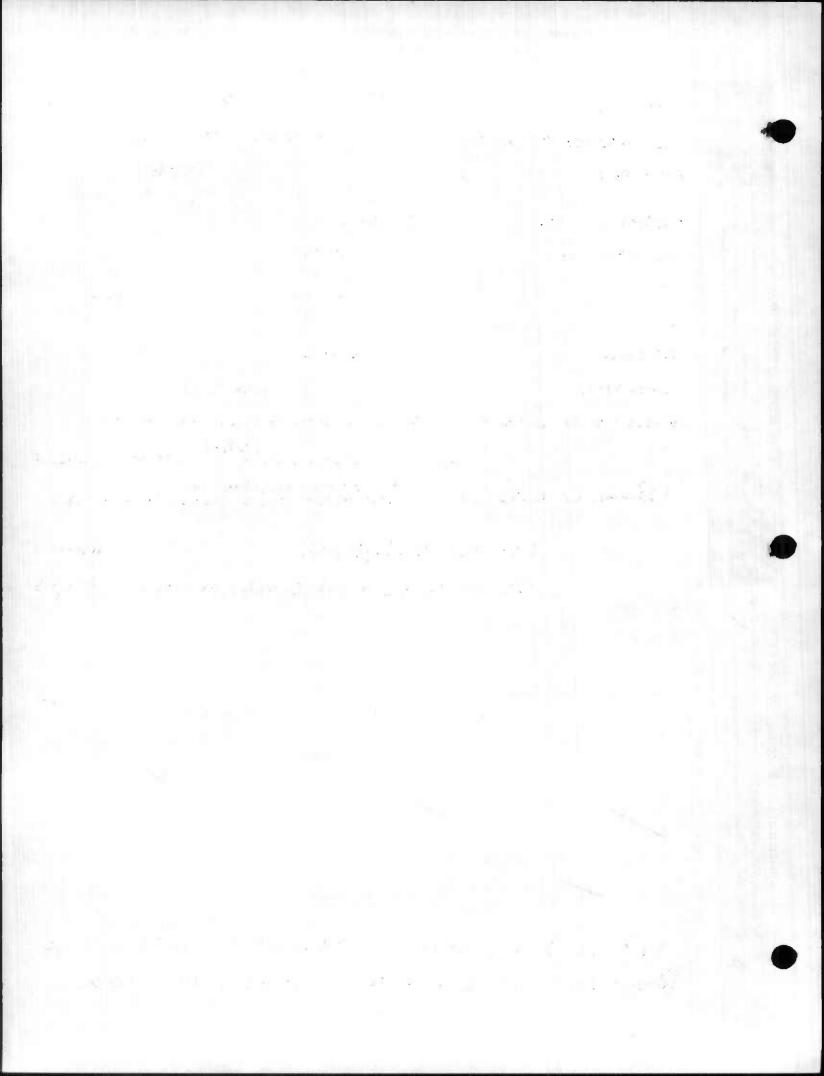
State of Maryland / Department of Health and Mental Hygiene () 0036 Certificate of Death Reg. No. 2. Date of Death 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) EIFORD JUMPE 23 Day **Physician** 1998 ROBERT 7:58p /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CITY BALTIMORE THE JOHNS HOPKINS HOSPITAL N/A If Under 24 Hrs. if Under 1 Year 8. Date of Birth (Month, Day, Year) Aug. 22, 1946 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Min. 1**X**3M 2□ F Months Days Hours Yrs. Aug. Director 51 220-54-8117 Usuel Residence of Decadent the Meryland 10e State 10b County 10c. City. Town or Location 10d. inside City Limits 7 is marked other than "natural", or Nema 23a or 28a-f show traumatic event, the Modical Examiner must be notified at 1 X Yes 2 No Director N/A Baltimore Maryland 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code deeth with 4616 Schley Avenue 21206 U. S. A. Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give 14. Raca - American Indian, permit. Pages 1 and 2 should be filed within 72 hours effer. Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or then any Injury or other traumatic event. Its Black, White, etc. 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 Widowed 4 Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) N/A Never Worked 6th Grade 18. Mother's Name (First, Middle, Meiden Sumame) 17. Fether's Neme (First, Middle, Last) Be Louis Eiford Lena Eiford 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Neme/Relationship (Type, Print) Loretta Randolph (Guardian) 300 Metro Plaza, Baltimore, Maryland 21215 20b. Place of Disposition (Neme of cametery, cremetory or other placa) 20c. Location - City or Town, State 20a. Method of Disposition Date 6/27/98 1X Burial 2 ☐ Cremation 3 ☐ Removal from State Dulaney Valley Mem. Gardnes 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, Maryland 21. Signeture of Funeral Service Licensee 22. Neme end Address of Facility Schimunek Funeral Home Inc. Buin Ce. Willen 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervat Between Onset end Death **Physician** Cardiac Arrhythmia /Medicai Immediete Ceuse (Final WINS. disease or condition resulting in death) **Examiner** Non Tusolin Dependent Diabets Mellifus Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in deeth) Last Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? id be deteche 1 Yas 2 No 3 Probably 4 Unknown þ should ! 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 24a. Wes an eutopsy performed? Completed certificate hes 1 Yes 2 No 1 Yes 2 No Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Marine of Death 1 Natural funeral 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of Certification: 5 Pending Investigation Injury s after death.
I Director: Aft 1 Yes 2 No 2 Accident 6 Could not be determined 3 C Suicida 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homleide To the Hospital o within 24 hours af To the Funeral DI completely filled in 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pleca, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and plece, and due to the ceuse(s) end menner stated. edical (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number 39460 reule Buth M.D 30 Name and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar

Kobert Durt 31. Date filed (Month, Dey, Year) JUN 3 0 1998 901 E. fort twe. 32. Registrar's Signature

Bultimore MD 21230

This Davidson gandell.



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Deeth 3. Tima of Death 1. Decedant's Name (First, Middle, Last) Month 1:40 AN Walber, Ernst, June Samuel 4e Facility Name (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Death N/A Baltimore Union Memorial Hospital If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number If Under 1 Yaar Birthplaca (Stata or Foraign Country) 7. Age (In yrs. last birthday) 6. Sax **№** M 2□ F Months Days Yrs. 213-26-2610 Maryland Usual Rasidanca of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limite 1 ☐ Yes 2 No Eldersburg Maryland Carroll 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21784 USA 1315 Placid Drive 12. Was Dacedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 ØNo If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian. Black, White, atc. 1 Navar Married Married 1 ☐ Yas 2 No Specify: 3 ☐ Widowad 4 ☐ Divorced White 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/industry Collaga (1-4or 5+) Elamantary/Secondary (0-12) Furniture Store Accountant 18. Mother's Nama (First, Middla, Maidan Surnama) 17. Fathar's Name (First, Middle, Last) Doris Madeline Keene Samuel Walter Ernst, Sr. 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Raiationship (Type, Print) Eldersburg, MD 21784 1315 Placid Drive Jean Marie Ernst/wife 20b. Place of Disposition (Neme of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) 6/30/98 Metro Crematory, Inc. Baltimore, MD 21. Signatura of Funeral Sarvice Vicensea Communication of Management of 22. Nama and Address of Facility Cremation Society of Maryland, Inc. Dawn F. 299 Frederick Road MD 21228 McDonald Baltimore, 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Cardiogenic Shock Dua to Gras a consequence of): immediata Causa (Final 1 hour disaasa or conditio rasulting in daath) Acute Myocardial Infarction Dua to (or as a consequence of): Arteriosderatic Cordiovascular Disease 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown tibrillation 24b. Wara autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarrad to medical axaminar? 26. Placa of Daath (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Residence 8 Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA 28d. Describe how injury occurred 27. Mannef of Death

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

**Director** 

"natural", or items 23a or 28a-f show soical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours efter death 1 Department of Health and Mental Hygiene. Important: If frem 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Medical Example Institute once.

Director

Funeral

2

Completed

with the Maryland

Physician/Medicai Examiner Sequantially list conditions, if eny, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initieted evants rasulting in daath) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f.

by per cholesterolemia

1 Yas 2 No

5 Panding Investigation 6 Could not be datarmined 28a. Data of Injury (Month, Day Yaar)

28b. Time of

28a. Piece of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

28c. Injury at Work? 1 Yas 2 No

28f. Location (Straat end Number or Rural Routa Number, City or Town, Stata)

(Check only one)

1 MNatural

2 Accidant

3 ☐ Suicida 4 Homicida

> 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and piece, and dua to tha causa(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner steted.

29b. Signatura and titla of certifiar

29c. Licansa number

29d. Data signad (Month, Dey, Year)

Blackman, MD

30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print)

E. University Parkuay, Baltimore, MD 21218 Robert mon, MD 201

31. Data filed (Month, Day, Year) Registrar

Completed

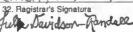
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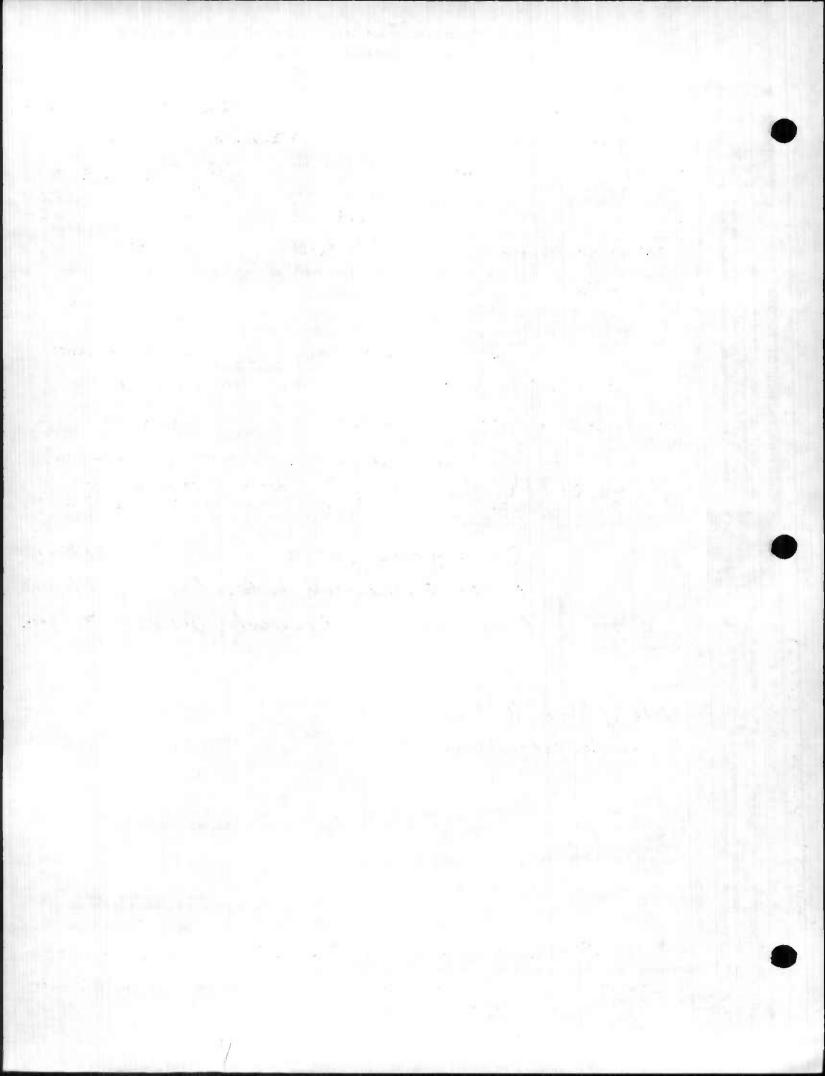


**DHMH 16 Rev 6/95** 

24 hours efter Funeral Dire

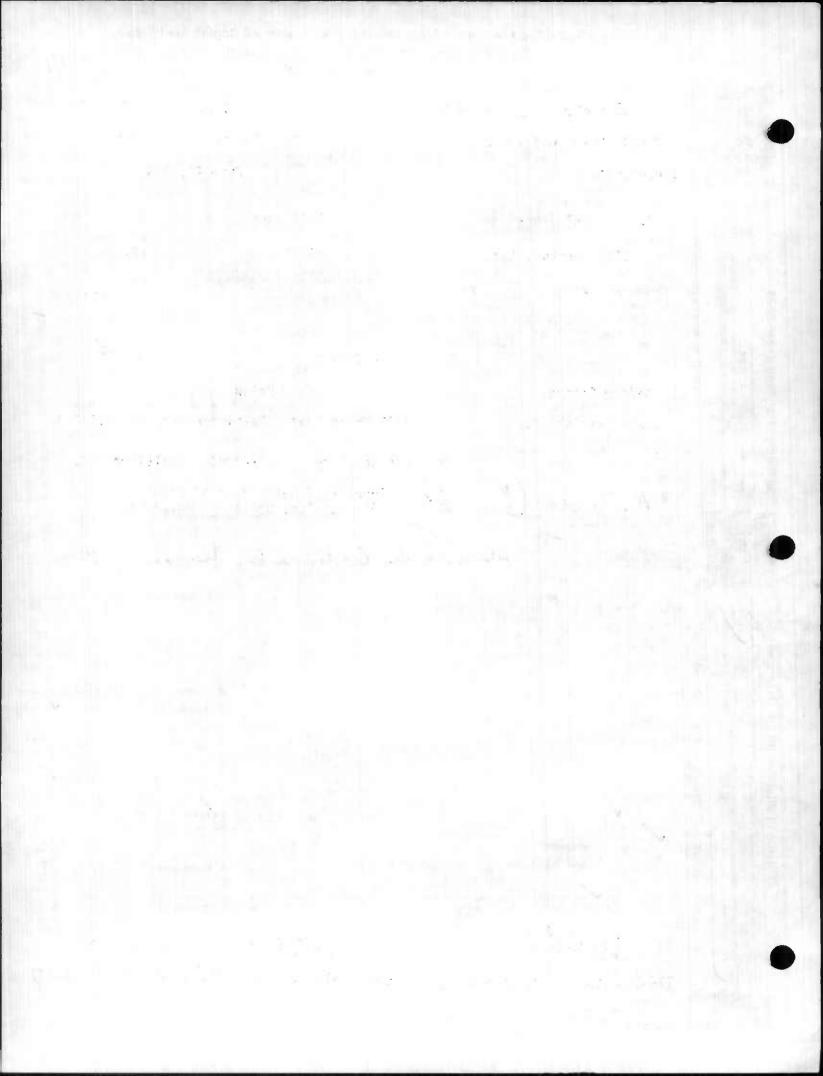
To the Hosp within 24 ho To the Fune completely fi

Samuel Walter



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

|  |   |  | Cert                             | tificate of L  | Death  |   | Reg. No.                           | 20031  |       |
|--|---|--|----------------------------------|--|--|---|------------------------------------|--|-------|
|  | 1. Decedant's Neme (First, Middla, Last)  |  |                                  |  |  | 2. Data of Da<br>Month                  | ath<br>Day                         | 3. Tima of Dea                                     |       |
| Physician<br>/Medical  | IRMA  | E MERICK   |                                  |  |  | JUNE                                    |                                    | 8 4.556  | M     |
| Examiner   | 4a Facility Nema (If not institution, give  | streat and number)   |                                  | 41   | b. City, Town, or I                                |   | 4c. County of                      | f Death  |       |
|  | 2311 Rossland   | d Ave.   |                                  |  | Balti  |   |                                    | ı/a  |       |
| Funeral<br>Director  | 189-03-5284   | 7. Aga (In yrs.<br>3M 2XDF 82  | lest birthday) _<br>Yrs.         | Months Deys  | If Undar 24 Hrs.<br>Hours Min.                     | 8. Dete of Bird<br>(Month, Da<br>June 2 | 7,1915                             | Birthplece (State or For Country)     A            | reign |
| pug *_   | Usual Rasidance of Decedenf  10a. Stete 10b. County   | 10c. Cit   | y, Town or Loc                   | ation  |  |   |                                    | 10d. Insida City Lir                               | mits  |
| vith the Maryl<br>or 28a-f eho<br>or notified a  | Md. Baltimo   | ore  |                                  |  | altimore   |   |                                    | 1√ Yes 2□  |       |
| ath with the 23a or 2 unit be no   | 10e. Streef and Number<br>2311 Rosslar  |  |                                  |  | 1216   |   | 10g. Citizen of W                  | A  |       |
| 21215-0020  within 72 hours after death with the Meryland blane.  or than "natural", or terms 23s or 28s-f show the Medical Examination to notified at the Medical Examination and Director.   | 11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced   | 12. Was Decedent Ever in U<br>Armed Forcas?<br>1 ☐ Yas 2 ☐ XNo<br>If Yas, Giva<br>Year or Delas: |                                  | /as Decedent of His<br>Yas, specify Cubar<br>☐ Yas 2☐√No       | spenic Origin? (S<br>n, Maxicen, Puart<br>Specify: | pecify Yas or No<br>o Ricen, etc.)      | Specify:                           | - Amaricen Indian,<br>K, Whita, atc.<br>White      |       |
|  | 15. Decedant's Edu<br>(Specify only highest grade   | cation<br>complated)   | 16a. Deceda<br>(Give k           | ant's Usual Occupa<br>ind of work dona d<br>O NOT use retired; | ition<br>luring most of wor                        | rking                                   | 16b. Kind of Bus                   | inass/industry                                     |       |
| vithin ene.  | Elementery/Secondery (0-12)   | College (1-4or 5+)   |                                  |  | )  |   |                                    | 1  |       |
|  | Unknown 17. Fathar's Nama (First, Middla, Last)   |  | H                                | lousewife  | 19 Mothade Nor                                     | no /First Middle                        | OWN<br>Maidan Sumama               |  |       |
| should be filed and Mental Hygin marked other immetic avent,   |   |  |                                  |  |  |   | Walderi Surrieme                   |  |       |
| Maryland d 2 should be file th and Mental Hy 7 is merked othe traumetic avent To Be (  | Andrew France   | no Oriet)  | 10h Mailine                      | Address (Street a  | Hel  |   | ar City or Town                    | State Zin Code l                                   |       |
| Magaga Again   | 19a. Informent's Name/Ralationship (Ty<br>Joseph Emerick St   |  |                                  | Cedar R  |  |   | MArylan                            |  |       |
| re, M<br>s 1 and 2<br>f Haalth<br>ttem 27 i  | 20a. Mathod of Disposition  | 206. 1   | Place of Dispos                  | ition (Nama of   | Ţ  | Data                                    |                                    | City or Town, State                                |       |
| O SOLL S   | 1 ☑ Burial 2 ☐ Cremation 3 ☐ R  | amoval from Stata  |                                  | atory or other place   |  | 29/98                                   |                                    | ore Md.  |       |
| Baltimo<br>permit. Pag<br>Department<br>Important: I<br>any Injury o   | 4 ☐ Donetion 5 ☐ Other (Specify)  21. Signature of Funerel Service License                                  |  |                                  | Cemetery<br>Nama and Addras                                    |  | 29/90                                   | Baltill                            | ore ma.  |       |
| Balti<br>permit.<br>Departi<br>Importa<br>any Inju   | 21. Signatura of Furnation Satvice License  | 10 /   |                                  | Connelly   |  | Home of                                 | Essex                              |  |       |
|  | 23a. Part1. Enter the disease, or compli  | Connel   |                                  |  |  |   |                                    | 1  |       |
| A DESCRIPTION OF THE PERSON OF | shock, or heart failure. List only or   | pe cause on each line.   | in. Up hot ente                  | r the mode of dying  | g, such es cerdie                                  | or raspiretory a                        | rrest,                             | Approximete<br>Interval Between<br>Onsat and Deati | n     |
| Physician // // // // // // // // // // // // //   | Immediata Causa (Final  | A 1.2  | 1 1.                             |  |  | 1.                                      |                                    | Orisat and Death                                   |       |
| Examiner   | disaase or condition rasulting in death)  | Atherose   | levolue                          | Cardi  | ovoul  | or dit                                  | use                                | years  |       |
| MIRES &  |   | Due to (   | or as a consequ                  | uence of):   |  |   |                                    |  |       |
| ),   |   | )  |                                  |  |  |   |                                    |  |       |
| y and wash   | Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Disaase or Injury | Dua to (   | Dua to (or as a consaquence of): |  |  |   |                                    |  |       |
|  | Cause (Disaase or Injury thet Initieted evants  |  |                                  |  |  |   | 1                                  |  |       |
| Figure 1 Property 1 Pr | rasulting in daath) Lasf  | Dua to (d  | or as e consequ                  | ance of):  |  |   |                                    |  |       |
| 0 E E E  |   | 1  |                                  |  |  |   |                                    |  |       |
| death care attending of for use  |   |  |                                  |  |  | 1                                       |                                    |  |       |
|  | Part II. Other significant conditions con   | tributing to daath but not ras   | sulting in tha un                | darlying ceusa giva  | an in Part I.                                      |   |                                    | tributa to the cause of de                         |       |
| - 5 60   |   |  |                                  |  |  | 10                                      | Yes 2 No                           | 3 Probably 4 Vunk                                  | nown  |
| I Records, The law requires the hes been signe page 2 should be completed by   |   |  |                                  |  |  | 24a. Was                                | an autopsy                         | 24b. Wara autopsy findir                           | ngs   |
| of Vital Record: Physician: The law require this certificate hes been sis ral director, page 2 should TO Be Completed I  |   |  |                                  |  |  |   | rmed?                              | available prior to completion of coust             |       |
| Rec law  |   |  |                                  |  |  |   |                                    | of death?  |       |
|  | 25.11   |  |                                  |  |  | 10                                      |                                    | 1 ☐ Yes 2 ☑ No                                     |       |
| of Vita Physician: this certific ral director,   | 25. Was cesa rafarred to medicel axaminar?  | lospital:  |                                  | Othe   | A.F.   | ath (Check only                         |                                    |  |       |
| Physic this control and direction of the control of | 1 ☐ Yes 2 1 No<br>27. Manner of Death   | 1 ☐ Inpatiant 2 ☐  | ER/Outpatiant<br>28b. Tima of    | 3LI DUA  | 4 Li Nursing F                                     | toma 5 Rasi                             | dence 6 ⊡Otha<br>how Injury occurr | er (Specify)                                       |       |
| on ding h. After funar   | 1 ☑Natural 5 ☐ Panding  | (Month, Day Year)  | Injury                           | 28c. Injury<br>Work  | (?<br>Yes 2 □ No                                   | 200. 0 430100                           | now injury occurr                  | , ,  |       |
|  | 3 Suicida 6 Could not be  | 28a. Plece of Injury - At h  | ome form etre                    |  |  | 28f Location /                          | Street and Numbe                   | er or Rural Routa Number,                          |       |
| Or A partie in by and in b | 4 Homicide datarmined   | building, atc. (Special  | fy)                              | at, lectory, office  |  | City or To                              |                                    | or riorar riodia riolinoor,                        |       |
| Hospital or<br>24 hours effe<br>Funeral Dir<br>staly filled in   | 29a. Cartifiar 1 Certifying Phys  | elclan: To the bast of my kno  | włodas dask                      | nonured at the time  | a data and stars                                   | and due to the                          | course(e) and man                  | nnar ac etatod                                     |       |
| Divis  To the Hospital or Atte within 24 hours efter da To the Funeral Directo complataly filled in by th  Medical Certific  |   | nar: On the basis of axamina<br>and mannar statad.   |                                  |  |  |   |                                    |  |       |
| within 2<br>To the<br>comple   | 29b. Signature and title of cedifiar  | and manual states.   |                                  | 29c. Licanse   | number   |   | 29d. Defe signed                   | (Month, Dey, Yaer)                                 |       |
| F \$ F 8   | / //  | 0  |                                  |  |  | 7                                       |                                    |  |       |
|  | 2)2009  | <i>u</i>   |                                  | レ  | 17537  |   | 6 - 2                              | -6 18  |       |
| 10   | 30. Nama and addrass of person who co   | mplated causa of death (Itar<br>SALU)A MI  | m 23a) (Type, F                  | OOW. MO  | UNT  | -oyal A                                 | re Ball                            | 5 21217  | 7     |
| State  | 31. Data filad (Month, Day, Yaar)   | 32. Hegistrar's Signi  | Panda 00                         |  |  |   |                                    |  |       |



#### Please Type or Print in Black Indeiibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 2. Dete of Deeth 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Ervin 1643 Barbara 27 1998 June 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e Facility Neme (If not institution, give street and number) BALTIMORE CITY The Johns Hopkins Hospital If Under 1 Year If Under 24 Hrs. Months Deys Hours Min. 8. Dete of Birth (Month, Day, Year) 9. Birthplece (State or Foreign MARCH 15, 1966 BALTIMORE, MD. 5. Sociel Security Number Age (In yrs. last birthday) 9. Birthplece (State or Foreign 6 Sex Deys 1□ M 20 F 32 216-84-8761 Usual Residence of Deceden 10c. City. Town or Location 10d. fnside City Limits 10a Stete 10b County 1 Yes 2 □ No MARYLAND BALTIMORE 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 21202 USA 1100 E. PRESTON STREET. 12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes: 14. Rece - American Indien, Bleck, White, etc. 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Married 1 Yes 2 No Specify: Specify: AFRO. AMERICAN 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) ST. JOSEPH HOPKINS HELPER 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) **JAMES** DUNKINS ALICE В. **FOSTER** 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) В. **FOSTER** MOTHER 1100 E. PRESTON STREET, BALTIMORE, MARYLAND 21202 ALICE 20e. Method of Disposition 20b. Piece of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) DUNDALK, MD. VOSHELL GARDEN CEM. 7/3/98 21. Signeture of Funeral Servica Licenses 22. Name and Address of Facility FUNERAL SER. P.A. LLOYD SESTEP BROTHERS FUNERAL SER, 1300 EUTAW PLACE, BALTIMORE, 23a. Pert1. Enter the List ese, or complications thet caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heer litture. List only one ceuse on each line. 1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217 Approximate Interval Between Onset and Deeth Immediate Cause (Final Septic Shock diseese or condition resulting in death) meningitidis Neisseria Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequence of) Due to (or es e consequenca of) 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 2 N No 3 ☐ Probably 4 ☐ Unknown 1 Yee 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 1 ☐ Yes 2 No 1 Yes 2□ No 26. Plece of Deeth (Check only one)

**Physician** /Medical Examiner

Examiner

Physician/Medicai

À

Completed

Certification: To

edicai

**Physician** 

/Medical

**Examiner** 

Director

Funerai

À

Completed

Be

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28s4 show treumstic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after discontinuous of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other treumatic event, the Medical Examples 2008.

Baltimore, Maryland 21215-0020

death with the Maryland

physionan and been signed by the should be detach

certificate has b funeral director, After this

Hospital or Attanding Physician: after death.

Division of Vital Records, P.O. Box 68760,

State Registrar 25. Wes case referred to medical exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred 27. Manner of Deeth 28b. Time of 5 Pending investigation 1 Neturel 2 Accident 1 ☐ Yes 2 ☐ No 3 Sulcide 6 Could not be 28e. Pleca of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, and due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end piece, end due to the cause(s) end menner stated. 29e. Certifier 29c. License number 29b. Signeture and title of certifler

Nuermberger no

RES-000

29d. Date signed (Month, Day, Year)

June 27, 1998

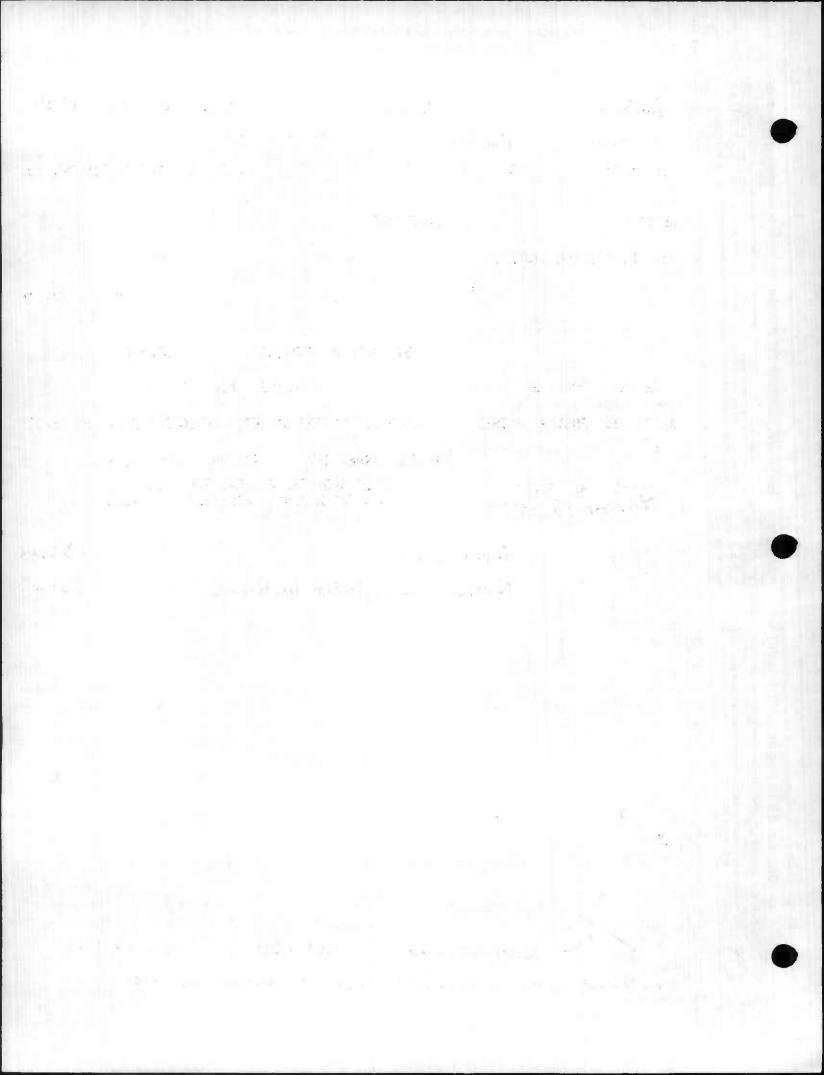
21287

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

600 N. Walfe St. Tower 110, Baltimare, MD Evic Nuermberger mp

31. Dete filed (Month, Day, Year) JUN 3 0 1998 32. Registrar's Signature wie Davidson

To the Hospital of within 24 hours a To the Funeral D completely filled in



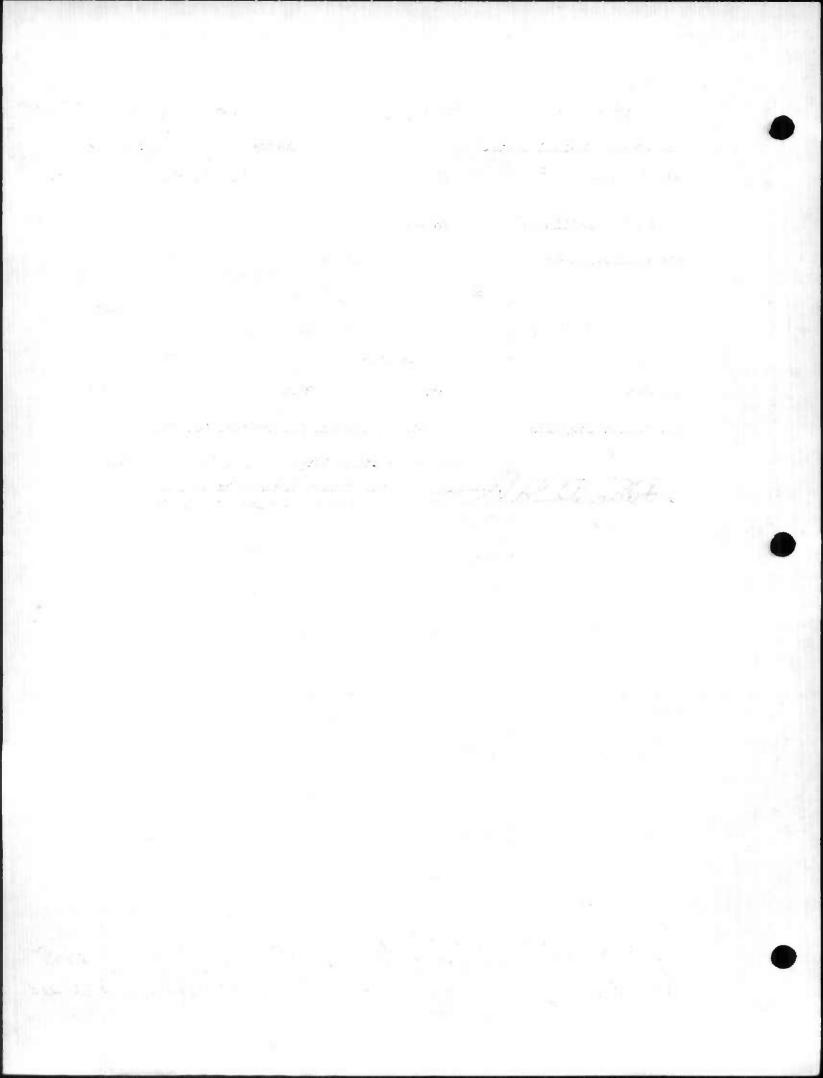
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

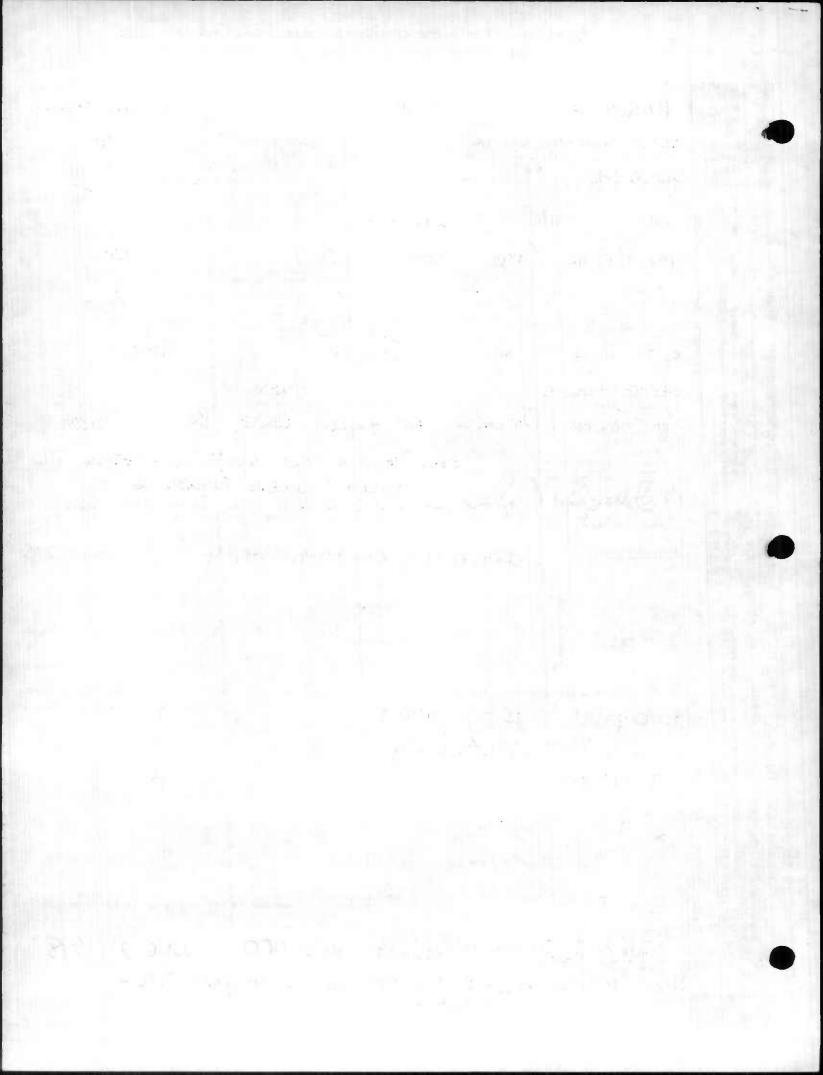
Reg. No.

|            |  |                |   |   |                           | Cert                        | tificate of   | Death                           |  | Reg. No.                   | 20  | 2. U U      | L}                        |
|------------|--|----------------|---|---|---------------------------|-----------------------------|---|---------------------------------|--|----------------------------|---|-------------|---------------------------|
|            | Burning  | 4              | 1. Decedant's Name (First, Middle, La   | ist) /  |                           |                             |   |                                 | 2. Date of E                                 | Death Dey                  | Yaar  | 3. Tir      | ma of Beath               |
|            | Physici<br>Medi/   |                | - PONOL   | 1   | Frye                      | 0                           |   |                                 | Jum  | e 2                        | 81995   | 28.         | PM                        |
|            | Examir   |                | 4s. Fscility Neme (If not institution, gh   | a street and number)                            |                           |                             | 7   | 4b. City, Tow                   | n, or Location of Dee                        | eth 4c.                    | County of Dee                                   | th          |                           |
|            |  |                | St. Joseph Medica   | al Center                                       |                           |                             |   | Tow                             | son  |                            | Baltim  | ore         |                           |
|            | Funeral  | 1              | 5. Social Sacurity Number 8. S  | Sax 7. Age                                      | (In yrs. last             | birthday)                   | If Under 1 Yaa<br>Months Days                           |                                 | 4 Hrs. 8. Data of B<br>Min. (Month, L        | lirth                      | 9. Bir  | thplece (Si | tete or Foreign           |
|            | Director   |                | 219-16-0752   | 1⊠M 2□F   | 79                        | Yrs.                        | months Days   | 110013                          | Aug. 6                                       |                            | .8  |             | Pa.                       |
|            | p ,  |                | Usual Rasidance of Decedant  10a. Stata 10b. County   |   | 100 City T                | aum ant an                  | -41   |                                 |  |                            |   |             |                           |
|            | anyta<br>ehov  | -              | 10a. Stata 10b. County  |   | 10c. City, T              | own or Loca                 | ation   |                                 |  |                            |   |             | da City Limits            |
|            | Se-f   | octo           | Md. Baltin  | nore  | Tow                       | son                         |   |                                 |  |                            |   |             | Yas 2⊠No                  |
|            | P P P  | Director       | 10e. Street and Number  |   |                           |                             | 10f. Zip Coda   |                                 |  | 10g. Citiz                 | ten of What Co                                  | ountry?     |                           |
|            | within 72 hours effer death with the Maryland ilene. Then "natural", or flems 23a or 28s-f show the Medical Examiner must be notified at   |                | 918 Breezewick Cr   | T   |                           |                             | 2128  | 6                               |  | US                         |   |             |                           |
|            | or de  | Funeral        | 11. Merital Status  | 12. Was Decedant E<br>Armed Forces?             |                           | 13. W                       | es Decedant of<br>Yas, specify Cu                       | Hispanic Origi<br>ban, Maxican, | in? (Specify Yes or N<br>Puarto Rican, atc.) | 10- 1                      | <ol> <li>Race - Ame<br/>Bleck, White</li> </ol> |             | in,                       |
| 20         | or in  | by F           | 1 Navar Marriad 2 Married   | 1 ☐ Yas 2 ☑ N<br>If Yas, Give                   | io                        | 11                          | □Yes 2□No   | Specify:                        |  |                            | Specify:  |             |                           |
| 00         | ural'  |                | 3 Widowed 4 Divorced  | Yeer or Datas:                                  |                           |                             |   |                                 |  |                            | Wh.   | ite         |                           |
| 21215-0020 | nart<br>ed c   | Completed      | 15. Decedant'a E<br>(Specify only highast gro   | ducation<br>ade co <i>mplated)</i>              | 1                         | (Giva ki                    | int's Usual Occi<br>ind of work doni<br>O NOT usa retin | a during most of                | of working                                   | 16b. Kin                   | nd of Businass                                  | /Industry   |                           |
| 12         | within   | g L            | Elementery/Secondery (0-12)   | Collega (1-4or 5                                |                           |                             |   | 60)                             |  | _                          |   |             |                           |
| d 2        | e filed<br>al Hygi<br>other<br>vent, p   |                | 12<br>17. Fathar's Nama (First, Middla, Last  | 5+  | 4                         | Attori                      | ney   | 18 Mother                       | s Neme (First, Midd                          | La Maidan                  |   |             |                           |
| an         | d be file<br>ntal Hyg<br>ed othe<br>: event,   | Be             |   | ,   | Times v.                  | _                           |   |                                 | a reality (1 mai, 14mous                     | ea, marcras C              | Unkn  |             |                           |
| 2          | d 2 should be filed within and Mental Hygiene. 7 le marked other then traumatic event, the M   | ို             | Unknown  19e. fnformant's Name/Ralationship (   | Time Print)                                     | Fry                       |                             | Addrson (Ctros  | Reva                            | or Rural Route Num                           | has City as                |   |             |                           |
| Maryland   |  |                |   |   |                           |                             |   |                                 |  |                            |   | Zip Coda)   |                           |
|            | 1 an<br>Heal<br>Fm 2   |                | Mrs. LaRue Frye/wi<br>20a. Method of Disposition  | ite   |                           |                             | CEEZEW10  | ck Cr.                          | Towson, M.                                   |                            | 286<br>cation - City or                         | Town Ste    | to                        |
| Baltimore, | A H H  |                | 1 ☐ Burial 2 ☑ Cremation 3 ☐  |   | ceme                      | etery, crema                | atory or other pl                                       | ,                               |  |                            |   |             | 10                        |
| i          | the residence of the signal of |                | 4 Donation 5 Other (Special   | a   | Hill                      |                             | ervice (  |                                 | 6/30/98                                      |                            |   | •           |                           |
| Bal        | permit. Pages 1 and 2<br>Department of Health a<br>Important: if Item 27 le<br>any Injury or other tra<br>900.   |                | 21. Signature of Furnitud Courses Liber   | 20 1 M  |                           | 22.<br>Ri                   | Nama and Addi<br>UCK TOW:                               | rass of Facility<br>Son Fun     | eral Home                                    | , Inc                      |   |             |                           |
|            | 22244  | Ш              | 1 June 1  | - New   |                           |                             |   |                                 | wson, Md.                                    |                            | 4   |             |                           |
|            |  |                | 23a. Psrt1. Entar the disaese, or com<br>shock, or haart feilure. List only   | plications that caused<br>ona causa on aach lin | tha daath. E<br>e.        | Do not enter                | the mode of dy  | ring, such as ca                | ardiac or respiratory                        | arrest,                    |   | Approx      | i Between                 |
|            | Physician  |                | 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | el.   |                           |                             |   | /                               | . \  |                            |   | Onset       | end Deeth                 |
|            | /Medical<br>Examiner   |                | Immediata Causa (Finel disaasa or condition rasulting In daeth)   | abotes  | 109                       | des                         | de l  | Dec                             | ular ()                                      | sea                        | E.R   |             |                           |
| н          |  | <u>.</u>       | rasuming in datelly   | 4   | Due to (or sa             | s consequ                   |   |                                 |  |                            |   | 1           |                           |
|            | pa ti  | Examiner       |   | b   |                           |                             |   |                                 |  |                            |   | 1           |                           |
|            | attending physician and for use as the burial-transit  | xan            | Sequantially list conditions, if env. leading to immediate  |   | Due to (or as             | s conseque                  | ance of):   |                                 |  |                            |   |             |                           |
| 68760,     | Durla burla  |                | Sequantially list conditions, if eny, leading to immadiata cause. Entar Undarlying Causa (Disaasa or Injury that initiated events | C. —  |                           |                             |   |                                 |  |                            |   |             |                           |
| 87         | phys<br>the  | edical         | that initiated events<br>rasulting in death) Last   |   | Dua to (or es             | e conseque                  | ance of):   |                                 |  |                            |   |             |                           |
| 9 ×        | ding 1   | 2              | L L   | d   | _                         |                             |   |                                 |  |                            |   |             |                           |
| Box        | death of   | Physician/     |   |   |                           |                             |   |                                 |  |                            |   |             |                           |
| o.         | the de   | ysic           | Part If. Other significant conditions of  | contributing to death bu                        | t not rasultin            | g in tha und                | derlying causa g  | ivan in Part I.                 | 23b. Df                                      | d tobacco u                | use contributi                                  | to the ca   | uss of death?             |
| 0.         | - 4 2  | P.             | Enlarge   | and)  | 1 -0                      | 1                           |   | mela-                           | 10   | Yes 2                      | ]No 3□P   | robably     | 4 ☐ Unknown               |
| Records,   | Sa Co  | t by           |   | 1   |                           | 1                           |   |                                 | 0/0.141                                      | 101 1-2                    | 0.45  | Mass subs   | may finaliana             |
| 0          | requiras<br>been sign<br>should be   | Completed      | asila   | and   | ing                       | an                          | 2   |                                 |  | is an autops<br>formed?    | '   | svsllable p | opsy findings<br>orior to |
| 3ec        | > w cu .   | npi            |   |   |                           |                             |   |                                 |  |                            |   | of death?   | , 0, 0446                 |
|            | H as a   | S              |   |   |                           |                             |   |                                 | 1 🗆  | Yas 2                      | No  | 1 🗆 Yas     | 2□ No                     |
| Vital      | ysician: The   | Be             | 25. Was casa refarred to medical examiner   | Name of the                                     |                           |                             |   |                                 | of Death (Check only                         | ona)                       |   |             |                           |
| of         |  | 2              | 112 Tas 2□ No   | Hospital: 1 Inpatier                            |                           | Outpatient (                | 3LI DON   |                                 | sing Homa 5□ Ra                              | sidence 8                  | □Othar (Spe                                     | cify)       |                           |
|            |  | ü              | 27. Menner of Death 1 ☑ Natural 5 ☐ Panding   | 28a. Data of Injur<br>(Month, Day               | Year) 281                 | b. Tims of<br>Injury        | 28c. Inju   | ury at<br>ork?                  | 28d. Dascribe                                | how Injury                 | occurred  |             |                           |
| Division   | Attending<br>r death.<br>octor: After<br>by the fune   | Certification: | 2 ☐ Accident Invastigation  |   |                           |                             | M 1[  | ]Yas 2□No                       | 0  |                            |   |             |                           |
| Z          | or Att   | Ě              | 3 ☐ Suicida 6 ☐ Could not b<br>4 ☐ Homicida datarmined  |   | ry - At homa<br>(Specify) | , ferm, stree               | et, fectory, office                                     |                                 | 28f. Location<br>City or T                   | (Street end<br>own, Stata) | Number or R                                     | ural Routa  | Number,                   |
| Ω          | ftal or rat D  |                |   |   |                           |                             |   |                                 |  |                            |   |             |                           |
|            | Hospital of the second  | edicai         | (Check only 26-Wadicat Exam   | ysicisn: To the best of niner: On the basis of  | my knowled                | iga, daath d<br>end/or inve | occurred at that  | ime, data and                   | place, and dua to the                        | a causa(s) :               | and manner as                                   | s stated.   | use(s)                    |
|            | # E # G  | Med            |   | end mannar stat                                 | ed.                       |                             | _   |                                 |  |                            |   |             |                           |
|            | o z × c  | -              | 29b. Signature and title of certifier   |   | -                         | -                           | ZIAC. LICON   | ne number                       |  | 290, Date                  | signed (Mont                                    | n, Day, 70  | mr)                       |
|            | 1-   |                | enade   | of the  | bonn                      | ull                         | (10) -1   | 1-09                            | 383  | 10                         | 122   | 8.1         | 998                       |
|            | 1  | -1             | 30. Name and address of person who  | completed causa of de                           | ath (Itam 23              | a) (Type, Pr                | rint)   | 1.1-                            | 111016                                       | 3217                       | Jmm-  | 1           | , ,,                      |
|            | 1  |                | G+72/105F-0   | DONNE,  | 1/m1)                     | 7//                         | 1/20  | 1/eTX                           | 11/1/1/1/                                    | min                        | ry/2m   | 12          | 1210                      |
|            | Sta  | te             | 31. Date filed (Month, Day, Year)   | 32 Registre                                     | 's Signatura              | D. J. O                     | 0   |                                 |  |                            | / .   |             |                           |



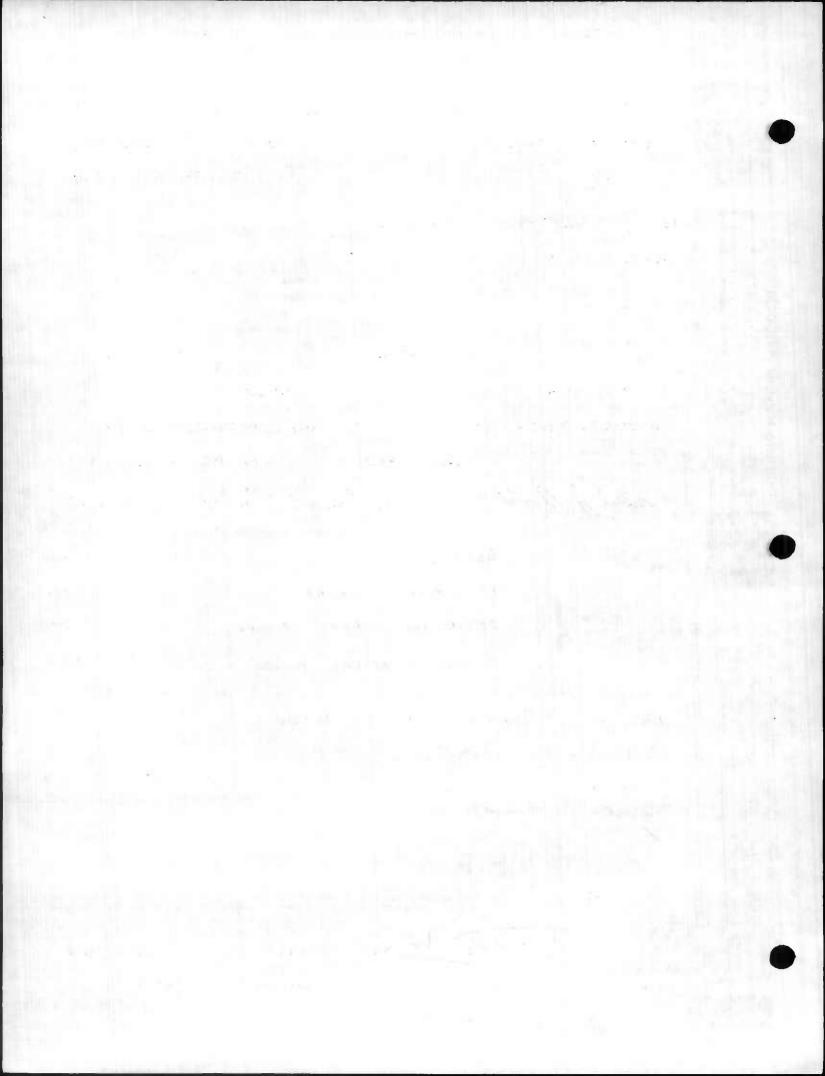
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|  | Certificate of Death  |  | eg. No.                                | 20040  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| Physician<br>· /Medical  | 1. Decedent's Name (First, Middle, Last)  HARRY A  FRAZIER  | 2. Dete of Deet<br>Month<br>June       |  | 3. Time of Death<br>98 4:15p.m.  |  |  |  |  |
| Examiner   | 4e Fecility Neme (If not institution, give street end number)  4b. City, Town, or Loc   |  | 4c. County of I                        |  |  |  |  |  |
|  | THE JOHNS HOPKINS HOSPITAL    BALTIMORE   S. Social Security Number   6. Sex   7. Age (In yrs. last birthdey)   If Under 1 Year   If Under 24 Hrs.  | 8. Dete of Birth                       | 9                                      | N/A<br>Birtholece (State or Foreign  |  |  |  |  |
| Funeral<br>Director  | 212-30-5476 12M 2DF 66 Yrs. Months Deys Hours Min.  | 8. Dete of Birth (Month, Dey, 2 - 22 - | 32                                     | Birthplece (State or Foreign Country)  MD  |  |  |  |  |
| nyland<br>show   | 10e. Stete 10b. County 10c. City, Town or Location  |  |  | 10d. Inside City Limits  |  |  |  |  |
| the Merylan<br>28a-1 show<br>northed at  | MD N/A BALTIMORE  |  | 0g. Citizen of Whe                     | 1 ØYes 2 No  |  |  |  |  |
| th with the same bear and Direction  | 740 POPULAR GROVE STREET 21217  | l l'                                   |  | SA   |  |  |  |  |
| ttems trems  |   | city Yes or No-<br>Ricen, etc.)        |  | American Indian,<br>White, etc.  |  |  |  |  |
| "natural", o   | 3 Widowed 4 Divorced Yeer or Detes:   |  | 16b. Kind of Busin                     | DUTCK<br>ness/Industry   |  |  |  |  |
| led within 72 hours of<br>yogiene.<br>The Medical Exam<br>Completed by F   | 15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4or 5+)  | ng                                     | A                                      | out y  |  |  |  |  |
|  | 12 TH GRADE N/A +OREMAN   |  | AMTRA                                  | IK   |  |  |  |  |
| Mental H<br>Mental H<br>irked out  | 17. Petner's Neme (First, Middle, Last)   | (First, Middle, I                      | Aalden Sumeme)                         |  |  |  |  |  |
| 12 sho<br>h end<br>ls m<br>traum   | 19s Informent's Name/Reletionship (Type, Print)  19b. Mailing Address (Street end Number or Rure  19b. Mailing Address (Street end Number or Rure   |  |  | ate, Zip Code)   |  |  |  |  |
| 1 and 1 heelth Heelth other tra  | 20e Method of Disposition 20h Place of Disposition (Name of   | -                                      | UD . IYID<br>20c. Location - Cit       | y or Town, State   |  |  |  |  |
| Page<br>nent o<br>int: If  | 1 Buriel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify)  | 26/98 -                                | RANDAUS                                | STOWN, MO  |  |  |  |  |
| DGAILLIMOTE, N pemit. Pages 1 and Department of Heelth Important: If item 27 any Injury or other u ence.   | 21. Signature of Funeral Septice Licenses  22. Name and Address of Facility VAUGHO C. GREENE  | . 00                                   |  | _  |  |  |  |  |
|  | 23e. Pert1. Enter the complete tions that caused the deeth. Do not enter the mode of dying, such as cerdiac or shock, or heart tides. List only one cause on each line.   |  | UO. MD                                 | Approximate Interval Between   |  |  |  |  |
| ifficate be executed x3 physician end as the buriel-transit and edical Examiner  | Immediate Ceuse (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or es e consequence of): |  |  |  |  |  |  |  |
| - 00   |   |  |  |  |  |  |  |  |
| the att  | Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.  | 23b. Dld to                            | bacco uee contri                       | bute to the cause of death?  |  |  |  |  |
| ires that the c signed by the d be deteched by Phys  | Rangeysmal Atrial Fibrillation  | 1 🗆 Y                                  | 25 No 3                                | ☐ Probably 4 ☐ Unknow  |  |  |  |  |
| requirement shoul  | Chronic Penal Insufficiency   | 24e. Wes e                             |  | 24b. Were eutopsy findings<br>aveilable prior to<br>completion of cause<br>of deeth? |  |  |  |  |
| The law ate hes page 2   | Prostatism  | 1 🗆 Ye                                 | s 2000                                 | 1 Tes 2 No   |  |  |  |  |
| VITAL IN Inclean: The certificate rector, pag  | 25. Was case referred to medical axeminer?  |  |  |  |  |  |  |  |
| Physic<br>r this co<br>arel dire   | 27. Menner of Deeth 28e. Date of Injury 28b. Time of 28c. Injury et 2   |  | ow Injury occurred                     |  |  |  |  |  |
| ation  | 2 Accident Investigation M 1 Yes 2 No   |  |  |  |  |  |  |  |
| To the Hospital or Attending Physician: The Is within 24 burs effect death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page  Medical Certification: To Be Com | 3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)   | 28f. Location (Si<br>City or Town      |  | or Rural Route Number,   |  |  |  |  |
| To the Hospital within 24 hours or To the Funeral I completely filled  | 29e. Certifier (Check only one)  Cartifying Phyelcian: To the best of my knowledge, deeth occurred et the time, date end plece, e  2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred and menner steted.   | end due to the c<br>ed et the time, d  | ause(s) end menn<br>ete end placa, end | er as steted.<br>d due to the cause(s)   |  |  |  |  |
| To the comp  | 290, Signature and title of dentition  NEDICAL  29c, License number   | 2                                      | 9d. Date signed (I                     | Month, Day, Year)  |  |  |  |  |
| 2  | LESIDENT KES-UCC  |  | INNE 9                                 | 11,1998  |  |  |  |  |
| 1  | 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  Nelane Katzman 600 North Worfe Sweet Baltmare, Ma   | ryland                                 | 21287                                  |  |  |  |  |  |
| State  | 31. Date filed (Month, Day, Year)  32. Registrar's Signature  | 6                                      |  |  |  |  |  |  |



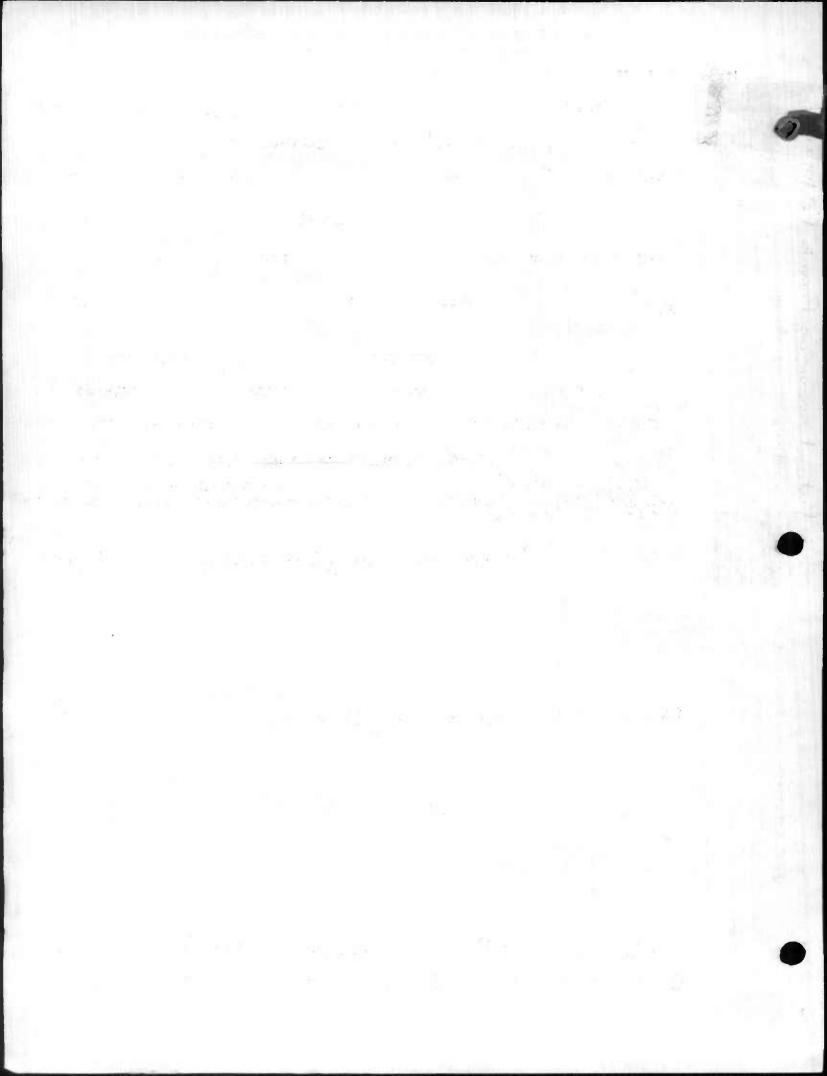
## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

|             | Decedent's Nama (First, Midd   | lle, Last)   |  | 30,0   | ificate of  |   | 2. Date of De                      |   | 3. Time of Death  |  |  |  |
|-------------|--|--|--|--|---|---|------------------------------------|---|---|--|--|--|
| ian<br>ical | HEINZ  |  | GUNTE  | R  |   | UCHS  | JUNE                               | 25,199  |   |  |  |  |
| ner 4a      | Facility Name (If not Institutio   | The state of   |  |  |   | 4b. City, Town, or I                                    |                                    |   |   |  |  |  |
|             | Prince George  |  |  | for a A. Salata of a . A                                   | If Under 1 Year   | Cheverly If Under 24 Hrs.                               |                                    |   | ce Georges  |  |  |  |
| !           | Social Security Number 579–46–5782   | 6. Sex<br>M 2□ F   | 7. Age (In yrs. 77   | Yrs.   | Months Days   |   | (Month, Da                         |   | Birthplaca (State or Forei Country) Germany   |  |  |  |
|             | Jsual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location  |  |  |  |   |   |                                    |   | 10d. Insida City Limi   |  |  |  |
| 10          | MD Princ   | e Georges  | Upp  | er Marl  | boro  |   |                                    |   | 1 □ Yes 3√0   |  |  |  |
| 10          | e. Street and Number   |  |  |  | 10f. Zip Code   |   |                                    | 10g. Citizen of W   | hat Country?  |  |  |  |
|             | 1077 Largo Ro  |  |  |  | 2077  |   |                                    | USA   |   |  |  |  |
| 11          | . Marital Status  1 Never Married 2 Mar  3 Widowed 4 Divorced  | If Yes, G  | edant Ever in U<br>orces?<br>2 No<br>ive<br>Datas:                                     | J,S. 13. W   | as Decedant of I<br>fas, specify Cub  Yes 20 No                                   | Hispanic Orlgin? (S<br>an, Mexican, Puert<br>Specify:   | pecify Yes or No<br>o Rican, atc.) | Specify:  | - Amarican Indian,<br>k, White, etc.<br>White                                       |  |  |  |
|             |  | nt's Education<br>est grade completed,   |  | 16a. Decede<br>(Give ki                                    | nt's Usuel Occup<br>nd of work done<br>NOT use retire                             | pation<br>duning most of world)                         | king                               | 16b. Kind of Bus  | siness/Industry   |  |  |  |
|             | Elemantary/Secondary (0-12)  | College  | 1-4or 5+)  | Mechan   |   | 0)  |                                    | Automob   | oile  |  |  |  |
| 17          | . Father's Name (First, Middle,  | Last)  |  |  |   | 18. Mother's Nan  | ne (First, Middle                  | , Maiden Sumame   | 9)  |  |  |  |
|             | Albert W. Fuc  | hs   |  |  |   | Emma Bo   | gusch                              |   |   |  |  |  |
| 15          | 9a. Informant's Name/Ralations   | ship (Type, Print)   |  | 19b. Mailing   | Address (Street   | t and Number or Ru                                      | ıral Route Numb                    | er, City or Town, S   | State, Zip Code)  |  |  |  |
|             | Margarete L. F   | uchs - Wi  |  | 1077   | Largo R   | oad, Uppe   | Parlb<br>Date                      |   | 20774<br>City or Town, State  |  |  |  |
| 20          | a. Method of Disposition  1 D Burial 2 Cremation   |  | State  | Place of Disposi<br>cemetery, crema                        |   |   |                                    |   |   |  |  |  |
| 21          | 4 ☐ Donation 5 ☐ Other (S  |  | Me   | tro Cre  | Matory Name and Addre   |   | 5/27/98                            | Baltimo   | ore, MD   |  |  |  |
| 21          | Patrice of Pulperay Service  | and  | 1  |  | RDESTY  | FUNERA  | L HOME                             | P.A.<br>RILLS M   | MD 21054  |  |  |  |
| Im          | 3a. Part1. Enter the dibese, or<br>shock, or heart failure. List<br>amediate Cause (Final<br>sease or condition<br>sulting in death)   | t only one cause on  | ASYSTO   |  |   |   |                                    |   | Approximate Intervel Between Onset and Death  |  |  |  |
|             |  |  | ESPIRA   |  | FAILUI  | 2E  |                                    |   | 8 DYS.  |  |  |  |
| Se          | equentially list conditions,   | D  |  | or as a consequ  |   |   |                                    |   |   |  |  |  |
| Ca          | equentially list conditions,<br>any, leading to immediate<br>use. Enter Underlying<br>ause (Disaasa or Injury  | c  | ONGES  | TIVE   | CARDIAL   | FAILU   | RE                                 |   | 8 Dys.  |  |  |  |
| re          | at Initiated events<br>suiting in death) Last  |  | Due to (   | or as a conseque   | enca of):  RTERY  | DISEASE   |                                    | YEARS   |   |  |  |  |
| Î           |  | d  | 201001   | -4 A   | PIENT   | PISCHSE   |                                    |   |   |  |  |  |
| Pa          | rt II. Other significant condition   | ons contributing to  | leath but not res  | sulting In the und   | lerlying cause gi   | ven in Part I.  |                                    |   | tribute to the cause of deat  |  |  |  |
| _           | CHRONIC  | OBSTRUC  | TIVE F   | MIMONI   | try D   | SEASE   | 1 🗆                                | Yee 2□ No   | 3 Probably 4 down   |  |  |  |
| _           | PEPTIC U   | LCER D   | ISEASE   |  |   |   | 24a. Was                           | s an autopsy ormed?   | 24b. Were autopsy finding<br>available prior to<br>completion of cause<br>of death? |  |  |  |
|             | OBESITY  |  |  |  |   | _   | 10                                 | Yes 2 No  | 1 ☐ Yes 2 ☐ No  |  |  |  |
|             | . Was case raterrad to medica  | Hospital:  |  |  | Ott   | 26. Place of Dea  |                                    |   |   |  |  |  |
| 25          | examiner?  | 1 10   | Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Oth  |  |   |   |                                    | how injury occurre  |   |  |  |  |
|             | examiner? 1 Yes 2 No   |  | OI INIUIV  | 28b. Time of 28c. Injury                                   |   | njury at 28d. Des<br>Nork?<br>□ Yes 2 □ No              |                                    | . Dascribe how injury occurred  |   |  |  |  |
|             | examiner? 1 Yes 2 No  Manner of Death 1 Natural 5 Pendir   | 28a. Data  | of Injury<br>oth, Day Year)  | ii ijai y  | M   | 165 20110   |                                    | 28f. Location (Street and Number or Rural Route Number,<br>City or Town, State) |   |  |  |  |
| 0           | examiner? 1 Yes 2 No  Manner of Death 1 Natural 5 Pendin   | 28a. Data<br>(Moi<br>igation<br>not be<br>nined<br>28a. Plac   |  | oma, farm, stree   |   |   |                                    |   | er or Rural Route Number,   |  |  |  |
| 25          | examiner?  1 Yes 2 No  Manner of Death  1 Natural 5 Pendir investi  2 Accident 6 Could datam  2a. Cartifier 1 Certifylir   | ang igation not be nined 28a. Plac build ng Physician: To the Examinar: On the base of the part of the | e of Injury - At h<br>ling, atc. (Speci  | noma, farm, stree  | et, factory, office   | ma, date and place                                      | City or To                         | wn, State)  |   |  |  |  |
| 25          | examiner?  1 Yes 2 No  Manner of Death  1 Natural 5 Pendii  2 Accident investi 3 Sulcide 6 Could 4 Homicide datam  Da. Cartifier 1 Certifylir  (Check only 2 Medical   | ng igation not be nined 28a. Place build | e of Injury - At h<br>ling, atc. <i>(Speci</i><br>a best of my kno<br>basts of examina | noma, farm, stree  | et, factory, office   | ima, date and place                                     | City or To                         | wn, State) cause(s) and man   | nnar as stated.   |  |  |  |
| 25          | examiner?  1 Yes 2 No  Manner of Death  1 Natural 5 Pendir  2 Accident investi  3 Sulcide 6 Could  4 Homicide  Da. Cartifier (Check only one)  | ng igation not be nined 28a. Place build | e of Injury - At h<br>ling, atc. <i>(Speci</i><br>a best of my kno<br>basts of examina | noma, farm, stree  | et, factory, office   | ima, date and place                                     | City or To                         | cause(s) and mai<br>data and place, a<br>29d. Date signed                       | nnar as stated.<br>and due to the cause(s)  |  |  |  |
| 27          | examiner?  1 Yes 2 No  Manner of Death  1 Natural 5 Pendii 2 Accident 3 Sulcide 6 Could 4 Homicide  Da. Cartifier (Check only 2 Medical one)  Db. Signature and title of cartifier  Name and address of person | 28a. Data (Morigation not be nined 28a. Plac build ng Physician: To the Examinar: On the band man who complated cau  | e of Injury - At hing, atc. (Special best of my knipsels of examinating stated.        | poma, farm, streethy)  owledga, daath of ation and/or inva | et, factory, office occurred at the ti stigation, in my office 29c. Licens D. D Z | ima, date and place<br>opinion, daath occu<br>se number | c, and due to the                  | cause(s) and mai<br>data and place, a<br>29d. Date signed                       | nnar as stated. and due to the cause(s) d (Month, Day, Year)                        |  |  |  |



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| I1   |   | 1. Decedant's Nama (First, Middla, L.  | and  |  |  |   | 2. Data of De   | Reg. No.   | 2  | Time of Dooth  |
|--|---|--|--|--|--|---|---|--|--|--|
| Phy  | /sician                                       | FRANK  | .ast)  |  | ELDMA  | N   | Month   | Day  | Yaar   | Tima of Death  |
|  | ledical                                       | 4a. Facility Nema (If not institution, gi  | ive street and number)   |  |  | b. City, Town, or L   | June ocation of Death   |  | 998 11   | 1.72   |
| Exa  | aminer  |  | Control of the contro | saltimore  |  | Baltimo   |   |  | N/A  |  |
| - Const  | -   |  |  |  | dar 1 Yaar   | If Undar 24 Hrs.  | 8. Dete of Bir  |  |  | (Stata or Fore                                       |
| Fune<br>Direc  |   | 215-10-4503 Usual Rasidance of Dacedant  | tXXM 2□ F  | O Yrs. Month   | ns Days  | Hours Min.  | (Month, Da  | y, Yaar)   | 9. Birthplace<br>Country)  | NY   |
| lanyland   | 10  | 10a. Stata 10b. County   | 10c.   | City, Town or Location   |  |   |   |  | 10d. lr  | nsida City Lim                                       |
| May I  | Ď   | MD   | N/A  | E  | BALTIM   | ORE   |   |  | 7  | Yas 2□   |
| death with the Maryland  | Director                                      | 10e. Street end Number   |  | 10f. 2   | Zip Coda   |   |   | 10g. Citizen of \  | Whet Country?  |  |
| h wit  | a   C   | 2243 ROGENE DR   | RIVE #104  |  |  | 21209   |   | 11.5   | 5.A.   |  |
|  | Funeral                                       | 11. Marital Status   | 12. Was Decedant Evar in<br>Armed Forces?  | U,S. 13. Was Dec   | cedant of His  | spanic Origin? (Sp<br>n, Maxican, Puerto  | pacify Yes or No  |  | e - Amarican In  | dian,  |
| d 21215-0020<br>filed within 72 hours after death with the Maryla<br>thygiene.<br>Ther than "naturel", or items 23e or 28e-1 show  | by Fu   | 1 Nevar Marriad 2 Married  |  | - 4 D Va-  | 25XNo  | Specify:  | rican, etc.)  | Specify  | ck, Whita, atc.  WHIT  | re   |
| 15-002<br>72 hours   | Completed                                     | 15. Decedant's E<br>(Spacify only highest gi   |  | 16a. Decedant's U  | sual Occupe  | etion   | ina   | 16b. Kind of B   | usinass/Industry   | /  |
| within one.  | nple  | Elamantary/Secondary (0-12)  | Collaga (1-4or 5+)   | lifa. DO NOT   | usa ratired)   | )   | ang   |  |  |  |
| 212<br>ed with<br>ygiene.  | Co  |  | 1  | MERCHANT   |  |   |   | INSTALI  |  |  |
| tal Hall   | Be  | 17. Fathar's Name (First, Middla, Las  | st)  |  |  | 18. Mother's Nam  | e (First, Middla,   | Malden Surnam  | na)  |  |
|  |   | ISIDOR   | ₹E   | FELDMAN  |  | BESSI   | E   |  | FRIEDMA  | AN   |
| Maryla<br>d 2 should<br>h and Mer<br>7 is marke  | En e  | 19a. Informant's Name/Ralationship   |  | 19b. Mailing Addra   |  |   |   | er, City or Town,  | Stata, Zip Code  | B)   |
| C = 0 F  |   | SHIRLEY LEVIN  |  | 1 ATHENE   |  | RT #202   |   | IUM, MD  | 21093  |  |
| Or of H  |   | 20a. Mathod of Disposition  XXX Burlal 2 □ Cramation 3 [   |  | . Place of Disposition (fi<br>amatery, crematory of  | Vame of<br>or other plece  | 9)  | Data  | 20c. Location -  | City or Town, S  | Steta  |
| altim<br>nit. Pag<br>artment<br>ortant:  |   | 4 □ Donation 6 □ Other (Speci  | ify) AH  | AVAS SHALOM  |  |   |   |  | DALE, MI   | _  |
| Baltimo<br>permit. Pag<br>Department<br>Important: I   | once.   | 21. Signature of Fund al Service Lice  | mse  | 22. Nama   | and Addrass  | s of Facility SOL   | LEVINS  | ON & BRO   | S. INC   | 2.   |
| m goes   | a   | 1/1/1/1/1/100  | Druger   |  | ig nnes  | FTSTFFFSTY  | OMINI DOM   | ח סדעו   | ESVILLE  | MD 2   |
| /Medic<br>Examin   | ner   | immedieta Causa (Final disassa or condition rasulting in daath)  | Invas  | eath. Do not enter the m   | oda of dying   | g, such as cardiac  | or raspiratory a  |  | Inter  | roximata   |
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| 60,<br>began and interest in the second of the | ledical Examiner                              | Immedieta Causa (Final disaasa or condition rasulting in death)  Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Causa (Obsaase or Injury   | Dua to   | (or as a consequence of  | oda of dying   | g, such as cardiac  | or raspiratory a  |  | Inter  | roximata<br>rval Between<br>at and Death             |
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| P.O. Box 68760, mat the death certificate be acquied by the attending physician and eleached for use as the burial-transit   | by Physician/Medical Examiner                 | immedieta Causa (Final disaasa or condition rasulting in death)  Sequentially list conditions, if any, laading to immediata cause. Entar Undarkying Causa (Disaase or Injury that indiated avants rasulting in death) Lest   | Dua to  Dua to  Dua to  C.  Dua to  Contributing to death but not re   | (or as a consequence of control of the consequence of consequence of consequence of control of the consequence of control | orda of dying  orf):  orf):  g causa givan   | g, such as cardiac  | 23b. Did  | tobacco use co   | ntribute to the 3 Probably   | cause of de  utopsy finding a prior to lion of cause |
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| The law requires that the death certificate be required in the has been signed by the attending physician and an access should be detected for use as the burial-transit   | To Be Completed by Physician/Medical Examiner | immedieta Causa (Final disaasa or condition rasulting in death)  Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated avants rasulting in death) Lest  Part II. Other eignificant conditions  25. Wes casa rafarrad to medical axaminar?  1 ☐ Yas 2 ☐ No  27. Mannar of Death  1 ☑ Natural 5 ☐ Panding Invastigation   | Dua to   | (or as a consequence of control of the consequence of control of the consequence of control of the control of t | orda of dying ord): ord) | an In Part I.   | 23b. Did 1   24a. Was perfo   | tobacco use co Yes 2 No an autopsy rmed? Yes 2 No ona) dance 6 Oth   | ntribute to the 3 Probably  24b. Wara as available completed of death 1 Yas  | cause of de utopsy finding a prior to lon of cause?  |
| I Records, P.O. Box 68760, The law requires that the death certificate be-pacuted at the been signed by the attending physician and a should be detected for use as the burial-transfer.   | To Be Completed by Physician/Medical Examiner | Immedieta Causa (Final disaasa or condition rasulting in death)  Sequentially list conditions, if any, laading to immediata cause. Entar Undarkying Causa (Disaase or Injury that indisted avants rasulting in death) Lest  Part II. Other eignificant conditions  25. Wes casa rafarrad to medical axaminar?  1   | Dua to   | (or as a consequence of control o | orda of dying orf):  orf):  g causa givan  DOA Othan 28c. Injury Work' 1 Y   | an In Part I.  26. Place of Deat  4 Nursing Ho  | 23b. Did 1  | tobacco use co Yes 2 No an autopsy rmed? Yes 2 No ona) dance 6 Oth how Injury occur  | ntribute to the 3 Probably  24b. Wara as available of death 1 Yes  | cause of de utopsy findin a prior to lion of cause?  |
| I Records, P.O. Box 68760, The law requires that the death certificate be-pacuted at the been signed by the attending physician and a should be detected for use as the burial-transfer.   | To Be Completed by Physician/Medical Examiner | Immedieta Causa (Final disaasa or condition rasulting in death)  Sequentially list conditions, if any, laading to immediata cause. Entar Undarkying Causa (Disaase or Injury that initiated avants rasulting in death) Lest  Part II. Other eignificant conditions as aximinar?  1   | Dua to   | (or as a consequence of (or as | ory, office  | an In Part I.  26. Placa of Daal  17.  4 Nursing Hoat  27.  (as 2 No  | 23b. Did 1 24a. Was performent 5 Residence 28d. Dascribe 28d. Location (City or Tou               | tobacco use co Yes 2 No an autopsy rmed?  Yes 2 No ona) dance 6 Oth how injury occur  Straat and Numb wn, Stata)   | ntribute to the  3 Probably  24b. Wara as available completed of death 1 Yass  er (Specify)  red   | cause of de utopsy finding aprior to alon of causa?  |
| I Records, P.O. Box 68760, The law requires that the death certificate be-pacuted at the been signed by the attending physician and a should be detected for use as the burial-transfer.   | To Be Completed by Physician/Medical Examiner | Immedieta Causa (Final disaasa or condition rasulting in daath)  Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Disaase or Injury that initiated avants rasulting in daath) Lest  Part II. Other eignificant conditions or causa (Disaase or Injury that initiated avants rasulting in daath) Lest  Part II. Other eignificant conditions or cause or cause of cause or cause of cause or cause of cause or cause | Dua to  Dua to | (or as a consequence of cor as a consequence of corresponding in the underlying about the corresponding to the cor | ory, office  | an In Part I.  26. Place of Deal  Arr 4 Nursing Ho  at 2 No  a, data and place, inlon, daath occur          | 23b. Did 1 24a. Was performed at the time,  | tobacco use co Yes 2 No an autopsy rmed?  Yes 2 No ona) dance 6 Oth how injury occur  Straat and Numb wn, Stata)   | ntribute to the  3 Probably  24b. Wara as available of death 1 Yas  per (Specify)  red  annar as stated, end dua to that   | cause of death of the Number, causa(e)               |
| P.O. Box 68760, mat the death certificate be acquied by the attending physician and eleached for use as the burial-transit   | To Be Completed by Physician/Medical Examiner | immedieta Causa (Final disaasa or condition rasulting in death)  Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Causa (Disaase or Injury that initiated avants rasulting in death) Lest  Part II. Other eignificant conditions  25. Wes casa rafarrad to medical axaminar?  1  | Dua to  Dua to | (or as a consequence of cor as a consequence of corresponding in the underlying about the corresponding of corresponding to the corresponding of corresponding to the corresponding of corresponding to the corresponding t | DOA Othan  28c. Injury Work  1 Y  ory, office  | an In Part I.  26. Place of Deal  27. 4 Nursing Ho  28. 2 No  29. No  20. Ada and place, inlon, death occur | 23b. Dld 1 24a. Was performed at the time,  | tobacco use co Yes 2 No an autopsy med?  Yes 2 No ona) dance 6 Oth how Injury occur  Street and Numb wn, State)  causa(s) and ma data end place, 29d. Data signe | ntribute to the  3 Probably  24b. Wara as available of death 1 Yas  er (Specify)  red  per or Rural Rou  annar as stated, end due to tha condition of the condi | cause of death of the Number, causa(e)               |
| I Records, P.O. Box 68760, The law requires that the death certificate be-pacuted at the been signed by the attending physician and a should be detected for use as the burial-transfer.   | To Be Completed by Physician/Medical Examiner | Immedieta Causa (Final disaasa or condition rasulting in daath)  Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Disaase or Injury that initiated avants rasulting in daath) Lest  Part II. Other eignificant conditions axaminar?  1  | Dua to   | (or as a consequence of control o | DOA Othan  28c. Injury Work' 1 Y  Ory, office  and at tha time on, In my opi  29c. Licansa   | a, data and place, inlon, daath occur number  | 23b. Did 1 24a. Was performed to the (Chack only of City or Total and due to the red at the time, | tobacco use co Yes 2 No an autopsy rmed?  Yes 2 No ona) dance 6 Oth how Injury occur Streat and Numb wn, State)  causa(s) and ma data end place, 29d. Data signe | ntribute to the  3 Probably  24b. Wara as available complet of death 1 Yas  per (Specify)  red  annar as stated, end due to that of (Month, Day,   | cause of de      |
| I Records, P.O. Box 68760, The law requires that the death certificate be-pacuted at the been signed by the attending physician and a should be detected for use as the burial-transfer.   | To Be Completed by Physician/Medical Examiner | immedieta Causa (Final disaasa or condition rasulting in death)  Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Causa (Disaase or Injury that initiated avants rasulting in death) Lest  Part II. Other eignificant conditions  25. Wes casa rafarrad to medical axaminar?  1  | Dua to   | (or as a consequence of cor as a consequence of corresponding in the underlying about the corresponding in the underlying in the underlying in the corresponding in the underlying in the  | DOA Othan  28c. Injury Work' 1 Y  Ory, office  and at tha time on, In my opi  29c. Licansa   | an In Part I.  26. Place of Deal  27. 4 Nursing Ho  28. 2 No  29. No  20. Ada and place, inlon, death occur | 23b. Did 1 24a. Was performed to the (Chack only of City or Total and due to the red at the time, | tobacco use co Yes 2 No an autopsy rmed?  Yes 2 No ona) dance 6 Oth how Injury occur Streat and Numb wn, State)  causa(s) and ma data end place, 29d. Data signe | ntribute to the  3 Probably  24b. Wara as available complet of death 1 Yas  per (Specify)  red  annar as stated, end due to that of (Month, Day,   | cause of de de de la causa (e)                       |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month 0600 Junh 4a. Facility Name (If not institution, give street end number, 4b. City, Town, or Location of Death 4c. County of Death MEMORIA 7. Age (In yrs. last birthday)
83 Yrs. BALTIMORE
If Under 24 Hrs. 8. Date of B A NION 5. Social Security Number if Under 1 Year 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 8 Sex 1 ☐ M 2 🔀 F Deys 212-16-0962 Usual Residence of Decedent 10a. Stete 10h County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1824 TREET 21218 11. Maritel Stetus Was Decedent Ever in U,S Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 HNo Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) UTA Balto City School Syst G-RADE Woelse 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Eugene Hillaed
19a. Informent's Name/Relationship (Type, Print) 4 may JOHNSON 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) JAMES Couley-GRANDSON BAITO 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State DEMORIA 6130/9 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 4300 WADASh March tuneral Home 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heer feilure. List only one cause on each line. immediate Cause (Final Laukhmin 2 Mouths disease or condition resulting in death) Due to (or es a consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequenca of) 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 ☐ Probabiy 4 ☐ Unknown 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one)

Physician /Medical Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

ò Herns 23a

permit. Pagas 1 and 2 should be filed within 72 hours after Copartment of Health end Mental Hygiena. Important: if fem 27 is marked other than "natural", or her any injury or other traumatic event, tra Manical Examinations

Baltimore, Maryland 21215-0020

Director

Funeral

by

Physician/Medical Examiner physician end s the buriel-transit Be Completed Medical Certification: To this Attor

Attending Physician: The law requires that the death certificete be axecuted

P.O. Box 68760.

Records,

Division of Vital

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 ☐ Yes 2 No 27. Menner of Deeth 5 Pending investigation 1 Naturel 2 Accident 6 Could not be determined 3 ☐ Suicide

28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify)

Aggistrar's Signature

28b. Time of

Other: 4 \( \text{Nursing Home} \) 5 \( \text{Residence} \) 6 \( \text{Other} \( \text{(Specify)} \) 28c. Injury at Work? 28d. Describe how injury occurred 1 ☐ Yes 2 ☐ No 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

4 Homicide 29e. Certifier 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as stated.
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated.

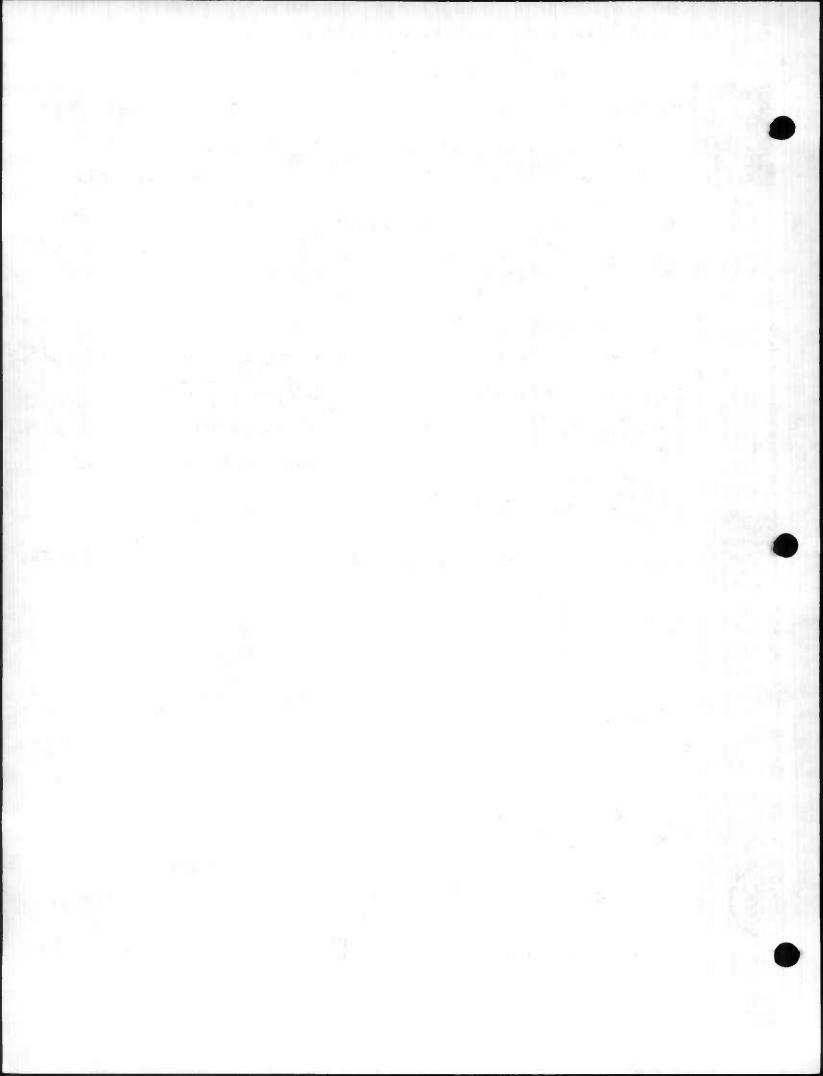
29b. Signature and title of certifier

31. Dete filed (Month, Dey, Year)
JUN 3 0 1998

29c. License number 1066 29d. Date signed (Month, Dey, Year)

completed cause of deeth (Item 23a) (Type, Print)

State Registrar



DHMH-16 Rev 1/89

| 68760    |
|----------|
| BOX      |
| P.0.     |
| CORDS    |
| RE       |
| VITAL    |
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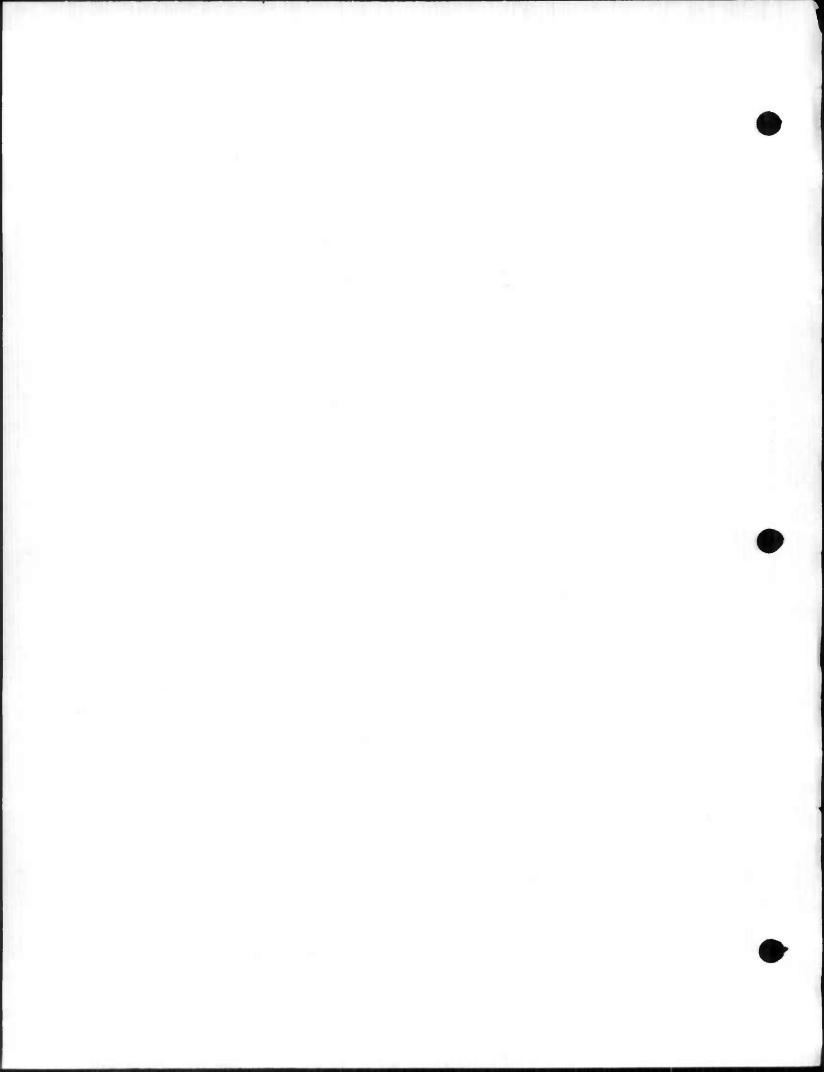
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be agrected within an order of the found of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

|      | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL | HYGIENI  |
|------|---|----------|
| TRAR | CERTIFICATE OF DEATH                                | REG. NO. |

|                  | 1 - FOR<br>STATE<br>REGISTRAR  | STATE OF MARYL                               |  | MENT OF H                       |                           | MENTAL HYGIE                                  | NE                        |  |  |  |
|------------------|--|--|--|---------------------------------|---------------------------|---|---------------------------|--|--|--|
|                  | 1. DECEDENT'S NAME (First, Middle, Last)                               |  |  |                                 |                           | 2. DATE OF DEATH                              |                           | 3. TIME OF DEATH                               |  |  |
|                  | Phyl   | llis Lee Gal                                 | llagher  |                                 |                           | JUNE 20.                                      | 1998 YEAR                 | 7:20 P M                                       |  |  |
|                  | 4. SOCIAL SECURITY NUMBER  | 5. SEX 6. AGE (                              |  | IF UNDER 1 YEAR                 | THPLACE (Stete or Foreign |   |                           |  |  |  |
| 1                | 215-12-0634  9e. FACILITY NAME (If not institution, give etre-         |  | 81 YRS.  | ONTHS DAYS                      | HOURS MIN.                | March 31                                      |                           | laryland                                       |  |  |
| DIRECTOR         | Villa St. Micha  |  |  | Balti                           |                           |   | oc. county of death       |  |  |  |
| 3EC              | 10a. STATE 10b. COUNTY   |  | 10c. CITY,   | TOWN OR LOCAT                   | ION                       |   | 10d. INSIDE (LIMITS?      |  |  |  |
|                  | MD N/A   |  | E  | Baltimo                         | ore                       |   | X                         |  |  |  |
| FUNERAL          | 10e. STREET AND NUMBER   |  |  | 101.                            | ZIP CODE                  |   | 10g. CITIZEN OF WHAT COUN |  |  |  |
| NE               | 4800 Seton Driv  |  |  |                                 | 21215                     |   | USA                       |  |  |  |
| FU               | 11. MARITAL STATUS  1 Never Married 2 Merried                          | 12. WAS DECEDENT EVER II FORCES? 1 TYES      | 2 NO   |                                 |                           | NIC ORIGIN? (Specify 'an, Puerto Rican, etc.) |                           | CE — American Indian,<br>ck, White, etc.       |  |  |
| ВУ               | 3 Widowed 4 Divorced   | IF YES, GIVE WAR OR D                        | ATES 1   | 1 🗆 YES                         | 2 NO Specif               | ly:   | Spo                       | White  |  |  |
| ED               | 15. DECEDENT'S EDUCA   | TION   | 16a. DECEDENT'S U  | SUAL OCCUPATIO                  | N                         | 16b. KIND OF E                                | USINESS/INDUSTRY          | WILLCO   |  |  |
| Щ                | (Specify only highest grade co   | College (1-4 or 5+)                          | (Give kind of wo<br>life, Do NOT use   | rk done during mos<br>retired.) | t of working              |   |                           | 3  |  |  |
| MP               | 12   |  | Waitres  | SS                              |                           | Resta   | aurant                    |  |  |  |
| COMPLETED        | 17. FATHER'S NAME (First, Middle, Last)                                |  |  |                                 | 18. MOTHER'S NA           | ME (First, Middle, Meid                       | en Surname)               |  |  |  |
| BE               | Joseph Gal   | <u>lagher</u>                                |  |                                 |                           | McAllis                                       |                           |  |  |  |
| 2                | 190. INFORMANT'S NAME (Type/Print)                                     |  |  |                                 |                           | Route Number, City or To                      | ,                         |  |  |  |
|                  | Phyllis M. Porter/   |  |  |                                 |                           | Apt.102 Fr                                    |                           |  |  |  |
|                  | 1 Burial 2 Cremation 3 Remove  | al trom State                                | PLACE AND DATE OF other or oth | DISPOSITION (Nation place)      | me of                     | OATE 20c. I                                   | LOCATION — City or        |  |  |  |
|                  | 21. SIGNATURE OF FUNERAL SERVICE LICEN                                 | ltimore,                                     |  |                                 |                           |   |                           |  |  |  |
|                  | Dawn F. McDona   | Cremation Society of Maryland, Inc.          |  |                                 |                           |   |                           |  |  |  |
|                  | 23. PART I. Enter the diseases, or cor<br>shock, or hasrt fellure. Lie | mplications that caused                      | the death. Do no   | t enter the mod                 | de of dying, auc          | h as cardiac or res                           | piratory arrest,          | Approximate                                    |  |  |
|                  | IMMEDIATE CAUSE (Final   | st only one causa on e                       | sch jine.  |                                 |                           |   |                           | Onset and Death                                |  |  |
|                  | disease or condition resulting in death)                               | ACUTE  | CEREB  | XA7. 7                          | THROM                     | ROSIS   |                           | Zumka  |  |  |
|                  |  | DUE TO (OR AS A                              | CONSEQUENCE OF):   |                                 |                           |   |                           | of accepts                                     |  |  |
| NO               | Sequentially list conditions, b.                                       | 0115 77 (07 40 4                             |  |                                 |                           |   |                           | 9  |  |  |
| ATI              | If any, leading to immediate cause. Enter UNDERLYING                   | DUE TO (ON AS A                              | CONSEQUENCE OF):   |                                 |                           |   |                           |  |  |  |
| FIG              | CAUSE (Disease or Injury that initiated events                         | DUE TO (OR AS A                              | CONSEQUENCE OF):   |                                 |                           |   |                           |  |  |  |
| CERTIFICATION    | resulting in death) LAST   |  |  |                                 |                           |   |                           |  |  |  |
|                  | PART II. Other eignificant conditions                                  | contribution to death b                      |  | 4                               |                           |   |                           |  |  |  |
| SP               | PART II. Other aignificant conditions                                  | contributing to death b                      | ut not resulting in  | tha underlying                  | ceuse given in            | Part I. 24e. WAS /<br>PERF                    | N AUTOPSY 24<br>ORMED?    | b. WERE AUTOPSY FINDINGS<br>AMAILABLE PRIOR TO |  |  |
| EDI              |  |  |  |                                 |                           | 1 YES   | OF DEATH?                 |  |  |  |
| Σ                | DID TOBACCO USE CONTRI   | RITTE TO CAUSE O                             | E DEATH VEC  |                                 | LINICEDTAL                |   |                           | 1 TYES 2 AND                                   |  |  |
| PHYSICIAN: MEDIC | 25. WAS CASE REFERRED TO MEDICAL                                       |  | 26. PLACE OF DEATH   |                                 | UNCERIAII                 | NUM   |                           |  |  |  |
| SIC              | EXAMINER?  |  |  |                                 |                           |   |                           |  |  |  |
| Ή                | 27. MANNER OF DEATH  | 28a. DATE OF INJURY                          | 28b. TIME  | DF 28c. INJU                    | IRY AT                    | 8 Other (Specify) 28d. DESCRIBE HOW           | INJURY OCCURED            |  |  |  |
| ВУР              | 1 Natural 5 Pending 2 Accident Investigation                           | (Month, Day, Year)                           | INJUE  |                                 | RK?<br>ES 2 NO            |   |                           |  |  |  |
|                  | 3 Suicide 8 Could not be   | 28s. PLACE OF INJURY<br>building, etc. (Spec | - At home, ferm, atra  | et, factory, office             |                           | 281. LOCATION (Street                         | t and Number or Rural     | Route Number,                                  |  |  |
| E                | 4 Homicide determined  | Summing, sites (opoc                         | ,  |                                 |                           | City or Town, Stel                            | re)                       |  |  |  |
| COMPLETED        | 29a. CERTIFIER 1 CERTIFYING PHYSICIA                                   | AN: To the beet of my knowl                  | edge, death occurred   | at the time, date               | and plece, end due        | to the cause(s) and m                         | enner as stated.          |  |  |  |
| OM               | one) 2 MEDICAL EXAMINER:   |  |  |                                 |                           |   |                           | (e) end manner se stated.                      |  |  |
|                  | 296. SIGNATURE AND TITLE OF CERTIFIER                                  | $\cap$                                       |  |                                 | 29c. LICENSE NUI          | MBER  | 29d. DATE SIGNE           | O (Month, Day, Year)                           |  |  |
| TO BE            | Nelval Vrene   | Lierce a                                     |  |                                 | H459                      | 731   | Jung                      | 24,1958  |  |  |
| F                | 30 NAME AND ADDRESS OF PERSON WHO                                      | COMPLETED CAUSE OF OE                        | ATH (ITEM 27) (Type, P.  |                                 | 7                         |   | 1 40.10                   | 1111111  |  |  |
|                  | Deborah bre  | enle Pie                                     | cu. I  | 1220                            | Carl                      | K Heigh                                       | its the                   | · BALLings                                     |  |  |
|                  | 31. DATE FILED (Month, Dey, Year)                                      | 32. REGISTRAR'S SIGN                         |  |                                 |                           | ,   |                           | 21209  |  |  |
|                  | JUN 3 0 1998   | Julia Davidson                               | - Mariane  |                                 |                           |   |                           |  |  |  |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Deeth 1. Decedent's Name (First, Middle, Last) **Physician** 29 June 3:00 amGerald L. /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death `Examiner 6900 Konrad Court Friendship Anne Arundel If Under 24 Hrs. If Under 1 Year 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In vrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Months 10XM 20 F Devs 090-30-1493 59 July 1, 1938 **Director** New York Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. The importants if them 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumetic avent. In a Maryland Contract traumetic avent. 10d. Inside City Limits 10a. State 10b. County 10c. City. Town or Location 1 Tyes 2 No Director MD Anne Arundel Friendship 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 6900 Konrad Court 20758 TISA Funeral Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, 12. Was Decedent Ever in U,S. Armed Forces? 11. Maritel Stetus Black, White, etc. 1 X Yes 2 No
If Yas, Give
Year or Dates: 1955-59 1 ☐ Never Married 2 X Married White 1 ☐ Yes X No Specify: Baltimore, Maryland 21215-0020 Specify þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Public Relations Government Affairs 12 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Neme (First, Middle, Last) Be Peter Joseph Grant Lillian Beck 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Susan L. Grant - Wife 6900 Konrad Court, Friendship, MD 20758 20b. Place of Disposition (Name of cemetery, crematory or other place)
Metro Crematory 20a. Mathod of Disposition
1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 20c. Location - City or Town, State 6/29 Baltimore, MD 4 □ Donation 5 □ Other (Specify) 22. Name and Address of Fecility 21. Signeture of Funeral Service Licenses Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 21401 Approximata Interval Between Onset and Death 23e. Part1. Enter the disease of complications that ceused the death. Do not antar tha mode of dying, such as cerdiac or respirate shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediete Cause (Final disease or condition resulting in death) Examiner Physician/Medical Examiner physician and s the bunal-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Due to (or as a consequence of): 92 esn ò signed by the a d be detached f 23b. Did tobacco use contributs to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 to Unknown by 24b. Ware autopsy findings available prior to completion of causa of daath? should I 24a. Was an autopsy Completed s certificate has b 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No or Attending Physician: after death. Director: After this certifica director, Be 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To funeral 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28b. Time of 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be datermined within 24 hours after de To the Funeral Directo completely filled in by th 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and menner as stated.

— Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian edical (Check only one) To the Vithin 2 29d. Dete signed (Month, Day, Year) 29b. Signature and title of certifian 29c. License number O and address of per death (Item 23a) (Type, Print). Le Chuisp 8

DHMH 16 Rev 6/95

State

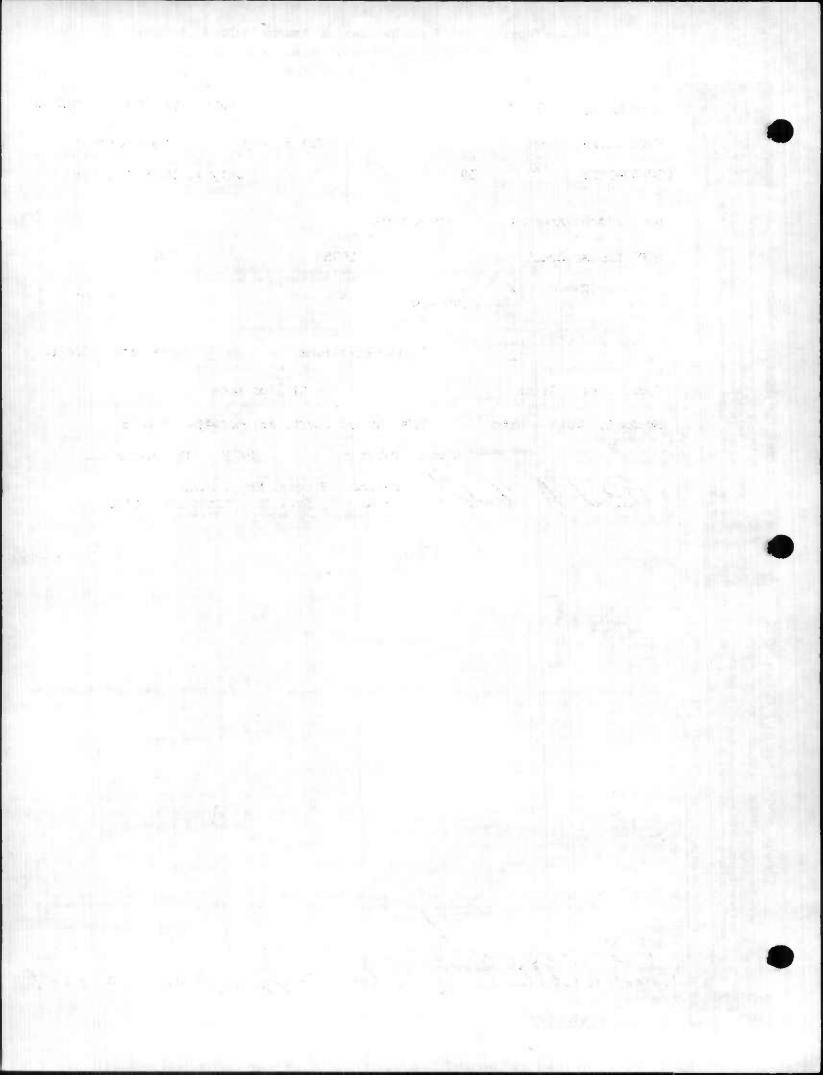
Registrar

31. Data filed (Month, Day, Year)

JUN 3 0 1998

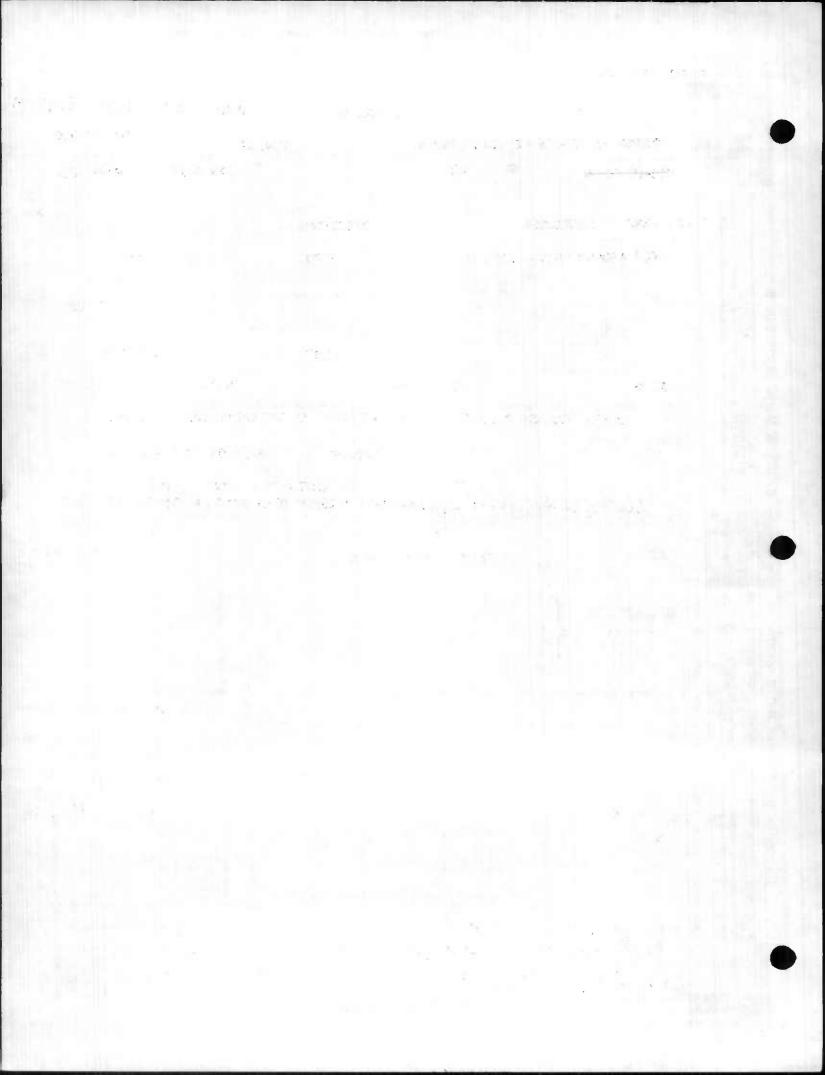
32. Registrar's Signature

Julia Davidson



### Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Amend: #5 Per FH Film G762 8-3-98RC Rea. No. 3. Time of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** 5:45 PM 27 JUNE MIRIAM K GLASSNER /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Fecility Neme (If not institution, give street and number) Examiner BALTIMORE GREATER BALTIMORE MEDICAL CENTER 8. Dete of Birth (Month, Dey, Year) JAN 6,1916 If Under 1 Year Birthplece (State or Foreign
Country) Social Security Number 213-01-0583 213-07-7204 7. Age (In yrs. last birthdey) **Funeral** 1□ M 2X F Months Days Hours Min 82 Yrs MARYLAND Director Usual Residence of Decedent with the Meryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits r is marked other than "natural", or flems 23a or 28a-f show traumatic event, the Medical Exactor mast be notified at 1 ☐ Yes 2 No Directo MARYLAND BALTIMORE BALTIMORE 10e Street and Number 10f. Zin Code 10g. Citizen of What Country? 6404 APOLLO DRIVE, APT. D 21209 USA deeth Funeral 12. Wes Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Race - American Indian 11. Maritel Stetus Bieck, White, etc. 2 should be filed within 72 hours after end Mental Hygiene. s marked other than "natural", or ite 1 ☐ Yes 2 XNo If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: by 3 ₩idowed 4 Divorced WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) HOUSEWIFE OWN HOME 12 18. Mother's Name (First, Middle, Meiden Surneme) 17. Father's Name (First, Middle, Last) permit. Peges 1 and 2 should be filt Department of Health end Mental Hy Important: if item 27 is marked oth any injury or other traumatic event STEINBERG SONDEL SARAH **JACOB** 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informant's Name/Relationship (Type, Print) DONALD GLASSNER (SON) 5 CHASEMOUNT COURT BALTIMORE, MD 21209 20b. Pleca of Disposition (Neme of cametery, cremetory or other p Date 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State FORBAND 6-28-98 ROSEDALE, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Neme end Address of Facility
SOL LEVINSON & BROS., INC. 21. Signature of Funeral Service Licanses termon Part 1. Enter the disease, or complications that caused shock, or heart failure. List only one cause on each line. 1/08900 REISTERSTOWN ROAD BALTIMORE, MD 21208 Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate Interval Between Onset end Death **Physician** Immediate Ceuse (Final disease or condition resulting in deeth) /Medical LANOMA RAYS Examiner Due to (or es e consequence of): Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury Due to (or es e consequence of): and Box 68760. The law requires that the death certificate be physicia thet initiated events resulting in deeth) Lest Due to (or es a consequence of): 23b. Did tobecco usa contribute to the cause of death? ed by the detached Part II, Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yas 2 No 3 Probably 4 Unknown Division of Vital Records, b 24b. Were autopsy findings aveileble prior to 24e. Was en eutopsy performed? Completed Deed completion of cause of death? has 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: 25. Was case referred to medice examiner? Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Nother (Specify) Hospice 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this After thi funerel 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Certification: 5 Pending 1 Natural deeth. 1 ☐ Yes 2 ☐ No investigation 2 Accident Director: / 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours eft Funeral Di letely filled Ir 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date end pleca, end due to the cause(s) and menner es stated.
2 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) end menner stated. edicai 29a. Certifier (Check only one) To the 29d. Date signed (Month, Dey, Year) 29c. License number 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) W. A. R. (ey GBMC 16701 N. C Charles St. Balto and 2120x 32. Registra s Signature JUN 3 0 1998 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg No. 2. Dete of Deeth 3. Tim f th 1. Decedent's Neme (First, Middle, Last) Dey Month Physician Betty T. Hatch 6:43 AM 1998 JUNE 28 /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4a Facility Neme (If not institution, give street end number) **Examiner** BALTIMORE CREATER BALTIMORE MEDICAL CENTER
5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday), If Under 1 Year TOWSON 9. Birthpiece (State or Foreign Country) New York If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. lest birthday) **Funeral** 1 □ M 2 🕅 F Months Devs Hours Min 75 102-16-8416 Yrs 3-7-1923 Director Usuei Residence of Decedent the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show show 1 Yes 2 No Timonium Directo Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? with "natural", or items 23a or permit. Pages 1 and 2 should be filed within 72 hours efter death v. Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or itema 23a and hijury or other traumatic event, the Modest Examinations. 12 Glenamoy 21093 S. A. Funeral Road 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ဩ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American indien, 11. Meritai Stetus Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2X No Specify: White Specify: þ 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuei Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 12 18. Mother's Neme (First, Middle, Maiden Surneme) 17. Fether's Neme (First, Middle, Last) Be Frederick Thielmann Louise Martin 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. informent's Name/Reletionship (Type, Print) 14 Sunnyview Drive, Phoenix, Maryland 21131 Mrs Elaine H. DePoy (Daughter) 20b. Piece of Disposition (Neme of Leanetery, cremetory or other place)
Hilltop Service Corp. 20c. Location - City or Town, Stete Date 1 ☐ Buriei 2X Cremetion 3 ☐ Removel from State 6-29-98 Towson, Maryland 21204 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Ruck Towson Funeral Home, Inc. Wallace 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death Physician /Medical immediate Ceuse (Fine) diseese or condition resulting in death) Examiner olon ca. with Examiner lew requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last P.O. Box 68760. Physician/Medical Due to (or es e consequenca of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Steroid dependent Theu Division of Vital Records. 2 arthritis 24b. Were autopsy findings evailable prior to completion of cause of deeth? Completed 24e. Wes en eutopsy is certificate hes The 1 ☐ Yes 2 XNo 1 ☐ Yes 2 No or Attending Physician: after death. Director: After this certifica 25. Was case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28e. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of Certification: 28c. injury at Work? 1 Neturei 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No investigation To the Hospital or Atter within 24 hours after dea To the Funeral Director completely filled in by th 6 Could not be 28e. Pteca of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner stated. 29e, Certifier Medical 29d. Dete signed (Month, Dey, Year) 29b. Signeture end itie of cartifie 29c, License number

State Registrar 31. Dete filed (Month, Dey, Year)

JUN 3 0 1998

30. Neme end eddress of person

32. Registrer's Signeture

Ruth Kantor, M.D.

who completed ceuse of death (Item 23e) (Type, Print)

wa Davidson- Mandalle

6569 N. Charles St., Balto., Md. 21204

egent of the second that he have the second and a long to the high hard MIRIT and standard COMP TANK OF THE SHALL PROVIDE ON BUILDING THE PARTY. abel. Concerns and the E

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend: #12 Per FH Film G761 7-6-98RC Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Death Month Dav Year **Physician** 70:44 HOHREIN 98 4a Facility Name (If not Institution, give street and number) 26 /Medical 4b. City, Town, or Location of Death 4c. County of Death Examiner If Under HTLANTIC CENERAL If Undar 1 Year Birthpiace (State or Foraign Country) 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 5. Social Security Number 6 Say Funeral Days Min. Months 101 M 2□ F Hours 59 12,1938 212-36-3749 MARYLAND Director Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits id other than "natural", or liams 23s or 25s-f sho event, the Medical Exeminer must be notified at 1 Yes 2 No Director MARYLAND ANNE ARUNDEL GLEN BURNIE ã 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? WITH TIEMAN DRIVE 21061 U.S.A. 1502 Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ⊠ Yes 2 □ No 1957— If Yes, Give Yaar or Detes: 1975 Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, etc. 1 Nevar Marriad 2 Married 1 ☐ Yes 2 No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grada completed) DEPARTMENT OF College (1-4or 5+) Elamentary/Secondary (0-12) Hygiene. 12 TELECOMMUNICATIONS DEFENSE N/A nd Mental Hygie marked other I 18. Mother's Name (First, Middle, Maidan Sumame) 17. Father's Nama (First, Middle, Last) BYRON HOHREIN THELMA WAIN 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) ä Pages 1 and 2 RUTH HOHREIN -WIFE TIEMAN DRIVE GLEN BURNIE, MARYLAND 21061 Nem 27 I 20b. Place of Disposition (Name of cemetery, cramatory or other place) Data 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donatjon 5 Othar (Specify) 70 Separtment of important: If II 7/1/98 BROOKLYN PARK, MARYLAND CEDAR HILL CEMETERY 22. Name and Addrass of Facility SINGLETON FUNERAL HOME, P.A. 1 SECOND AVE., SW GLEN BURNIE, MARYLAND 21061 durase, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, the mode of dying, such as cerdiac or respiratory arrast, the mode of dying, such as cerdiac or respiratory arrast, the mode of dying, such as cerdiac or respiratory arrast, the mode of dying, such as cerdiac or respiratory arrast, the mode of dying, such as cerdiac or respiratory arrast, the mode of dying, such as cerdiac or respiratory arrast, the mode of dying, such as cerdiac or respiratory arrast, the mode of dying, such as cerdiac or respiratory arrast, the mode of dying, such as cerdiac or respiratory arrast, the mode of dying, such as cerdiac or respiratory arrast, the mode of dying, such as cerdiac or respiratory arrast, the mode of dying, such as cerdiac or respiratory arrast, the mode of dying are discovered by the mode of dying are discovered by the mode of dying are discovered by the discovered by the discovered by the dying are discovered by the discovered Approximate Intarval Batween Onset and Death **Physician** /Medical Immediate Ceuse (Final YENTRICULAR diseasa or condition resulting in death) FIBRILLATION FEW MINS Examiner Dua to (or as a consaquance of): Examiner MYO CARDIAL INFIRET ION Sequentially list conditions, if any, laading to immadiate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in daath) Last Dua to (or as a consequence of): Ronald HOHREINSK Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 4STHMA Q 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy page 2 2 No 1 □ Yas 2 □ No 1 TYes certificate or Attending Physician: director. Be 25. Was cese referred to medice 26. Place of Daath (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) P ¥ Yas 2 No After this funerai Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 5 Panding investigation 1 Natural 1 Yes 2 No death. 2 Accident within 24 hours after deatl To the Funeral Director: completely filled in by the 6 Could not be datermined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homicida edical

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State Registrar 29e, Cartifian

(Check only one)

29b. Signature and title of certifier

29c. License number

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha time, data and place, and due to the cause(s)

29d. Date signed (Month, Day, Year) 06-27-98

30. Nama and address of person who complated cause of death (Item 23a) (Type, Print)

DOZOTHY 203 SAUNI STI SNOW HILL, MD, 21863 HOLZEN ORTH 31. Date filed (Month, Day, Year) 32. Registrar's Signatura

Julia Davidson JUN 3 0 1998

and manner stated.

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#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Year MOTOR HUNT 1535 JUNE 75 1998 4b. City, Town, or Location of Death 4a Fecility Neme (If not institution, give street and number) 4c. County of Deeth BANNUPE CITY BAUMORE UMMC If Under 1 Yeer | If Under 24 Hrs. 5. Social Security Number Birthplece (State or Foreign Country) 6. Sex 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Dey, Year) Min Months Days Hours 10 M 20 F Yrs. 214-38-5356 NOV. 8,1935 N. CAROLINA Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits NO 2 No N/A BALTIMORE 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 336 S. COLLINGTON AVENUE 21231 14. Raca - American Indian, 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 1 Never Merried 2 Married Specify: INDIAN 1 Yes 2 No Specify: 3€Widowed 4 □ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done duning most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) PAINTER SELF-EMPLOYED 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) TIM ANNAMAE STRICKLAND HIINT 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informant's Name/Relationship (Type, Print) PHYLLIS WILLIAMS/STEP DAUGHTER 336 S. COLLINGTON AVENUE, BALTIMORE, MARYLAND 21231 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State Dete 1 W Burlel 2 ☐ Cremetion 3 ☐ Removel from State 6/29/98 4 ☐ Donetion 5 ☐ Other (Specify) OAK LAWN CEMETERY BALTIMORE, MARYLAND 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility LILLY & ZEILER INC. FUNERAL HOME 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. 21231 Approximate interval Between Onset end Death Immediate Ceuse (Final disease or condition resulting In deeth) 72 HES (FREBINA SYNDROME LIFE Due to (or es e consequence of): FruES INPERLEGEPOPER MEMORRAGE Due to (or as a consequenca of): Due to (or as e consequence of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 3 Probably Wilnknown 1 Yes 2 No 24a. Was en eutopsy performed?

**Physician** /Medical Examiner

The law requires that the death certificate be executed

Box 68760

Division of Vital Records, P.O.

permit. Pages Depertment of Important: If it any injury or once.

**Physician** 

/Medical

Examiner

10a State

MD.

Directo

Funeral

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Completed

**Funeral** 

Director

Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland nent of Health and Mertel Hyglene.
ant: If fem 27 Is marked other than "naturel", or items 23s or 28s-f ahow urry or other tranmatic event, the Medical Evantmet must be notified at urry or other tranmatic event, the Medical Evantmet must be notified at

Examiner physician and the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Physician/Medical signed by the a

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Completed

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Certification: To

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certificata has b sirector, page 2 s

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funeral

3

Hospital or Attending Physician: 24 hours after deeth. Funeral Director: After this certifici

To the Hospital or within 24 hours aft To the Funeral Di completely filled In

25. Wes case referred to medical examiner? 28. Place of Death (Check only one) Hospitel:

24b. Were autopsy findings evallable prior to completion of cause of death? 200 No

1 Yes 2 No 27. Menner of Deeth 1 Neturel
2 Accident 5 Pending

investigation 6 Could not be determined

28a. Date of Injury (Month, Day Year)

Inpatient 2 ER/Outpatient 3 DOA 28b. Time of 28c. Injury at Work?

1 Yes 2 No

Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29a. Certifier

3 Suicide

4 Homicide

Certifying Physician: To the best of my knowledge, death occurred at the time, date and pleca, end due to the cause(s) end manner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and placa, end due to the cause(s) end manner stated.

29b. Signature and title or destifier

29c. License number 10252

29d. Date signed (Month, Dey, Year) UNE 25 1998

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

S. CARGUE ST 31. Date filed (Month, Dey, Year)
JUN 3 0 1998

BAMMURE MD 21201 32. Register's Signature

Julia Davidson Randelle

28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

Case, Jyson u. mp

State Registrar Table to the second of the second of

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State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Deeth LORRAWE Day 25, 1998 Month JUNE **Physician** HENRY 9:05 AM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) **Examiner** GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE Birthplaca (State or Foreign Country) 5. Social Security Number If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 6. Sax **Funeral** 1 M 2 F Hours Months Days January 22, 1927 Director 183-22-6121 Pennsylvania Usual Residence of Decedent 10d. Inside City Limits 10a State 10b. County 10c. City, Town or Location 1 Yes 2 No Directo Maryland Baltimore Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? thems 23a or 2 iner must be n 3 Murdock Road 21212 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, 11. Marital Status an "natural", or item Medical Examiner Bleck White, etc. 1 Yas 2 No If Yes, Give Year or Detes: 1 Never Marriad 200 Married 1 ☐ Yes 2 X No Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) Elementery/Secondary (0-12) the state 12 Homemaker Own Home 18. Mother's Nama (First, Middla, Maiden Surname) 17. Fathar's Nama (First, Middla, Last) Montal marked c Edward M Duscher Rose C Donnelly 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 19e. Informant's Name/Relationship (Type, Print) Health I Thomas Joseph Henry Sr HUS 3 Murdock Road Baltimore, Maryland 21212 20b. Plece of Disposition (Name of cematery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State permit. Pages 1 Department of H Important: If Ites any Injury or oth once. 1XXBurial 2 Cremation 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Dulaney Valley Memorial Grdns 6/30/98 Lutherville, Maryland nature of Funeral Service Upgreen 22. Name and Address of Facility Mitchell-Wiedefeld Home Inc. 23a. Part 1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Daath Physician NEUTROPHILIC Immediate Cause (Final LEUKEMIA NOVT 145 diseese or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immadiete cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ATRIAL FIBRILLATION þ 24b. Were eutopsy findings eveilable prior to completion of causa of deeth? 24a. Was an autopsy Completed HYPER TENSION s certificate has t Colon CANCER 1 Yas 2 No 1 □ Yes 2 □ No or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yes 2 No 1 Minpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 28e, Date of Injury (Month, Day Year) funeral 27, Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending 1 Natural To the Hospital or Attendin within 24 hours efter death.
To the Funeral Director: Af completely filled in by the fu 1 Yes 2 No invastigation 2 Accident 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 6 Could not be determined 3 ☐ Suicide 28f. Location (Straet and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end manner es stated. Medicai 2 Medical Examinar: On the basis of exemination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29c. Licensa number 29d. Date signed (Month, Day, Year) 29b. Signatute and title of certifier 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) ROSENBLUM OSCER PRIVE STICK TOWN 21204 1600 32. Registrar's Signature

State Registrar 31. Date filed (Month, Day, Year)
JUN 3 0 1998

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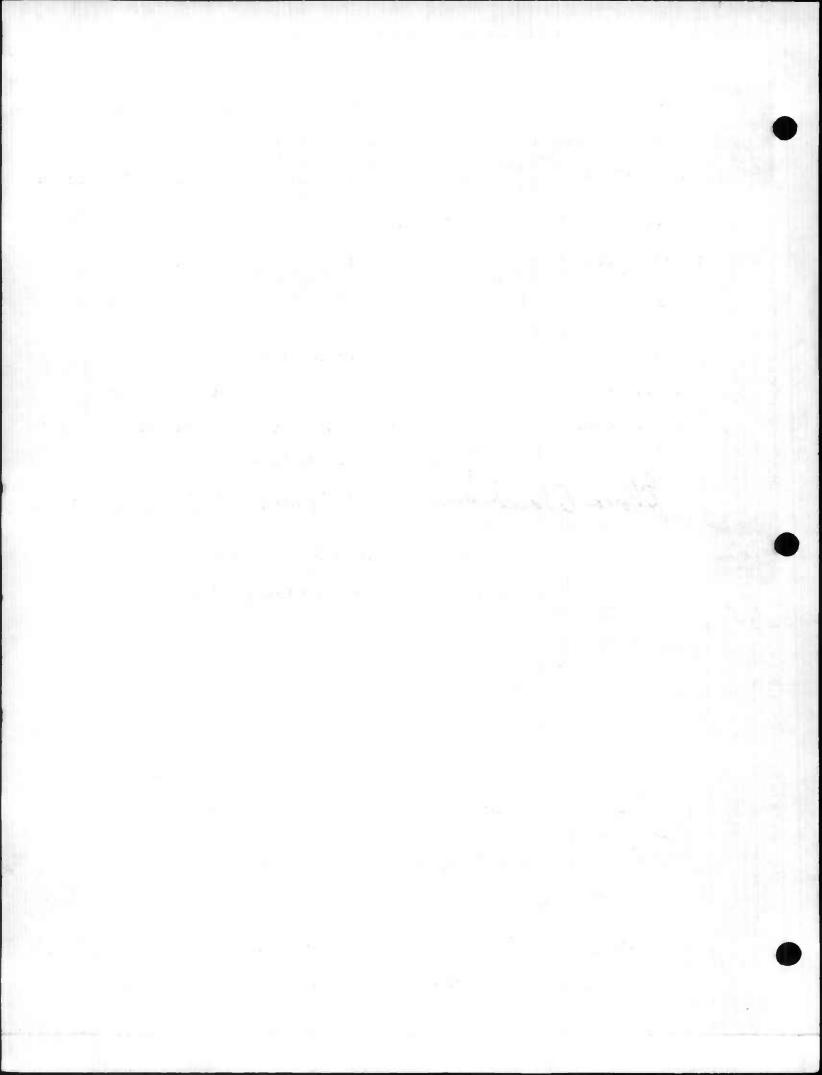
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Leath 2. Dete of Deeth Month **Physician** LETHER HENDRIX 5.35 AM JUNE . TWENTY SIX - 98 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BALTIMORE GOOD SAMARITAN HOSPITAL 7. Age (In yrs. last birthdey) | ff Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number Birthplece (State or Foreign Country) **Funeral** 1□M 2⊠F Deys Yrs. 217-20-7947 Director Jan 29,1919 S. Carolina Usuat Residence of Decedent the Marylend 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at TOYes 2 No Directo Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Cittzen of Whet Country? 238 2406 Albion Avenue permit. Pages 1 and 2 should be filed within 72 hours aftar death a Deportment of Health and Menta! Hygiena. Important: if item 27 is marked other than "natural", or items 23 any injury or other traumatic event, the Medical Example Frust police. Funeral 21214 U.S.A. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decadent Ever in U,S. Armed Forces? 14. Race - American Indien, Bleck, White, etc. 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: þ 3 XWidowed 4 ☐ Divorced Specify: Black Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuet Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Ktnd of Buelness/Industry Etementary/Secondery (0-12) College (1-4or 5+) Avon Representative Sales 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Luemealuree Benjamin 2 Walla Williamson 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) Tonja Adams 3219 Westmont Avenue Baltimore, MD 21216 of Disposition (Name of Dete 20c. Location - City or Town, Stete 20b. Plece of Disposition (Name of cametery, cremetory or other pleca) 20a. Method of Disposition 1 X Burial 2 ☐ Cremetion 3 ☐ Removal from Sta 4 ☐ Donetion 5 ☐ Other (Specify) Dulaney Valley Mem Gdns 7/1 Timonium, MD 21. Signature of Funeral Service Licansee 22. Name end Address of Fecility Marshall W Jones, Jr Funeral Home 4101 Edmondson Ave Baltimore, MD PA 21229 23a Pert1. Enter the disease, or complications that chursed the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on a fin line. Approximate Intervel Between Onset end Deeth **Physician** /Medicai tmmediete Ceuse (Final ANDXIC ENCEPHALOPATHY diseese or condition resulting to death) Examiner Due to (or as a consequenca of) Physician/Medical Examiner ISCHEMIC CARDIOMYOPATHY physician and the bunal-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in deeth) Lest Due to (or es e consequenca of) The law requires that the death certificate be axe Box 68760 Due to (or es e consequence of) attending p Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed page 2 s 1 Yes 20 No 1 Yes 2 No Division of Vital or Attanding Physician: Be 25. Wes case referred to medicat exemtner? 26. Plece of Deeth (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Certification: To 1 ☐Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? After 1 Naturel 5 Pending after death.

Diractor: After dir by the fur 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ HomicIde in 24 hous.
the Funeral Direction Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner es steted. 29a. Certifier completaly (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigation, In my opinion, death occurred et the time, dete end place, and due to the ceuse(s) end menner stated. within 2 To the 29d. Dete signed (Month, Dey, Yeer) 29b. Signeture end title of certifier JUNE . TWENTY SIX . 11400 NINETY EIGHT 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

State Registrar DR DUA, G 31. Dete tiled (Month, Day, Yeer) JUN 3 0 1998

GOOD

SAMARITAN 32 Registrar's Signature Fulia Davidson Pandara HOSPITAL , BALTIMORE



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middia, Last) 2. Data of Death 3. Tima of Death Month June 1905 **Physician** Jones 1998 Egr 27 /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Deat Examiner The Johns
5. Social Security Number 1 topking BALTIMORE CITY (tospital if Undar 1 Yaar | if Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthplace (State or Foreign **Funeral** 213-32-8625 1 M 2 F Hours Months Days Director Usuai Rasidence of Decedant with the Maryland 10a Stata 10h Counts 10c. City. Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or items 23s or 28s-f show treumstic event, the Madical Examiner must be notified all 1 Yas 2 No Funeral Director Maryland more 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21 000 2 death 12. Was Decedant Evar in U.S. Armed Forcas; 1 | Yas 2 No if Yas, Give 13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11 Maritai Status permit. Pages 1 and 2 should be filed within 72 hours after c. Department of Health and Mental Hygleno. Important: If item 27 is marked other than "naturel", or item eny injury or other treumatic event, the Medical Examines. Date. Black, Whita, atc. 1 Nevar Marriad 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grada completed) Elemantary/Secondary (0-12) Collega (1-4or 5+) 2 N Ship 18. Mothar's Nama (First, Middla, Maidan Sumaria) 10 17. Fathar's Nama (First, Middla, Last) Be anes 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Ken UCY 10,1 Wood 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition **Pata** /3/ 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removai from Stata in mount Cremator 4 Donation 5 Othar (Spacify) 22. Nama and Addrass of Facility 21. Signature of Funeral Service Elcense Joseph Stu. era e grass, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, this unit. List only one cause on each line. 21216 Salto. **Physician** /Medical Immediata Causa (Final week disaasa or condition rasulting in daath) Examiner week ischemic been signed by the ettending physician and should be detached for use as the bunal-transit Sequantially list conditions, if any, laading to immediata ceusa. Enter Underlying Causa (Disease or injury that initiated avants resulting in death) Last Dua to (of as a consequence of): weeks Volume Division of Vital Records, P.O. Box 68760, Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown hepafits ģ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy France Deficiency Syndrone 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No After this certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, f Be 25. Was cesa rafarred to medical axaminar? 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) P 1 Yas 2 No 1'⊈inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Death Data of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Dascribe how injury occurred Injury at Work? Natural 5 Panding invastigation 1 🗌 Yas 2 🗌 No 2 Accidant 6 Could not be datamined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Suicida 28a. Piace of injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida 29a. Cartifiar 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edicai (Check only onel 29b. Signatura and titte of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) RES-000 June 27, 1998 N 30. Nama and addrass of person who complated ceusa of daath (itam 23a) (Type, Print)

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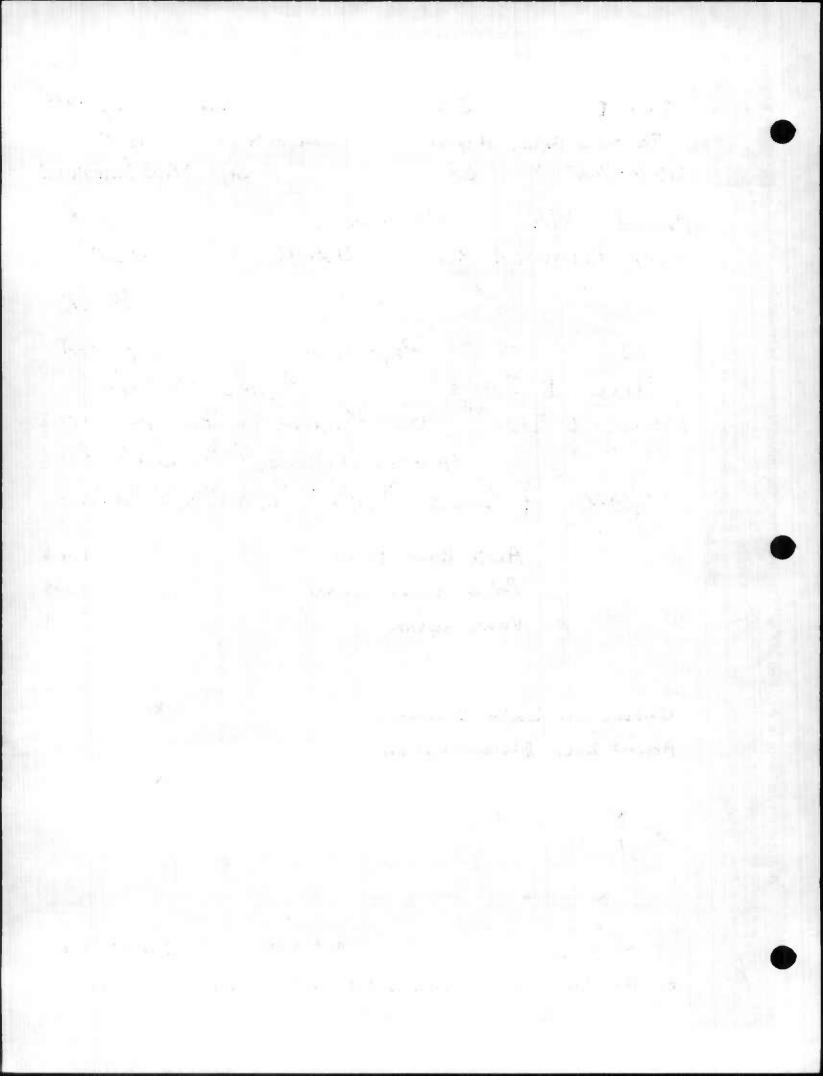
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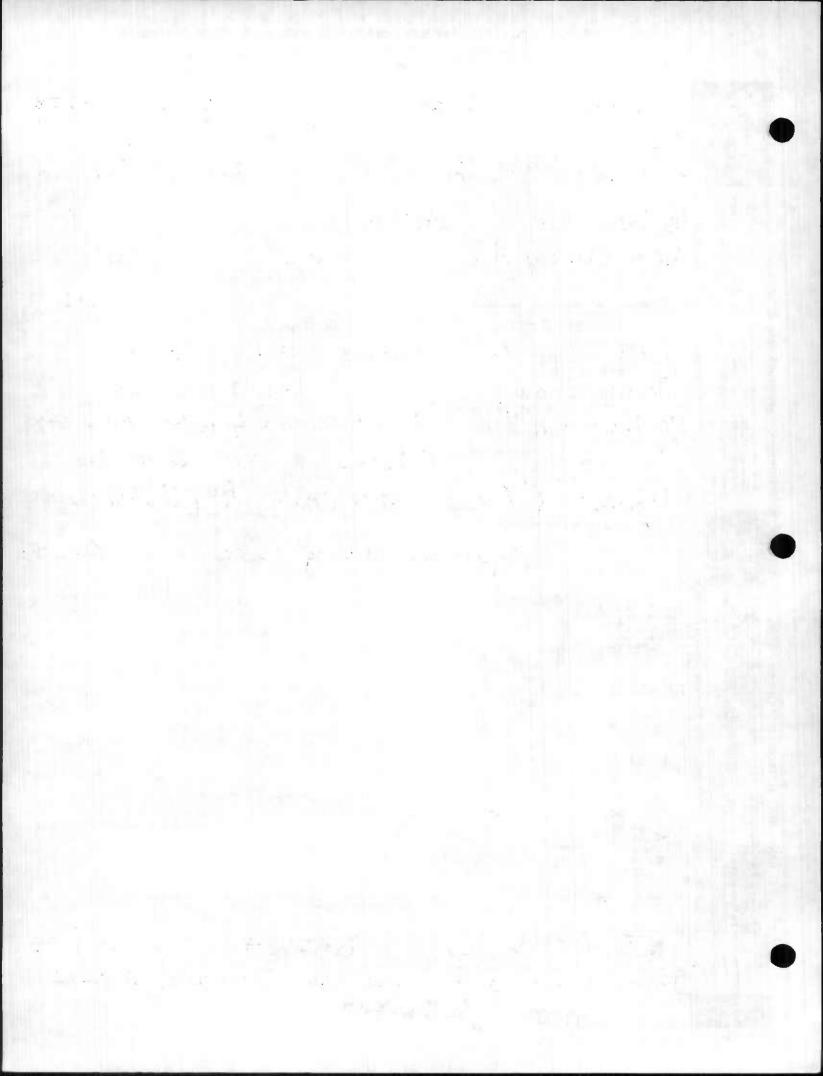
State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Deeth 2. Data of Deeth 1. Decedent's Nama (First, Middla, Last) Month. **Physician** Johns 58 BARBARA /Medical 4b. City, Town, or Location of Death Facility Name (If not institution, give street end number) 4c. County of Death **Examiner** SAUTIMORE HOSPINAL EXCY 8. Data of Birth (Month, Day, If Under 24 Hrs. 5. Social Sacurity Number Birthpiece (Steta or Foreign 7. Age (In yrs. lest birthdey) Months Deys 1□M 2XF Hours 212-32-1069 Usual Residence of Decedent Yrs. Director with the Marylend 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at 1 Yes 2 No Maryland
10e. Street and Number Director more 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 end 2 should be filed within 72 hours efter death with Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "---- any Injury or other traument— any Injury or other traument. 210 21 400 d Funeral 12. Was Decedent Ever in U,S. Armed Forces?

1 Yas 2 No If Yes, Giva Year or Detes: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, 11. Merital Status Bleck, White, etc. 1 Never Married 2 Married 1 Type 2 78610 Specify Blac P 3 ☐ Widowed 4 ☑ Divorced Completed 16e. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) 0 18. Mother's Name (First, Middle, Maidan Sumema) 17. Fether's Neme (First, Middle, Last) Be 0 Shau 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Coda) 190. Informent's Name/Relationship (Type, Print) (daughter) 10 alto,1 20b. Place of Disposition (Name of completery, [cremetory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition 100 Buriel 2 Cremetion 3 Removel from State 4 □ Donation 5 □ Other (Specify) utu 21. Signature of Funerel Service Licenses 22. Name end Address of Fecility First than same, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory or heart allure. List only one cause on each line. Balto Md 212/6 Approximate Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Finel 2 Months disease or condition resulting in deeth) Examiner Examiner **Durisi-transi** Sequantially list conditions, if any, leeding to immadiete cause. Enter Underlying Ceuse (Diseese or injury that initiated evants resulting in death) Lest Due to (or es e consequence of) Mg Division of Vital Records, P.O. Box 68760, physician requires that the death certificate be Physician/Medical Due to (or es e consequenca of) 98 USe signed by the a 23b. Did tobacco use contributa to the causa of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 3 □ Probably → Unknown 1 Yes 2 No þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes en eutopsy Completed peen page 2 has 2 No 1 ☐ Yes 2 ☐ No certificate 1 Yes or Attending Physician: director. 25. Wes case referred to medical axeminar? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) 2 1 ☐ Yes 2 No 1- Inpatient 2 ER/Outpetient 3 DOA After this 28e. Dete of Injury (Month, Dey Year) funerai 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 27. Menner of Deeth Certification: Neturel 5 Pending 1 ☐ Yes 2 ☐ No 24 hours efter death. investigation 2 ☐ Accident 6 Could not be determined 28f. Location (Straat end Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28a. Placa of injury - At home, farm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide Hospital 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29e. Certifier (Check only one) To the within 2 29d. Data signed (Month, Day, Year) 29b. Signeture end title of certifier 29c. License number 30, Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) PLACE BACTIMONE, NO 21202 MO 301 ST PALL COSTA 32. Registras Signature

Sunia Davidson Randall 31. Dete filed (Month, Dey, Yeer)

State Registrar

JUN 3 0 1998

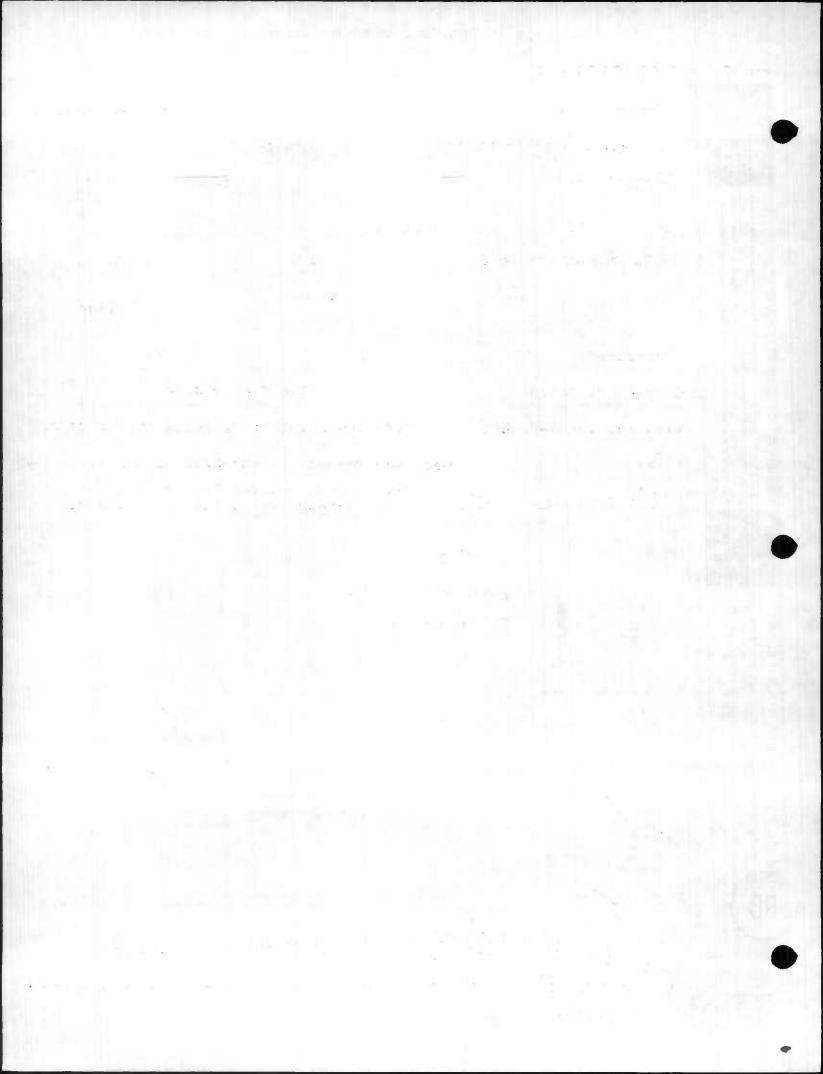


State of Maryland / Department of Health and Mental Hygiene Amend: #7.8 Per FH Film G761 7-10-98RC Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death Month Day Year **Physician** Timothy A. Jones 24 12:35am 6 98 /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street end number) 4c. County of Death Examiner Baltimore
If Under 24 Hrs. 8. D.
Hours Min. VA Med. Center Baltimore If Under 1 Year 5. Social Security Number 7. Aga (In yrs. lest birthdey) Birthplace (State or Foreign Country) 6 Sex **Funeral** 12 M 2□ F Months Deys 39 Yrs Director 219-82-4348 Usual Residence of Decedant MD the Maryland 10c. City, Town or Location 10d. Inside City Limits 10a State 10h County 7 is marked other than "natural", or items 23s or 28s-f shov treumstic svent, the Medical Examiner must be notified at YDYes 2□No Director MD NA Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5122 Queensbury Funeral Road 21215 U.S.A.

14. Race - American Indian, death Was Decedant Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puarto Rican, etc.) Biack, White, atc. Pages 1 and 2 should be filed within 72 hours effer or nent of Health and Mental Hygiene. Int: If item 27 is marked other than "natural", or item 1 X Yes 2 □ No If Yes, Give 1 Never Married 2 ☐ Married Maryland 21215-0020 1 Yes 2 ₩o Specify: ρ 3 ☐ Widowed 4 ☐ Divorced Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life, DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada completed) Elementery/Secondary (0-12) College (1-4or 5+) N/A N/A 12th grade 18. Mother's Name (First, Middle, Maiden Sumama) 17. Father's Nama (First, Middle, Last) Charles F. Jones Ella Mae Johnson 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 6120 Dunroming Road, Baltimore Md 21239 other Ella Mae Jones-Mother 20a. Method of Disposition altimore. 20b. Place of Disposition (Nema of cemetery, crematory or othar place) Data 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) eny injury or o permit. Page Department of Important: If 6/30/98 Owings Mills, Md Garrison Forest 21. Signatura of Funeral Service Licensee 22. Nama and Address of Facility Wm. C March Funeral Home West Inc. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heert feilure. List only one cause on each line. 21215 Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner NDUCARDITI certificate be executed burial-tran Sequentially list conditions, if any, laading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) and physician PNEUMONIA Physician/Medical the Due to (or as a consequence of) 80 USB ò 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. P.O. 1 Yes 2 No 3 Probably 4 Unknown signed by HIV vision of Vital Records. ð 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 ☐ Yes 2 No certificate Attending Physician: Be 25. Was cese referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient funeral dire 20 1 Yes 2 No 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: Alter Natural 5 Pending 1 ☐ Yes 2 No investigation 2 Accident Director 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homloide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Madical Examiner: On the basis of exeminetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title of certifie 29d. Licansa number 29d. Date signed (Month, Day, Year) ddress of person who completed cause of death (Item 23e) (Type, Print) Baltimore les oreene 31. Date filed (Month, Day, Year) 32 Registrar's Signature State JUN 3 0 1998 wie Davidson Randala Registrar

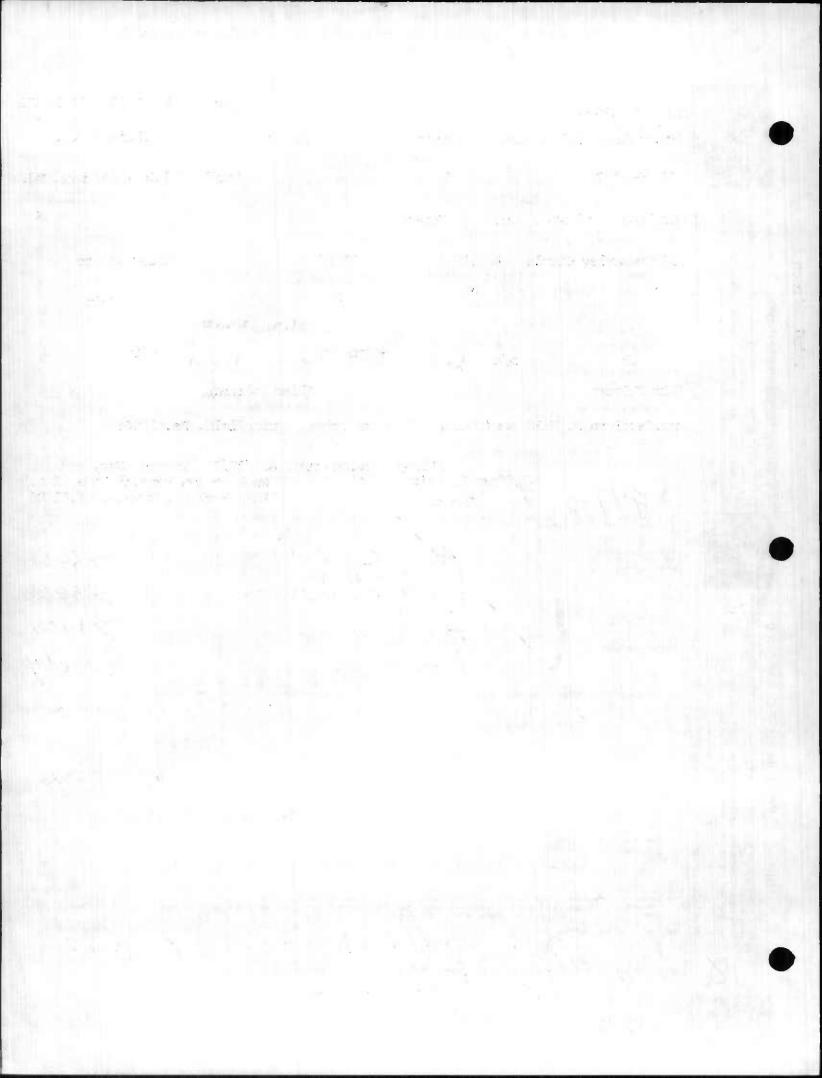
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State of Maryland / Department of Health and Mental Hygiene

|                     |  |                          |  |                                     | Oldio Ol                              | i wai yiana i                          |                        | ificate of          | Death                                      | F                                   | Reg. No.   | 2            | 0056  |  |
|---------------------|--|--------------------------|--|-------------------------------------|---------------------------------------|--|------------------------|---------------------|--|-------------------------------------|--|--------------|---|--|
|                     | - 4.   |                          | 1. Decedent's Nema   | (First, Middla,                     | Last)                                 |  |                        |                     |  | 2. Deta of Dee                      |  | Year         | 3. Time of Death                                  |  |
|                     | Physicia<br>/Medic   |                          | Ethel D. Johnson   |                                     |                                       |  |                        |                     |  | June                                | 24, 1  | .998         | 11:30 PM  |  |
|                     | Examin   | u i                      | A. E. March San (March Institution also stand and sumbor)  |                                     |                                       |  |                        |                     | 4b. City, Town, or I                       | Location of Death                   |  |              |   |  |
| A                   |  |                          | Manor Car  |                                     | Bal                                   | timor                                  | re Co.                 |                     |  |                                     |  |              |   |  |
|                     | Funeral<br>Director  |                          |  |                                     |                                       |  |                        |                     |  |                                     | Birth Dey, Year)  9. Birthplaca (Stete or Foreign Country)  25,1907 Baltimore, Md. |              |   |  |
|                     | Pue Ma   | tor                      |  | 10b. County                         |                                       | 10c. City, T                           | own or Loc             | ation               |  |                                     |  | 1            | 0d. Inside City Limits                            |  |
|                     | the Maryler<br>28a-f ahow  |                          | Maryland   | Baltir                              | more Co.                              | Tow                                    | son                    |                     |  |                                     | 10   |              |   |  |
|                     |  | Funeral Director         | 10e. Street end Num  | ber                                 |                                       |  |                        | 10f. Zip Code       |  |                                     | 10g. Citizen of  | Whet Cour    | ntry?   |  |
|                     | 3a or  | 0                        | 730 Camber   | lev Cir                             | rcle Ar                               | ot.3B                                  |                        | 2120                | 1  |                                     | United   | R Ctat       | tes   |  |
|                     |  | ner                      | 11. Merital Status   | 101 011                             |                                       | dent Evar in U.S.                      | 13. W                  |                     | Hispenic Orlgin? (S<br>ban, Mexican, Puert | pecify Yes or No                    |  | ce - Americ  | an Indian,  |  |
| Maryland 21215-0020 | filed within 72 hours after<br>Hygiene.<br>Rher than "natural", or fte<br>ent, the Medical Exercises                       | þ                        | 1 X Never Merrie   |                                     | 1 ☐ Yes<br>If Yes, Giv                | 1 Yes 2 No If Yes, Giva Yeer or Dates: |                        |                     |  | o moan, etc.)                       | Specif   |              |   |  |
| 5-0                 | 72 ho  | pete                     | /Specil  | 15. Decedent's                      | Education<br>grada completed)         | 1                                      | 6e. Decede             | ent's Usual Occu    | petion<br>a during most of wor<br>ed)      | rkina                               | 16b. Kind of B   | usiness/In   | dustry  |  |
| 21                  | within ene.  | Completed                | Elementary/Secon   |                                     | College (1                            | -4or 5+)                               |                        |                     |  |                                     |  |              |   |  |
| 2                   | ed with  | S                        | 08   |                                     | n/a                                   |  | S                      | ecretar             | -  |                                     | Offi   |              |   |  |
| Pul                 | 2 should be filed<br>end Mental Hygi<br>is marked other<br>sumatic avent, II   | Be                       | 17. Fether's Neme (F   |                                     | st)                                   |  |                        |                     |  | na (First, Middle,                  | Meidan Sumer   | imema)       |   |  |
| 7                   | should<br>nd Men<br>marke<br>imatic  | 2                        | John Johns   |                                     |                                       |  |                        |                     | Alise Ur                                   |                                     |  |              |   |  |
| Va                  | 44   |                          | 19a. Informent's Ner   |                                     |                                       |  |                        |                     | et end Number or Ru                        |                                     |  |              | Code)   |  |
|                     | ges 1 and<br>t of Health<br>if item 27<br>or other to  |                          | Mrs.Caroly 20e. Method of Dispo  |                                     | /ildason (                            |  |                        | ara Driv            | ve Sprin                                   | giield,                             | Pa. 190<br>20c. Location   |              | State   |  |
| Baltimore,          | 8 0 T  |                          |  |                                     | ☐Removal trom 5                       | 0.000                                  | etery, crem            | atory or othar pi   | ece)                                       | Dete                                | 200. LOCATION  | - Only of Te | JWII, SIBIB                                       |  |
| tim                 | permit. Peg<br>Depertment<br>Important: It<br>any injury o   |                          | 4 Donetion   |                                     |                                       | Hill:                                  | top S                  | ervice (            | Corp. 6                                    | /27/98                              | Towson,  | Mar          | yland   |  |
| Sal                 | Depertm<br>Depertm<br>Importar<br>any inju   |                          | 21. Signeture of Fun   | eral Service Lic                    | ensedeffre                            | y L. Gai                               | r 22.                  | Name end Addr       | ress of Fecility Ru                        |                                     |  |              |   |  |
|                     | 20560  |                          | for  | hey                                 | f-                                    | your                                   |                        |                     |  |                                     |  | son,         | Md.21204  |  |
|                     | •  |                          | 23a. Part . Enter the shock, or heer   | e disease or co<br>tailure. List or | emplications that only one cause on e | dused the deeth. I<br>ech line.        | Do not anta            | r the mode of dy    | ing, such as cardia                        | or respiratory a                    | rrest,   |              | Approximate<br>Intervet Between                   |  |
|                     | Physician  | A 6 - 1                  |  |                                     |                                       |  |                        |                     |  |                                     |  |              | Onset and Deeth                                   |  |
| 10                  | /Medical<br>Examiner   |                          | Immediate Ceusa (Finel disease or condition resulting in death)  |                                     |                                       |  |                        |                     |  |                                     |  |              |   |  |
|                     |  | _                        | resulting in death)  |                                     |                                       |  |                        |                     |  |                                     |  |              | //  |  |
|                     | be is  | Jule                     |  |                                     | <b>b</b> .                            | Tel                                    | Un                     | WWW                 | war  | •                                   |  | >            | - 3 4 cor   |  |
|                     | The Agent  | Examiner                 | Sequentially tist con<br>if any, leading to im-<br>cause. Enter Under<br>Cause (Disease or In<br>that Initiated events | ditions,<br>mediate                 |                                       | Due to (or as                          | s a consequ            | ience ot):          |  |                                     |  |              |   |  |
| 68760,              | be e   |                          | cause. Enter Under<br>Cause (Disease or I  | tying<br>njury                      | C                                     | #10                                    | h                      | 10                  |  |                                     |  | 1            | 14ear   |  |
| 587                 | ifficate be<br>ig physicie<br>es the bur   | edicai                   | resulting in death) Le   | est                                 |                                       | Due to (or es                          |                        |                     |  |                                     |  | 1            | ///   |  |
|                     | eath certific<br>attending pl  | 3                        |  |                                     | d                                     | An                                     | em                     | 100                 |  |                                     |  | >            | 10 day  |  |
| Box                 | eath cert<br>attendin  | clai                     | Deall Other deall  |                                     |                                       |  |                        |                     | has is Boot !                              | 22h Did                             | tohanan una ar   | antelbuto t  | 1-  |  |
| P.0.                | that the de<br>ed by the<br>detached   | ys                       | Pert II. Other eignificant conditions contributing to death but not resulting in the underlying causa given in Pert I. |                                     |                                       |  |                        |                     |  |                                     | Yee 2 No   |              | o the ceuse of death?                             |  |
| 4                   | es thet<br>igned b   | V P                      |  |                                     |                                       |  |                        |                     |  | ''                                  | 20140  | 30110        | bably 12 Unknown                                  |  |
| Vital Records,      | The law requires thet the death cert<br>ate has been signed by the attendin<br>page 2 should be detached for use           | Completed by Physician/N |  |                                     |                                       |  |                        |                     |  | 24a. Wes                            | an autopsy   | 24b. W       | ere eutopsy tindings                              |  |
| 00                  | v require<br>been signatured to  | lete                     |  |                                     |                                       |  |                        |                     |  | perfo                               | rmed?  | CC           | reitable prior to<br>empletion of cause<br>death? |  |
| Re                  | has<br>196 2   | dmc                      |  |                                     |                                       |  |                        |                     |  | 40                                  | Vac activis  |              |   |  |
| E                   | certificate  | S                        | 25. Was casa raterre   | ad to madical                       |                                       |  |                        |                     | 00 01                                      | 1 D                                 |  | 11           | Yes 2 No  |  |
| \\                  | Attanding Physician: The Ir death. sctor: After this certificate his by the funeral director, page                         | o Be                     | exeminer?  |                                     | Hospitel:                             | enstiont offer                         | 1/Out                  | 20 204 0            |  | eth (Check only of<br>fome 5 ☐ Resi |  | has /0       | 6.0   |  |
| of                  | Phys<br>r this<br>aral di  | E                        | 27. Menner of Death  | 10                                  | 101                                   |  | Outpatient  b. Time of | 3□ DOA 28c. Inj     | 4CINUISING F                               |                                     | how injury occu  |              | ) y)  |  |
| Division of         | ding Ih.<br>After<br>funer   | edical Certification: To | 1 ☐ Naturel<br>2 ☐ Accident  | 5 Pending                           |                                       | h, Day Year)                           | Injury                 |                     | ork?<br>∃Yes 2⊟No                          |                                     |  |              |   |  |
| S                   | deat<br>ctor:<br>y the   | flca                     | 3 Sulcide  | 6 Could no                          | be 200 Place                          | ot Injury - At home                    | e, tarm, stre          | et, tactory, office | 9  |                                     |  | ber or Run   | al Route Number,                                  |  |
| Š                   | after after Direction to   | er                       | 4  Homicide  | Gotomini                            | buildir                               | ng, etc. (Specify)                     |                        |                     |  | City or To                          | wn, State)   |              |   |  |
| Œ                   | Hospital or<br>24 hours afte<br>Funeral Dir<br>stely filled in   | aic                      | 29a. Certifier   | Certifying                          | Phyeiclan: To the                     | best of my knowle                      | dge, death             | occurred at the     | time, date and place                       | e, and due to the                   | cause(s) and m   | anner es s   | stated.   |  |
|                     | P. Horal   | de                       | (Check only one)   | 2 ☐ Medical E                       | arritner: On the ba                   | asis of exemination<br>her steted.     | and/or inv             | stigation, in my    | opinion, deeth occu                        | urred et the time,                  | dete end plece   | , and due t  | o the cause(s)                                    |  |
|                     | To the Hospital or Attandi<br>within 24 hours after death.<br>To the Funeral Director: A<br>completely filled in by the fi | Me                       | 29b. Signeture end t   | itie of certifier                   | 1 //                                  | //                                     | 11/                    | 29q Licer           | nse number                                 |                                     | 29d. Date sign   | ed (Month,   | Day, Year)  |  |
|                     |  |                          |  | 1/                                  | 10                                    | 1/1                                    | 1/                     | 116                 | 7.73                                       | 6                                   | 6-   | 7 (-         | 98  |  |
|                     | 1X   | }                        | 30. Neme end eddre   | ss of person                        | completed caus                        | e of death-filem                       | a) (Ivne I             | Print)              | 015  |                                     | 0  | رب           | 10  |  |
|                     | 10   |                          | 71   | 00                                  | sclo-                                 | Will                                   | 0                      |                     |  |                                     |  |              |   |  |
|                     | Sta  | te                       | 31. Dete tiled (Monti  | h, Day, Year)                       | 32. R                                 | egistrar's Signatur                    | 9 . ~                  |                     |  |                                     |  |              |   |  |
|                     | Registr  |                          |  | 01998                               | Grow                                  | Davidsen-V                             | ander                  | •                   |  |                                     |  |              |   |  |



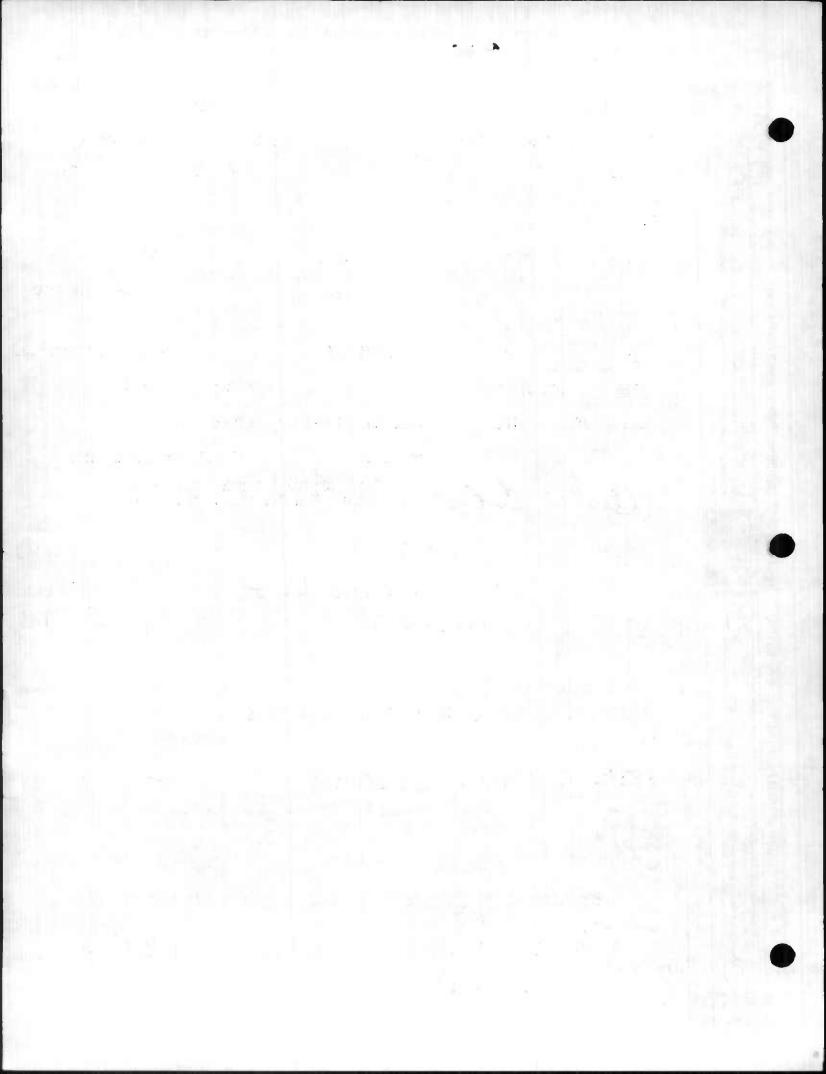
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month 6/24/98 **Physician** 4:55 AM CLARENCE R. JONES /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street end number) Examiner 2213 CORALTHORN RD. BALTIMORE (HOME) **ESSEX** 8. Date of Birth (Month, Day, Year) 4/10/27 If Under 24 Hrs Hours Min. If Under 1 Year 9. Birthplace (Stete or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** Days 1∰M 2□F Months 71 Yrs MD. 217 20 8361 **Director** Usual Residence of Decedent the Marylend 10c. City, Town or Location 10a State 10h Counts 10d. Inside City Limits 7 is marked other than "naturel", or Itema 23a or 28a-f ahow traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2∏ No MD. BALTIMORE **ESSEX** Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? USA 2213 CORALTHORN ROAD 21220 permit. Pages 1 and 2 should be filed within 72 hours efter death a Department of Health and Mental Hygiene. Important: If Hear 27 Is marked other than "naturel", or Heme 23. any Injury or other traumatic event, the feeding from the main Funeral 12. Was Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☐ No If Yes, Give # Year or Dates: 14. Raca - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Specify AFRO AMERICAN 1 ☐ Yes 2 ☐ No Specify ģ 3 □ Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15 Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) MACHINIST FRICTION MATERIAL CO. 12 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) REBECCA **JONES** LEE JONES 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) ELLA JONES WIFE 2213 CORALTHORN RD. ESSEX, MD. 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) MT. ZION 6/27/98 LANSDOWNE, MD. 21. Signature of Funeral Service Licensee 22. Name end Address of Facility ESTEP BROTHERS FUNERAL HOME P.A. 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each light. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final 2 WKJ disease or condition resulting in death) Examiner Due to (or as e consequence of) Physician/Medical Examiner marthous Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) tast Due to (or as a consequenca of): ettending physicien and ASCUV Division of Vital Records, P.O. Box 68760, The law requires that the death certificate be Due to (or as e consequence of) signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown FAILURE - DIALYSIS by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? Completed CHRONIC peed /ENE 1 ☐ Yes 2 ☐ No 1 Yes 2 □NO certificate or Attending Physician: director, 25. Wes case referred to medical exeminer? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Mesidence 6 Other (Specify) Hospital: 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To this 28a. Dete of Injury (Month, Dey Year) 24 hours after death.

Funeral Director: After thietely filled in by the funeral 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, State) 3 Suicide 4 Homicide edicai 1 Cartifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) and manner as stated. 29a, Certifie 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner-stated. (Check only one) within 2 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) an mm 30. Name and address of person who completed cause of death (Nem 23a) (Type, Print) 10755 FRIS RS LUTHERY, 1/2 G45704-8 32. Regist Ma Daydson Randoll 31. Date filed (Month, Day, Year) State JUN 3 0 1998

DHMH 16 Rev 6/95

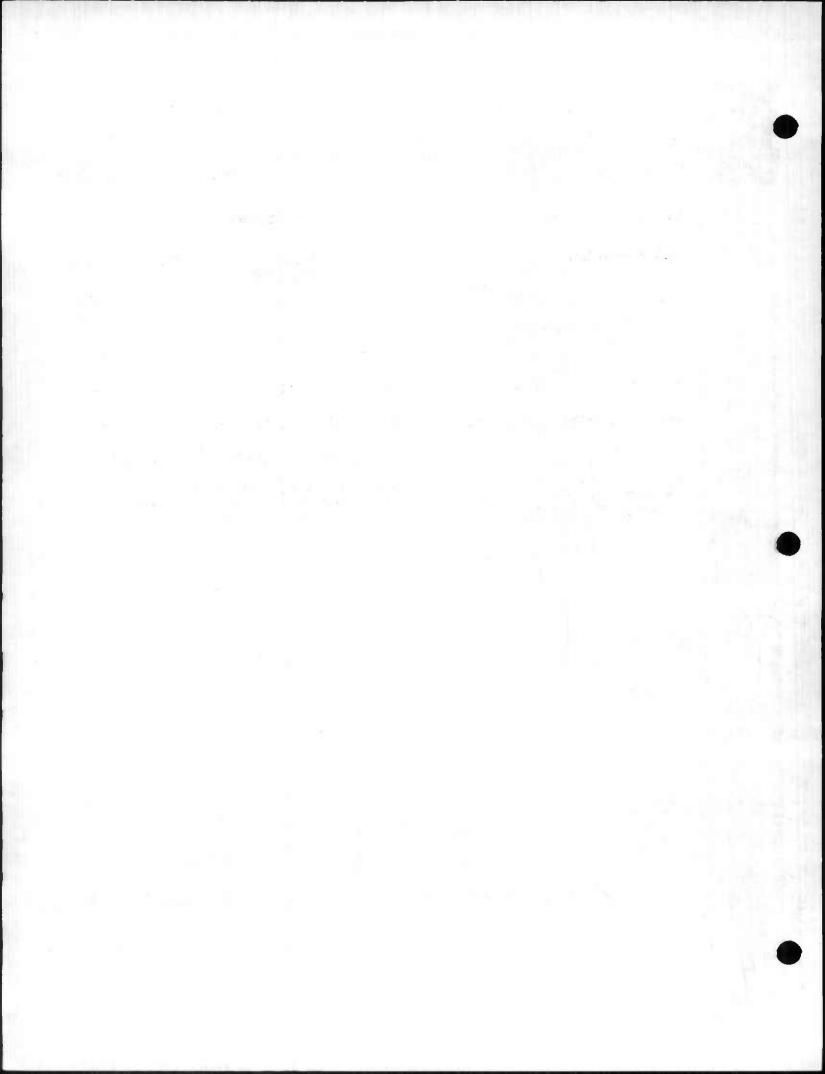
Registrar



State of Maryland / Department of Health and Mental Hygiene

|          |  |                  |  |   |   |   |                       | Death  |                                       | Reg. No.                                   |                              | IU:                           | ) ()                |  |  |
|----------|--|------------------|--|---|---|---|-----------------------|--|---------------------------------------|--|------------------------------|-------------------------------|---------------------|--|--|
| п        | Physici  | an               | 1. Decedent's Name (First, Middle, La  |   |   |   |                       |  | 2. Date of De<br>Month                | eth<br>Dey                                 | Year                         |                               | e of Death          |  |  |
|          | /Medi  |                  | DOROTHY F.   | JEST  | ER  |   |                       |  | JUHE                                  | 25   | 998                          | 21                            | :15                 |  |  |
|          | Examir   | ner              | 4a. Fecility Neme (If not institution, gir   |   |   |   |                       | 4b. City, Town, or Location of Deeth 4c. County of Deeth |                                       |  |                              |                               |                     |  |  |
|          |  |                  | ST. AGNES  |   |   | Wil-  | do- 4 Mars            | BALTIT   |                                       |  | 7/A                          |                               |                     |  |  |
|          | Funeral<br>Director  |                  |  | I N OTTE  | (In yrs. last birtho  | Month   | der 1 Yaar<br>hs Deys |  | (Month, De                            | th<br>ly, <i>Year)</i><br>15,1930          |                              | aca (Sta<br>ry)<br>ylar       | nta or Foreign      |  |  |
|          | ahow<br>d et   | 1                | 10a. Stata 10b. County Maryland n/   | 10d. Inside City  |   |   |                       |  |                                       |  |                              |                               |                     |  |  |
|          | r 28a-4  | Funeral Director | 10e. Street end Number   | u   |   | 10f.  | Zip Code              | Balti  | more                                  | 10g. Citizen of                            | Whet Count                   | - 1                           | res 2□No            |  |  |
|          | h wit  | aj D             | 430 Payson St.   |   |   |   |                       | 21223  |                                       | Unit                                       | ed St                        | 2+00                          |                     |  |  |
|          | de d   | ner              | 11. Maritei Status   | 12. Was Decadent Ev<br>Armed Forces?                                    | Was Decadent Ever in U,S.     Armed Forces?     If Yes, specify Company C |   |                       |  | pecify Yas or No                      | United States  14. Race - American Indien, |                              |                               |                     |  |  |
| 020      | J within 72 hours effer death with the Meryland<br>ilen.<br>Than "natural", or items 23a or 28a-f ahow<br>The Medical Examine must be notified at  | by               | 1 ☐ Never Marrled 2 ☐ Merried  3XX Widowed 4 ☐ Divorcad  | 1 ☐ Yes 2 No<br>If Yes, Give<br>Year or Dates:                          | XINo<br>1 ☐ Yes 21XINo Specify:   |   |                       |  | o nicari, etc.)                       | Specify                                    | ck, White, e                 | White                         |                     |  |  |
| 2-0      | 72 ho  | eted             | 15. Decedent's E<br>(Specify only highest gr   | ducation  | 16a. De   | cedent's U  | sual Occup            | petion<br>during most of wor                             | rkina                                 | 16b. Kind of B                             | usiness/Indu                 | ustry                         |                     |  |  |
| 121      | within<br>ene.<br>then   | Completed        | Elementery/Secondery (0-12) 5  | College (1-4or 5+   | ) III   | 16a. Decedent's Usual Occupation (Give kind of work dona during most of work life. DO NOT use refired)  Homemaker |                       |  |                                       | omestic                                    |                              |                               |                     |  |  |
|          | 意表書兵   | Be C             | 17. Fether's Neme (First, Middle, Last   | )   |   |   |                       | 18. Mother's Nar   | ne (First, Middle                     | , Maiden Suman                             | ne)                          |                               |                     |  |  |
| Maryland | should be<br>nd Mental<br>merked o   | To B             | Michael  | Adam  |   | Shai  |                       | Mary   | An                                    | n  | Er                           | be                            |                     |  |  |
| Mar      | 0 0 0 2  |                  | 19e. Informent's Neme/Reletionship   | **  |   |   |                       | and Number or Ru   |                                       |  | Stata, Zip (                 | Code)                         |                     |  |  |
| -        | f Heelth<br>them 27 i  |                  | Dorothy F. McMani 20e. Method of Disposition   | s / Daugnte   | 20b. Pleca of Di  |   |                       | 1 Rd., Ba  | altimore<br>Deta                      | 20c. Location -                            | 21227                        | - Ctet                        |                     |  |  |
| 100      | or or  |                  | 1 Burial 2 Cremetion 3   | Removel from State  | cemetery,   | crematory of  | or other pla          |  |                                       |  |                              |                               |                     |  |  |
|          |  |                  | 1 Burial 2 Temetion 3 Removel from State 4 Donetion 5 Other (Specify)  21. Signature of Funeral Service Licensee  22. Nama and Address of Fecility  22. Nama and Address of Fecility   |   |   |   |                       |  |                                       |  |                              |                               |                     |  |  |
| B        | permit. Depertrimports any Inju  |                  | CAFA Stephen D. Lohrmann P.A.  |   |   |   |                       |  |                                       |  |                              |                               |                     |  |  |
|          | _  | $\vdash$         | 23e. Pert1. Enter the diseasa, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line.  Approximate Intervel Between   |   |   |   |                       |  |                                       |  |                              |                               |                     |  |  |
|          | Physician  |                  | shock, or heart feilure. List only   | one ceuse on each line  |   |   | ·                     |  |                                       |  |                              | Intervel<br>Onset a           | Between<br>nd Deeth |  |  |
|          | /Medicai   |                  | Immediate Cause (Final disease or condition SEPTICEMIA   |   |   |   |                       |  |                                       |  |                              |                               |                     |  |  |
| l.       | Examiner   | Ļ                | Due to (or es a consequenca of):  ACUTE REMAL FAILURE Zweeks   |   |   |   |                       |  |                                       |  |                              |                               |                     |  |  |
|          | Sit ad   | Examiner         |  | b. ACU  | TE  | SEI   | MA                    | L FA   | 1101                                  | 3 E  | 1 2                          | Zwe                           | zeks                |  |  |
| 7        |  | хап              | Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or injury Coronal Cause) (Disease or injury Cause) (Disease or injury Coronal Cause) (Disease or injury Cause) (Disease or inj |   |   |   |                       |  |                                       |  |                              |                               |                     |  |  |
| 68760    | Ding B   |                  | Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disaase or injury that initieted events  |   |   |   |                       | 15020  | LER                                   | 2120                                       |                              | 2 Je                          | ears                |  |  |
|          | iffication of physics of the physics | edical           | resulting in deeth) Last   |   | ue to (or as e con  | · ·   | *                     | E C 100  | ELLITUS 2                             |  |                              |                               |                     |  |  |
|          |  | N/u              |  | d   | E & 1   | 21 A C  | 561                   | E 7 1 1  |                                       | 1105                                       | •                            | 20                            | years               |  |  |
| D        | death  | sicia            | Pert II. Other significant conditions of   | ontributing to death but  | not resulting in th   | e underlyin   | g cause giv           | ven in Pert I.   | 23b. Dld                              | tobacco use co                             | ntribute to                  | the cau                       | se of death?        |  |  |
| 0.       | 2 2 8  | / Physician/M    |  | 1 🗆   | Yes 2□ No   | 3 Probe   | ably 4                | Unknown  |                                       |  |                              |                               |                     |  |  |
| D        | luires ti  | d by             |  |   | -   |   |                       |  |                                       | en eutopsy                                 | 24b. Wer                     | e eutop                       | sy findings         |  |  |
| eco      | lew requires the side of the s | Completed        |  |   |   |   |                       |  | perfo                                 | ormed?                                     | com                          | leble pri<br>plation<br>eath? | of cause            |  |  |
| <u>=</u> | The ate h  | Col              |  |   |   |   |                       |  | 10                                    | Yes 22No                                   | 10                           | Yas 2                         | 2□ No               |  |  |
| VIE      | Physician: The lew<br>this certificate hes brial<br>director, pege 2 s   | Be               | 25. Wes case referred to medical exeminer?   | Hospital:   |   |   | 0"                    | oor:   | eth (Check only o                     | •  |                              |                               |                     |  |  |
| 0        |  | : To             | 1 ☑ Yes 2 ☐ No<br>27. Menner of Deeth  | 1 ☑ Inpatient   | 2 ☐ ER/Outpe  |   | DOA                   |  |                                       | denca 6 □Oth                               |                              |                               |                     |  |  |
| o        | and Affer fune   | ation            | 1 Neture 5 Pending 2 Accident investigation  | (Month, Day   | /ear) 285. Tim  |   | 28c. Injui<br>Wo      | rk?<br> Yes 2 □ No                                       | zou. Describe                         | now injury occur                           | 190                          |                               |                     |  |  |
| -        | irec<br>Irec   | Certification:   | 3 ☐ Suicida 6 ☐ Could not be determined  |   | / - At home, ferm,<br>(Specify)   | street, fact  | tory, offica          |  | 28f. Location (<br>City or To         | Street and Numb<br>wn, State)              | er or Rural                  | Route N                       | lumber,             |  |  |
|          | To the Hospital of within 24 hours of To the Funeral D completely filled in  | edical           | 29e. Certifier (Check only one)  1 Certifying Pt 2 Medical Exer  | yalclan: To the best of<br>niner: On the besis of e<br>end menner stete | xaminetion end/or   | eth occurre<br>Investigati  | ed et the til         | me, dete end pieca<br>opinion, daeth occu                | , end due to the<br>rred at tha tima, | cause(s) end me<br>data and place,         | enner as ste<br>and due to t | ted.<br>the caus              | 9e(s)               |  |  |
| 98       | o the  | Me               | 29b. Signeture and title of cartifier  | c.va moninor state  |   | 1   | 29c. Licens           | se number  |                                       | 29d. Data signe                            | d (Month, D                  | ay, Yea                       | r)                  |  |  |
|          | 11   |                  | ▶ Houles   | - M   | . D .   |   | PI                    | 11701 JUNE 25 1998                                       |                                       |  |                              |                               |                     |  |  |
| 7        | 4  |                  | 30. Neme and eddress of person who   | completed cause of dee  | th (Item 23a) (Ty   | De, Print)  | N                     | AKE NIO  | E BA                                  | LTIN                                       | 5,01                         | 7                             | ms.                 |  |  |
|          | Sta  |                  | 31. Dete filed (Month, Day Year)   |   | s Signeture   |   |                       |  |                                       |  |                              |                               |                     |  |  |

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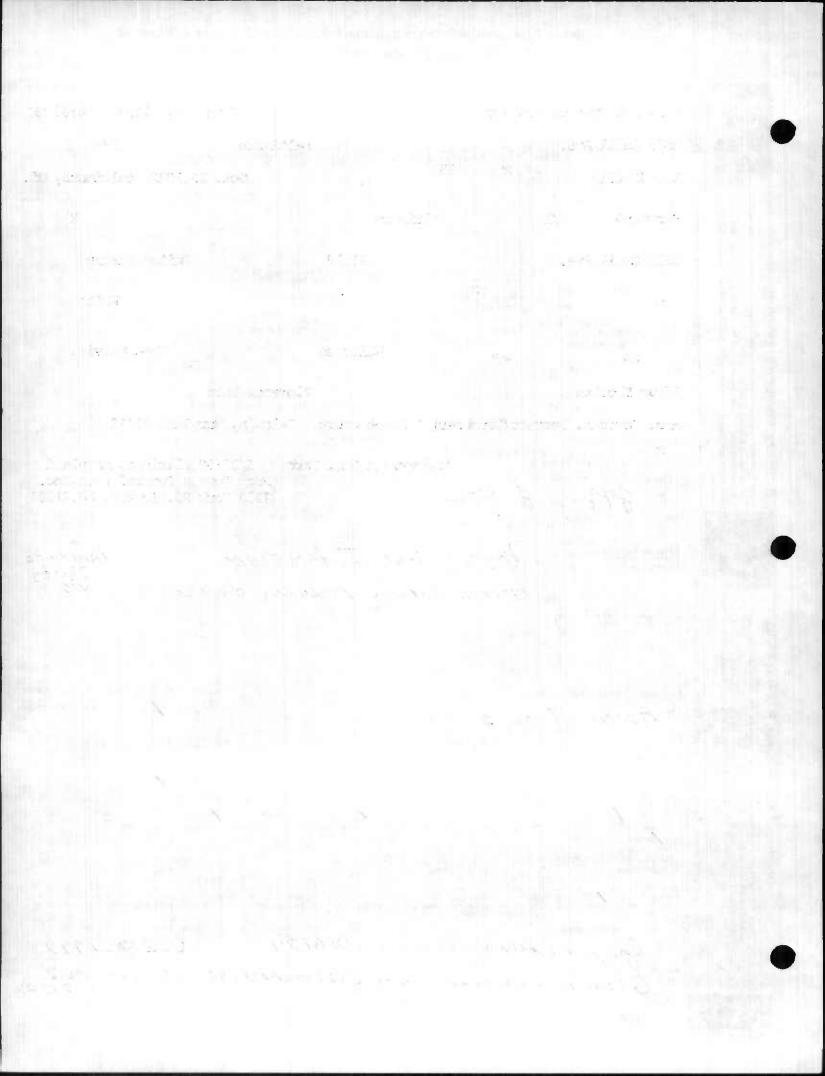


State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Tima of Death 2. Dete of Death 1. Decedent's Name (First, Middle, Last) Day **Physician** 24, 1996 4c. County of Death Madeline Frances Kroeger June 4:00 PM /Medical 4b. City. Town, or Location of Death 4a Facility Name (If not institution, give street and number) Examiner 2535 Cecil Ave. Baltimore N/A Birthplece (State or Foreign Country) 5. Social Security Number 7. Age (In vrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Min. Days Months Hours 1 M 2 €F 75 Yrs Director 220-03-0710 Baltimore, Md. Oct. 20,1922 Usual Residence of Decedent with the Marylend 10d. Inside City Limits 10a State 10b. County 10c. City. Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic avent, the Modical Examiner must be not fired at 1 Ves 2 □ No Maryland N/A Baltimore Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? United States
14. Race - American Indian,
Black, White, etc. 2535 Cecil Ave. Funeral 21218 72 hours efter death Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 🔀 No If Yes, Give Year or Dates: 1 □ Never Married 2 □ Married Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 Widowed 4 □ Divorced 16a. Decedent's Usuel Occupetion
(Give kind of work done during most of working
life. DO NOT use retired) 16b. Kind of Business/Industry permit. Peges 1 end 2 should be filed within 72.1 Department of Health end Mental hygiene. Important: if item 27 is marked other than "natu any Injury or other traumatic avant, the Medical pace. 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Waitress Food Service 09 N/A 18. Mother's Neme (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Edgar Phoebus Florence Lutz 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Relationship (Type, Print) Mrs. Joyce A. Barrett (Daughter) 4 Ascot Court Baldwin, Maryland 21013 20b. Place of Disposition (Name of cemetery, crematory or other place) Dete 20a. Method of Disposition 20c. Location - City or Town, State Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 6/29/98 Elkridge, Maryland Meadowridge Mem. Park 21. Signature of Funerel Service Licensee 22. Name and Address of Fecility Ruck Towson Funeral Home, Inc. 2yan 1050 York Rd. Towson, Md. 21204 23a. Pert1. Enter the disease, of complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart feliure. List only one ceuse on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Myocardial Infarction
Due to (or es e consequence of): Immediate Examiner Thinty Vasaular disease Examine thero scerotic Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Box 68760 Physician/Medical Due to (or es a consequence of) the death certificate Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? o the signed by the 1 Yes 2 No 3 Probably 4 Unknown Aurtic Stenosis م that Division of Vital Records, þ requires 24b. Were autopsy findings available prior to Completed 24a. Was en eutopsy peen completion of cause of death? AR has The 1 Yes 2 No 1 ☐ Yes 2 ☐ No this certificate Hospital or Attending Physician: director, 25. Was case referred to medicel axaminer? Be 28. Place of Death (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 funeral 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: After 1 Netural
2 Accident 5 Pending efter deeth. 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) In by 4 Homicide • Funers of e Funers Di letely filled in Cartifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, and due to the cause(s) end manner as steled.

| Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and menner stated. edical 29a. Certifier To the I within 2 To the I 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of certifier 016189 ge N. Kallar 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) 6565 N. Charles St souto 615 - BARD LEDRUE NIKARKAR MA 21206 82. Regierar's Signeture 31. Date filed (Month, Dey, Year) JUN 3 0 1998

**DHMH 16 Rav 6/95** 

Registrar



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Date of Daath 1. Decedent's Name (First, Middle, Last) **Physician** une 1998 5 0x 55 ZY /Medical 4b. City, Town, or Locati on of Deeth 4c. County of Death Nama (I not institution, giva street and number) Examiner attimore HOP ZINS Aga (To yrs. last birthday) ouns N/A If Undar 24 Hrs. 8. Dete of Birth (Mohth, Day, Year) If Under 1 Yeer Birthplace (State or Foreign Country) al Security Number **Funeral** Months Days 1□M 2QF 76 Yrs. 235-20-3786 **Director** September 23, 1921 Ohio Usual Rasidance of Decedant permit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryfend Docernment of Health and Mental Physene. Important: If item 27 is marked other than "naturel", or items 23s or 28sf show young or other traumatic event, the Modical Examples must be not the appearance. 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Baltimore City Maryland N/A Directo 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? U.S.A. 14. Rece - American Indian, 3808 Parkmont Ave. 21206 Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No if Yas, Give Yaar or Datas: Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) Black, Whita, atc. 1 Navar Marriad 2 Married Specify: White Baltimore, Maryland 21215-0020 1 Yas 2K No Specify: à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highest grada complated) Elamentery/Secondary (0-12) Collega (1-4or 5+) n/a Bookkeeper Finance Corp. 18. Mothar's Neme (First, Middle, Maidan Surnama) 17. Fether's Nama (First, Middla, Last) Gulajsky Joseph Czyzeusky Mary 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Code) 19e. Informant's Name/Ralationship (Type, Print) Mrs Nancy L. Drobney- Daughter 11 Old Statesville Rd. Lafayette, N.J. 07848 20b. Place of Disposition (Nama of cematary, cramatory or other place) Date 20c. Location - City or Town, Stete 20a. Method of Disposition 1 X Burial 2 Cramation 3 Ramoval from Stata 4 □ Donation 5 □ Othar (Specify) 6/27/98 Timonium, MD Dulaney Valley 21. Signaturerof Funeral Service Liberar 22. Nama and Addrass of Fecility Baltimore, Maryland 21214 5305 Harford Rd. Leonard J. Ruck, Inc. 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onsat and Death **Physician** /Medical Immediata Cause (Final 100 Y disaasa or condition rasulting in death) Examiner Physician/Medical Examiner grow u law requires that the death certificate be asscuted Sequentially list conditions, if eny, leading to immadiate causa. Enter Underlying Cause (Diseasa or injury that initiated events resulting in daeth) Last to (or as e conseque Division of Vital Records, P.O. Box 68760, omo Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by the a 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown þ 24b. Wara autopsy findings available prior to completion of cause of deeth? Completed 24e. Was an autopsy Is certificate hes director, page 2 1 Yas 2 No 1 Yes 2 No Be 26. Placa of Daath (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 npatiant 2 ER/Outpatient 3 DOA After this Date of Injury (Month, Day Year) funeral 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Attending 1 Naturai 5 Panding s effer de. une 9 1998 6:00 pm 1 Yes 2 No telland Ni 400 Invastigation 2 Accidant 3 Suicida 6 Could not be datarmined cation (Street and Number or Rural Routa Number, by or Town, stell) Place of Injury - At homa, ferm, straat, factory, offica building, atc. (Specify) in 24 hours the Funeral Director of the Funeral Director of the Filled in Director of the Filled in Director of the Funeral Office o 4 Homicide To Me

| Certifying Physician: To tile best of my knowledge, death occurred at the time, deta end place, and due to the cause(s) and manner as stated.

| Comparison of the desired of the course of t 6 29a. Cartifian Medical To the Hosp within 24 hor To the Fune completely fi (Check only one) 29d. Data signad (Month, Day, Year) 29b. Signature and title of portifiar 29c. License number M. D. RES-00 30. Neme and eddress of parson who complated causa of death (Itam 23a) [Type, Print)

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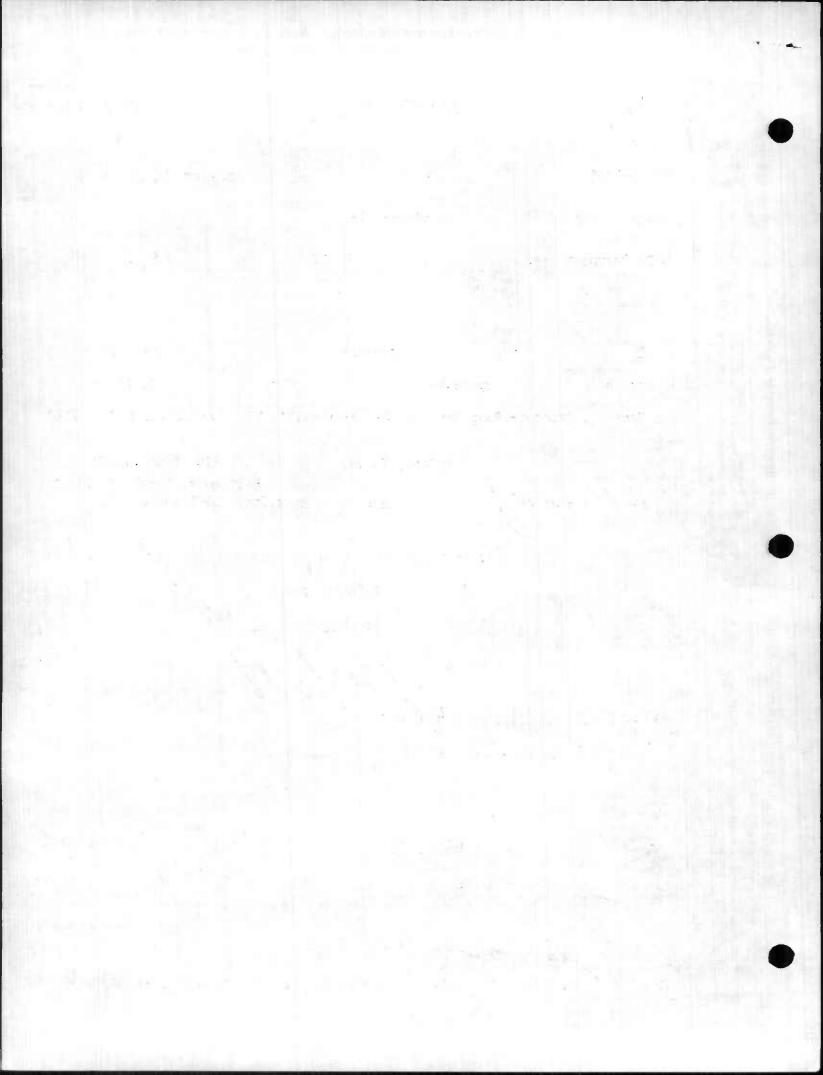
Davidson-Randall

32. Rasistrar's Signature

State Registrar Carhuasoma

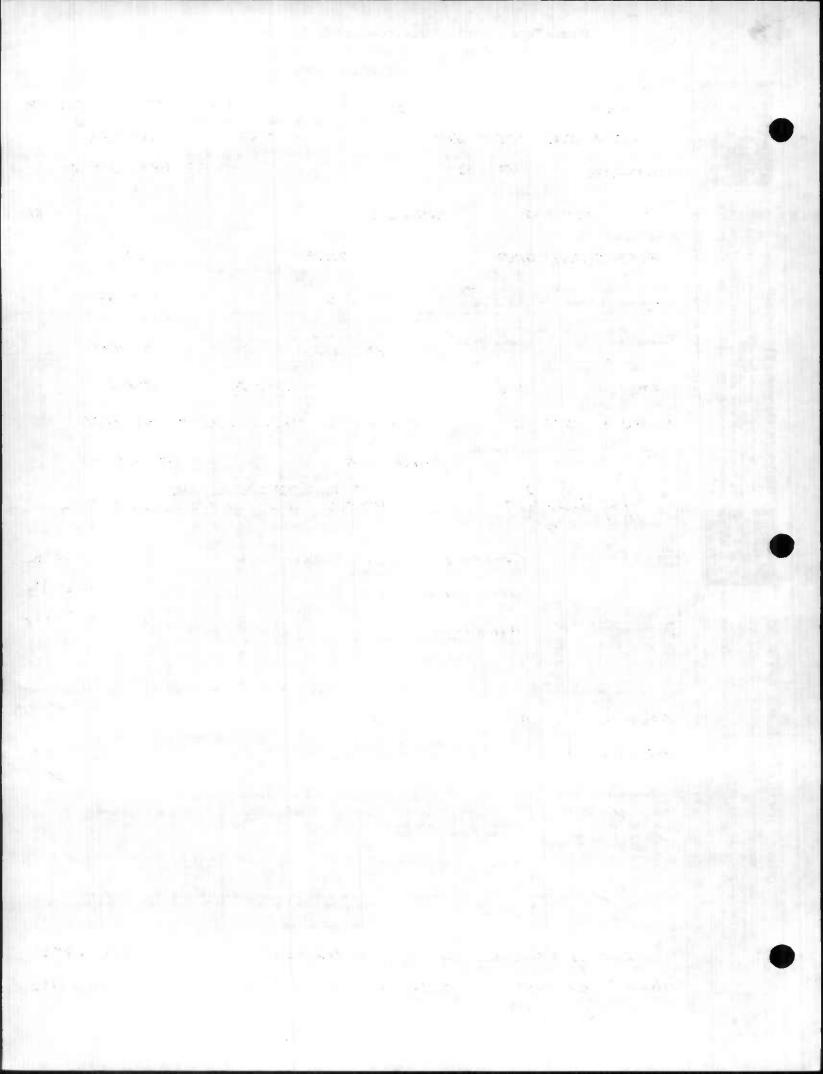
Data filed (Month, Day, Yaar)

JUN 3 0 1998



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month JUNE 27, 1998 **Physician** 3:40 AM BESSYE KAHN /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner BALTIMORE BALTIMORE MILFORD MANOR NURSING HOME 8. Deta of Birth Mooth, Day Year MAY 15, 1915 If Undar 24 Hrs. If Undar 1 Yaar 9. Birthplaca (Stata or Foreign 5. Social Security Number 7. Age (In vrs. last birthday) **Funeral** 1 M 2 X Months Days Hours MARYLAND 83 Yrs. Director 217-18-3169 Usual Rasidance of Decedant 10d. Inside City Limits 10a Stata 10b. County 10c. City. Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be not fed at BALTIMORE BALTIMORE 1 ☐ Yas 2 XX No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death with Department of Health and Mental Hygiene. Important: If Item 27 is marked other than """ any injury or other traumed. 21208 USA 98 RIVER OAKS CIRCLE Funeral 14. Raca - American Indian, Black, Whita, atc. Was Decedant Evar In U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 1 Yas 2 XX It Yas, Giva Yaar or Datas: 1 □ Navar Marriad 2 □ Married 1 Yas 2 RNe Specify: þ 3 □ Widowed 4 □ Divorced WHITE Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry 15. Dacadent's Education (Specify only highest grade completed) Elemantary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 12 18. Mothar's Nama (First, Middla, Maidan Surnama) 17. Fathar's Nama (First, Middla, Last) Be REBECCA UNKNOWN REUBEN KATZ 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) 98 RIVER OAKS CIRCLE, BALTIMORE, MD 21208 RICHARD M. KAHN/ SON 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Toprial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 6/28/98 SHAAREI ZION ROSEDALE, MD 22. Nama and Addrass of Facility SOL LEVINSON & BROS., INC. far the chases or complications that caused the death. Do not enter the mode of dying, such as card rheavy failure. Ust only one cause on each line. 8900 REISTERSTOWN RD; PIKESVILLE, MD 21208 Approximata Intarval Between Onsat and Daath Physician /Medical Immediata Causa (Final disaasa or conditior rasulting in daath) a. Cerebrus unsculur ACC. nowh Examiner Dua to (or as a consequence of): Physician/Medical Examiner Atrial 1. Brillation Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Causa (Disaasa or Injury that Initiated evants rasulting in daath) Last Dua to (or as a consequence of): Box 68760, c. Hypertungies Dua to (or as a consequanca of): 88 use a 23b. Did tobacco use contribute to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yee 2 No 3 Probably 4 Unknown Abult onsut Dichalas Mallitus Division of Vital Records, by 24b. Wara autopsy tindings available prior to complation of causa of death? 24a. Was an autopsy performed? Completed HYPO THYPUIDISM page 2 s certificate has 1 Yas 2 No 1 Yas 22 No or Attending Physician: 25. Was casa rafarred to madical axaminar? Be 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 10 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Data of Injury (Month, Day Yaar) funeral 27. Mannar of Daath 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Tima of Certification: 5 Panding invastigation Natural s aftar death. 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Sulcida 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 3 4 - Homicida within 24 hours a To the Funeral I Hospital 12 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. edical 29a. Cartifias compietaly 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29c. Licansa number 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certifiar 1998 029085 JUNC 27 1 chese 30. Nama and addrass of person who complated causa of daath (Item 23a) (Type, Print) 21133 J. Chincus 1.0 5310 OID COURT ROOD 32. Registrar scienatur Barrdson - Randall 31. Data filed (Month, Day, Year)
JUN 3 0 1998 State Registrar



State of Maryland / Department of Health and Mental Hygiene

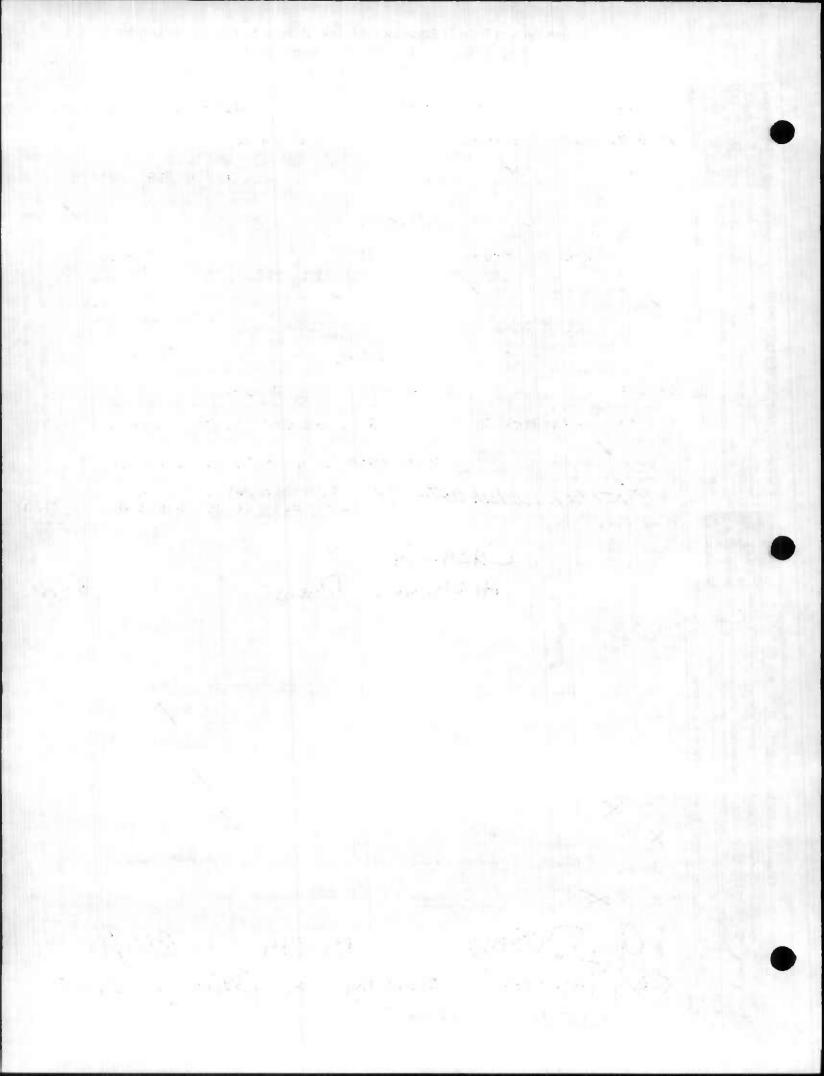
Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** Janina Lisiewicz June 23 1998 9:00 AM /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner 2005 E. Lombard Street Baltimore N/A If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 10 M 20 F Months Days Hours Min Yrs. Director N/A 12/ 04/13 Poland Usual Residence of Decadent permit. Pages 1 and 2 should be liled within 72 hours after death with the Maryland Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a or 28a-4 show any injury or other traumatic event, or a Medical Examiner must be not? and any 10c. City, Town or Location 10a. State 10b. County 10d. Inside City Limits 12 Yes 2 No MD N/A Baltimore Directo 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 2005 E. Lombard Street 21231 Canada Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Ongin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 11. Marital Status Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ₽ No Specify: Baltimore, Maryland 21215-0020 Specify: White by 3 ₩idowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Travel +4 Secretary 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Francis Stepianowski Unknown 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dr. Adam Lisiewicz/Son 2005 E. Lombard St. Baltimore MD. 21231 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Greenmount Crematory06/26 | Baltimore MD 21. Signature of Ednerel Service Licenses 22. Name and Address of Fecility David J. Weber Funeral Home 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate

Approximate

Approximate athleen Interval Between Onset and Death **Physician** Immediate Ceuse (Final disease or condition resulting in deeth) /Medical MEXIA Examiner Due to (or es e consequence of): Physician/Medical Examiner 12mms SEASS physician and is the burial transit the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting In deeth) Lasf Due to (or es e consequença of): Division of Vital Records, P.O. Box 68760, Due to (or as a consequence of) 88 nse nse Po signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 3 Probably 4 Unknown The law requires that by 24b. Were eutopsy findings available prior to 24a. Was an autopsy performed? Completed Deen completion of cause of death? certificate has b lirector, page 2 s 2 No Attending Physician: 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 1 Yes 2 10 3□ DOA Residence 6 Other (Specify) No 1 ☐ Inpatient 2 ☐ ER/Outpatient this funeral 28d. Describe how Injury occurred 28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? 27. Manger of Deeth 28b. Time of Certification: After 1 ANatural 2 Accident 5 Pending Investigation after death. Director: Aft 1 ☐ Yes 2 ☐ No n 24 hours after dea ne Funeral Director nletely filled in by th 6 Could not be 3 Suiclde 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 D Homicide ò Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier edicai To the Hosp within 24 hos To the Fune completely fi (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature 30. Name and add who completed cause of death (Item 23e) (Type, Print) 31. Date filed (Mooth, Dey, Year) 32. Registrar's Signature State Aulia Davidson JUN 3 0 199 Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Dey **Physician** 27, LESNICK 1998 6:25 pm LEONA JUNE /Medical 4b. City, Town, or Location of Deeth 4e Facility Neme (If not institution, give street end number) 4c. County of Death Examiner Timonium Baltimore Stella Maris Hospice Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number **Funeral** Deys Min 1 M 2 F Months Hours Yrs. West Virginia 09-21-1921 Director 216-20-3186 Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Meryland Department of Health end Mentel Hygiene. Important: If frem 27 is marked other than "natural", or itema 23a or 28a-f show any Injury or other traumatic event, the Medical Examinar must be nominated once. 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Directo Maryland Baltimore Parkville 10e. Street and Numbe 10f. Zip Code 10g. Citizen of Whet Country? Apt 2218

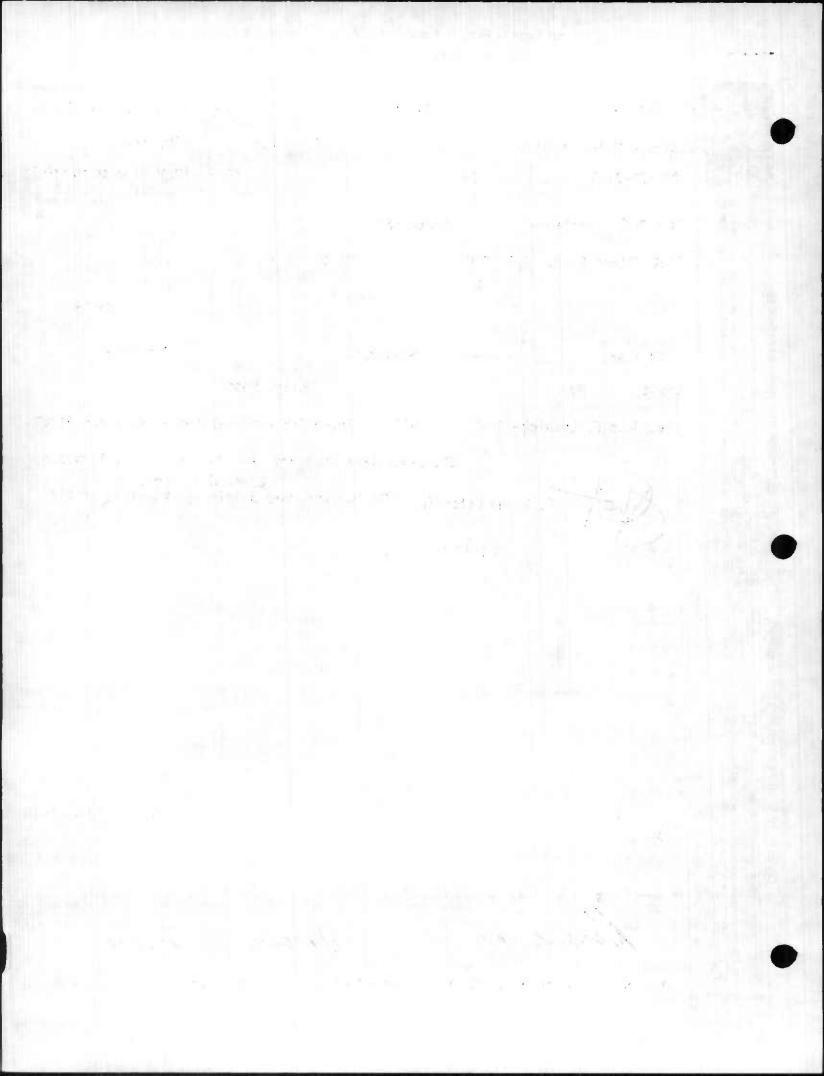
12. Wes Decedent Ever in U.S. Armed Forces?

1 Yes, Give U.S.A. Funeral 21234 8820 Wither Blvd Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Baltimore, Maryland 21215-0020 Specify: by 3 Widowed 4 □ Divorced Yeer or Detes White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Own Home Housewife 12 Years 18. Mother's Neme (First, Middle, Maiden Surneme) 17. Fether's Neme (First, Middle, Last) Be Lily Moses Lewis Myers 19a. Informent's Neme/Reletionship (Type, Pnint) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 5422 Old Frederick Road Baltimore, Maryland 21229 Rev. John F. Lesnick- Son 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Steta 20e. Method of Disposition 1X Buriai 2 ☐ Cremetion 3 ☐ Removei from Stete 7-1-98 Baltimore, Maryland 4 Donetion 5 Other (Specify) Stanislaus Cemetery 22. Name and Address of Facility Leonard J. Ruck, Inc. 21. Signature of Fuheral Service Licensee J. Wayne Osterling 5305 Harford Road Baltimore, Maryland 21214 e, or complications thet ceused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, List only one ceuse on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final OVARIAN CANCER diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): physician s the bunal Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) USB Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yas 2 No 3 Probably 4 Unknown þ should ! 24b. Were autopsy findings eveileble prior to completion of ceuse Completed 24e. Wes en eutopsy performed? s certificate hes b director, pege 2 s 1 Yes X No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica funeral director, 25. Wes cese referred to medical Be 26. Piece of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6X Other (Specify) HOSPICE 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 28a. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 XNeturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital or A within 24 hours after To the Funeral Direcompletely filled in by 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the cause(s) end manner stated. 29a. Certifier edical 29d. Date signed (Month, Dey, Year) 29b. Signature a 15504 thow a Ron. 6.29.18 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

State Registrar 31. Dete filed (Month, Day, Year) JUN 3 0 1998

EDDIE NAKHUDA, 2300 dulaney Valley Rd., Timonium, MD 32. Registrer's Signature ul Davidson-Randale

21093



State of Maryland / Department of Health and Mental Hygiene

|            |  |                  | Certificate of Death  | Reg  | g. No.   | 10064   |  |  |  |  |  |  |  |  |
|------------|--|------------------|---|--|--|---|--|--|--|--|--|--|--|--|
|            | Physici  | ian              | 1. Decedent's Name (First, Middle, Last)  1. Decedent's Name (First, Middle, Last)  | 2. Date of Death<br>Month                      |  | 3. Time of Death  |  |  |  |  |  |  |  |  |
|            | /Medi  |                  | 4e. Facility Name (If not institution, give street and number)  4b. City, Town, or L  | JUNE<br>ocation of Death                       | 4c. County of Deat                             | 3-16.   |  |  |  |  |  |  |  |  |
|            | , Examin   | iei              | HOLLY HILL MANOR, INC. BAL.   | TO   | BAL  | 70.   |  |  |  |  |  |  |  |  |
|            | Funeral<br>Director  |                  | 5. Social Security Number 6. Sex 1 Months 1 Min.  | 8. Date of Birth<br>(Month, Day, )<br>NOV • 15 | , 1906 Ma                                      | nplace (State or Foreign<br>unity)<br>ryland                      |  |  |  |  |  |  |  |  |
|            | hand wo  |                  | Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location   |  |  | 10d. inside City Limits   |  |  |  |  |  |  |  |  |
|            | a-f sh   | ctor             | Maryland Baltimore Rodgers Forge  |  |  | 1 ☐ Yes 2 No  |  |  |  |  |  |  |  |  |
|            | or 28  | Funeral Director | 10e. Street and Number 10f. Zip Code  | 100  | untry?   |   |  |  |  |  |  |  |  |  |
|            | a 23a  | erai             | 307 Dumbarton Road 21212  |  | U.S.A  |   |  |  |  |  |  |  |  |  |
| 5-0020     | iges 1 and 2 should be filed within 72 hours after death with the Maryland nt of Heelth and Mental Hygiene. If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumetic event, the Medical Examiner must be notified at | by               | 11. Marital Status  1 □ Never Married 2 □ Married  3 ☒ Widowed 4 □ Divorcad  12. Was Decedent Ever in U,S. Armed Forces?  1 □ Yes 2 ☒ No If Yes, Give Year or Dates:  13. Was Decedent of Hispanic Origin? (Si If Yes, specify Cuban, Mexican, Puerto 1 □ Yes 2 ☒ No Specify:   | o Rican, etc.)                                 | 14. Raca - Ame<br>Black, White<br>Specify: Whi | e, etc.   |  |  |  |  |  |  |  |  |
| 15-0       | 72 ho  | eted             | 15. Decedent's Education (Specify only highest grede completed)  16a. Decedent's Usual Occupetion (Give kind of work done during most of work life. DO NOT use retired)   | king 16  | 6b. Kind of Business/                          | ndustry   |  |  |  |  |  |  |  |  |
| 2121       | within ene.  | Completed        | Elementery/Secondary (0-12)  College (1-4or 5+)  Teacher  |  | Art  |   |  |  |  |  |  |  |  |  |
|            | a filed with<br>Il Hygiene.<br>other the   | Be C             |   | ne (First, Middle, Ma                          |  |   |  |  |  |  |  |  |  |  |
| ylar       | 2 should be filed within 72 hours<br>and Mental Hyglene.<br>a marked other than "natural",<br>aumatic event, tre Medical Exa   | To E             | Heinrich Ewald Buchholz Nellie  |  | oyne   |   |  |  |  |  |  |  |  |  |
| Maryland   | 12 sh<br>h and<br>h and<br>r is m  |                  | 19a. Informant's Name/Relationship (Type, Print)  Beverly Evans Lyons (daughter)  19b. Mailing Address (Street and Number or Ru 200 Murdock Road Balti  |  |  |   |  |  |  |  |  |  |  |  |
|            | Heelth<br>Hem 27<br>other tr   |                  | 20a. Method of Disposition  20b. Placa of Disposition (Name of cemetery, cremetory or other placa)  |  | Oc. Location - City or                         |   |  |  |  |  |  |  |  |  |
| mo         | Pages<br>net of I<br>mt: If its<br>iry or o  |                  |   | -26-98 W                                       | Woodlawn,                                      | Maryland  |  |  |  |  |  |  |  |  |
| Baltimore, | permit. Pages 1 end<br>Department of Heelth<br>Important: If Item 27<br>any injury or other to<br>once.  |                  | 21. Signature of Funeral Service Licensee  22. Name and Address of Facility Mitchell-Wiedefeld 6500 York Road Balt  | Home, Inc                                      | c.<br>arvland 21                               | .212  |  |  |  |  |  |  |  |  |
|            | 50 H   |                  | 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac shock, or heart failure. List only one cause on each line.   |  |  | Approximate<br>Interval Between                                   |  |  |  |  |  |  |  |  |
|            | Physician<br>/Medical<br>Examiner  | J.               | Immediate Cause (Final disease or condition resulting in death)  e. Metastatic Adam Caranoma of Bowel 31  Due to (or as a consequence of):  |  |  |   |  |  |  |  |  |  |  |  |
| _          | nsit   | Examiner         | b   | J_   | i  |   |  |  |  |  |  |  |  |  |
| 1          | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                  | Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury c.  |  |  |   |  |  |  |  |  |  |  |  |
| 6876       | 10 00 00 00 00 00 00 00 00 00 00 00 00 0   | edical           | Cause (Disease or injury that initiated events resulting in death) Lest  Due to (or as a consequenca of):   |  |  |   |  |  |  |  |  |  |  |  |
|            | ding p   | 5                | d   |  |  |   |  |  |  |  |  |  |  |  |
| Box        | death cer<br>e attendir<br>d for use   | Iclar            | Part II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  | ngh Did toh                                    |  | to the course of death 0  |  |  |  |  |  |  |  |  |
| P.0.       |  | Physician/       | Part II. Other algument conditions contributing to death out not resulting in the underlying cause given in Part I.   | 1 Type   | . /  | to the cause of death?  |  |  |  |  |  |  |  |  |
|            | law requires that the<br>as been signed by th<br>2 should be detache   | ρ                | Mus fur was ion   |  |  |   |  |  |  |  |  |  |  |  |
| Records,   | v raquire<br>been signal   | Completed        | V   | 24a. Was an performe                           | ad? 8  | Vere autopsy findings<br>vailable prior to<br>completion of cause |  |  |  |  |  |  |  |  |
| Rec        | The law<br>ate has t<br>page 2 s   | jdwo             |   |  |  | death?  |  |  |  |  |  |  |  |  |
| Vital      |  | Be Co            | 25. Was case referred to medical 26 Place of Defa   | 1 ☐ Yes  |  | Yes 2 No  |  |  |  |  |  |  |  |  |
| of V       | Physician:<br>r this certific<br>aral director,  | ToB              | examiner?   |  | ce 8 □Other (Spec                              | oity)   |  |  |  |  |  |  |  |  |
| o no       | 2 2 0  |                  | 27. Manner of Death 1° ☐ Naturel 5 ☐ Pending 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury Work? 28b. Time of Injury Work?  | 28d. Describe how                              | injury occurred                                |   |  |  |  |  |  |  |  |  |
| Division   | To the Hospital or Attending F<br>within 24 hours after death.<br>To the Funeral Director: After<br>completely filled in by the funer  | Certification:   | 2 Accident investigation 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)   | 28f. Location (Stre<br>City or Town,           | et end Number or Ru<br>Stete)                  | ral Route Number,   |  |  |  |  |  |  |  |  |
|            | e Hospital   | edical C         | 29a. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and provide the control of the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and place are control of the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and place are control of the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and place are control of the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and place are control of the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place are control of the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place are control of the basis of examination and/or investigation. | and due to the cau<br>red at the time, date    | se(s) and manner as<br>e and piaca, and due    | stated.<br>to the cause(s)  |  |  |  |  |  |  |  |  |
|            | To the within 2 To the comple  | M                | 29b. Signature and title of certifier 29c. License number   | 290  | d. Date signed (Month                          | (Day, Year)   |  |  |  |  |  |  |  |  |
|            |  |                  | 1 ream y. July 1110 D 2264  | > 4  | 6/24/  | 98  |  |  |  |  |  |  |  |  |
|            | C  |                  | 30 Name and address of person who completed cause of death (Item 23a) (Type, Print)  REDRIC SIRKS MID. 7151 HOLAGIRE  | AVI.   | BALTO.   | MD. 21222   |  |  |  |  |  |  |  |  |
|            | Sta  | te               | 31. Date filed (Month, Day, Year)  32. Registran's Signature  WIN 3 0 1998  | - 11-0   | 12-10  | 3 - 000   |  |  |  |  |  |  |  |  |

R O

State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death MATTHEWS Month 26 JUNE pm 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death OF MARILAND MEDICAL SYSTEM

oer 6. Sex 7. Aga (In yrs. last birthday) III BALTIMORE If Undar 1 Yaar | If Undar 24 Hrs. Birthplaca (State or Foreign Country) Data of Birth (Month, Day, Year) Days Hours \* 1 □ M 20XF 81 Aug. 4, 1916 UK Usual Residence of Decedent 10h County 10c. City, Town or Location 10d. Inside City Limits Brackley Hallsline 1 Yes 2 No 10f. Zip Code 10g. Citizen of What Country? 25 Godwin Ct. NN136B0 UK 12. Was Decedant Ever in U,S. Armed Forces? Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - Amarican Indian, Bleck, White, etc. 1 ☐ Yes 2 ☐ No if Yes, Give Yaar or Datas: Nevar Married 2 ☐ Marriad 1 ☐ Yes No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Nurse Healthcare 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Herbert F. Matthews Ethel May Fuller 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 16 Linden Road North Hampton, England NN32JJ Herbert Matthews / Brother 20b. Place of Disposition\_Name of cemetery, crematory, or other place) 20c. Location - City or Town, Stata UN RAGUN 1 ☐ Burial 2 ☐ Cremation ★ Removal from State Brackley Church Yard, UK 4 ☐ Donation 5 ☐ Other (Specify) Brackley, UK 21. Signature of Funeral Servica Licensee Victor P. Doda, Jr. 22. Name and Address of Facility Charles L. Stevens Funeral Home, Inc. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.

Appl. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate interval Between Onset and Deeth CHANGE OF PROPERTY BEAUTY Due to (or as e consequence of) Due to (or as a consequence of)

**Physiclan** /Medical Examiner

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Completed

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Certification:

Medical

**Physician** 

/Medical

Examiner

<sub>o</sub>Funerai

Director

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other traumatic event,

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked oths any Injury or other traumatic avera-

The Medical Examiner

Director

Funeral

À

Completed

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the Maryland

death with

filed within 72 hours after

21215-0020

Maryland

altimore,

UNIVERSITY

10a. State

UK

11. Marital Status

12

20a. Method of Disposition

10e. Street and Number

5. Social Security Number

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events rasulting In death) Last Physician/Medical

Immediate Cause (Final

disease or condition resulting in death)

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24b. Wera autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of deeth?

1 Yes 2 No 26. Place of Death (Check only ona)

1 ☐ Yes 2 ☐ No

1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28c. Injury at Work?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

RESTACLE

28f. Location (Street and Number or Rural Route Number, City or Town, State).
5531 Jeffersun Blvd.

(Check only one)

29a. Certifie

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the bests of exeminetion and/or investigation, in my opinion, deeth occurred at the time, dete end placa, end due to the cause(s) and manner stated.

29b. Signature end title of cartifiar

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Chiu, M.S. SHOCK TRAWNA CENTER BALTIMORE, MARYLAND 2/20/

State Registrar

Ivision of Vital Records, P.O. Box 68760, attending physician certificate be that the death the The law After this Bulgue 9

1 Natural 2 Accident 3 Suicide 4 Homicide

27. Manner of Death

25. Wes case referred to medical

6 Could not be determined

5 Pending invastigation

28a. Date of Injury (Month, Day Year)

June 26 1998 4

28b. Time of

1 ☐ Yes 2 No

tall

29d. Date signed (Month, Day, Year)

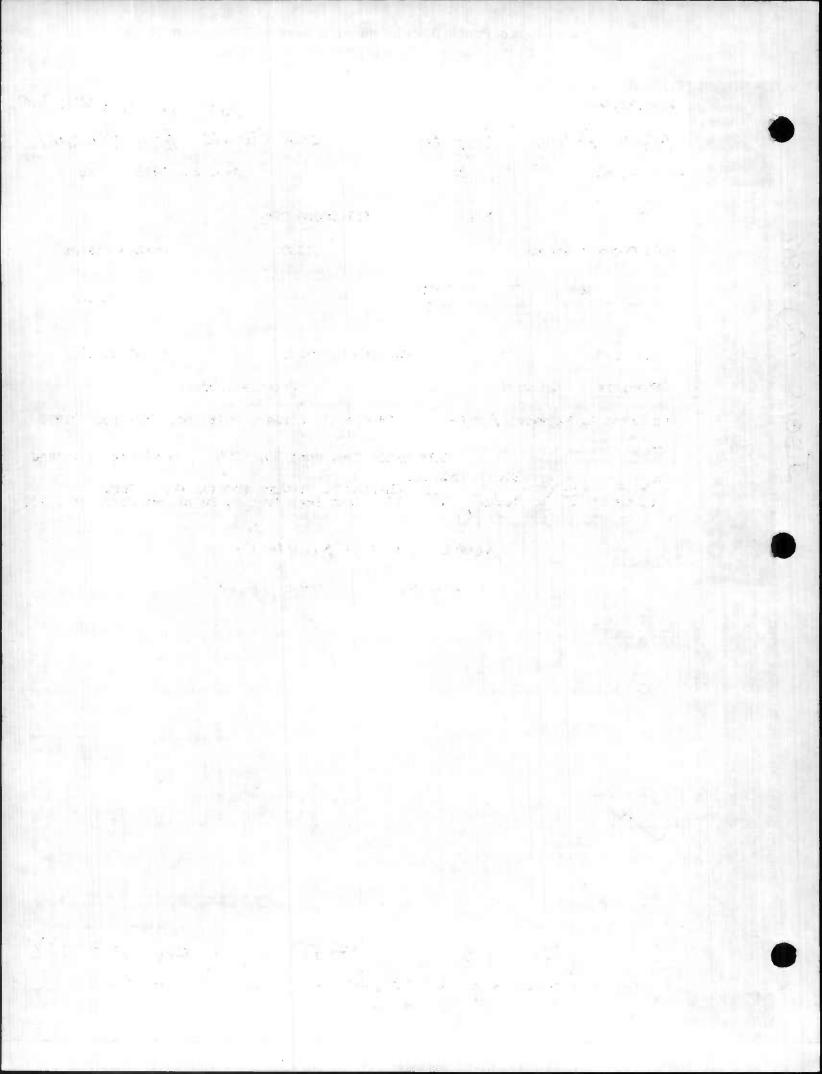
29c. License number

int it the statement that it don't

State of Maryland / Department of Health and Mental Hygiene () Certificate of Death 2 Data of Death 3. Time of Death 1. Decedent's Nama (First, Middle, Last) Month 2:45 Am **Physician** Joseph Majewski lune /Medical 4c. County of Death 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not Institution, give straet and number) **Examiner** GIEN BURNIE ARunde, orta HRUNde If Under 1 Year | If Under 24 Hrs. Birthplece (State or Foreign Country)
 MD 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Days Hours XXM 2 F 85 Yrs 215-03-6268 20, 1913 Director Usual Residence of Decedent 10d. Insida City Limits 10a. Stata 10c. City, Town or Location -woule item 27 is marked other than "naturel", or items 23s or 28s-f show other traumetic event, the Medical Examiner must be notified as Yas 2 No Baltimore City MD N/A Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21230 United States 1204 Cooksie Street Funeral 14. Raca - American Indian, Black, Whita, etc. 12. Was Dacedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 11 Meritel Stetus XXYas 2 □ No Navy If Yas, Giva Year or Detes: WWII 1 Navar Married Married 1 ☐ Yas 2X No Specify: Specify: White p 3 ☐ Widowed 4 ☐ Divorced WWII Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grada completed) Elamentery/Secondery (0-12) Collega (1-4or 5+) nd Mental Hygiene. marked other than 8th Grade N/A manufacturing Machine Operator 17. Father's Nema (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Surnama) Be 2 should be fi end Mental I Stanislaus Majewski Frances Bubczyk 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 19a. Informant's Name/Reletionship (Type, Print) Peges 1 end 2 s Department of Health er Important: If item 27 is 1204 Cooksie Street, Baltimore Maryland Catherine A. Majewski / Wife 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, State 20a Mathod of Disposition 1 X Burial 2 ☐ Cramation 3 ☐ Ramoval from Steta any injury or Holy Cross Cem. June 30, 1998 Baltimore Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Sarvice Licensaa Victor P. Doda, Jr. 22. Nama and Addrass of Fecility Charles L. Stevens Funeral Home, Inc. 1501 East Fort Avenue, Baltimore Maryland 21230 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each limit Approximete Intervel Batween Onset and Death Physician ENCEPHAND PATH Immediata Causa (Final disaase or condition resulting in deeth) /Medical Examiner Examiner sician and burial-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaasa or injury Box 68760 attending physician Physician/Medical thet initieted evants Due to (or as a consequanca of): as the rasulting in death) Last signed by the at d be detached to P.O. Part II. Other afgnificant conditions contributing to death but not resulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, à 24b. Wara autopsy findings aveilabla prior to completion of cause of deeth? 24e. Wes en autopsy performed? Completed hes 20 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical axaminar? Be 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Inpatiant Certification: To 1 Yas 2 ER/Outpatient 3 DOA Aftar this 28d. Dascribe how injury occurred 27. Menner of Deeth 28a. Deta of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 1 Dietural 5 Panding invastigation 1 TYas 2 No deeth. To the Hospital or Attendit within 24 hours after deeth. To the Fundral Director: A 2 Accident 6 Could not be datarmined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, ferm, streat, factory, offica building, atc. (Specify) 4 Homicida 1 Certifying Physicien: To the best of my knowledga, death occurred at the time, date end place, and dua to the cause(s) and manner es stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated. Medical 29a, Cartifian (Check only one) 29c. License number 29b. Signature and title of certified ath (Item 23a) (Type, Print) Signature State

Registrar

Majewsk



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Day Year **Physician** Elizabeth Maisel JUNE 28, 1998 10:00am /Medical 4e Fecliity Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Future Care Cherrywood Reistertown Baltimore 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** Months Deys Hours 1 □ M 2 □ F Yrs. 148-01-5094 85 Director DEC 31, 1912 Pennsylvania Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryland nent of Health and Mental Hygiena int: if Item 27 is marked other than "naturel; or items 23a or 28a-f show ary or other traumatic event, the Nedical Examinat must be notified at 10c. City, Town or Location 10d. Inside City Limits 10a State 10h Counts Baltimore MD Randallstown 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3708 Cassen Road 21133 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2\( \) No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, 11 Maritai Stetus Black, White, etc. 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Specify: Specify: White þ 3 Widowed 4 □ Divorced Completed 15. Decedent's Education 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Housewife Own Home 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be William Curran Emma Harbolsheimer 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3708 Cassen Rd. Randallstown, MD 21133
ace of Disposition (Name of Date 20c. Location - City or Town, State Frederick C. Maisel, III/son 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 1 Bunal 2 Cremation 3 Removal from State permit. Page Department of Important: if any Injury or Lorraine Park Cemetery 7/1/98 4 ☐ Donetion 5 ☐ Other (Specify) Woodlawn, MD 21. Signature of Funeral Service Lie MacNabb Funeral Home, P.A. MacNabb Funeral Home, P
301 Frederick Rd. Baltin

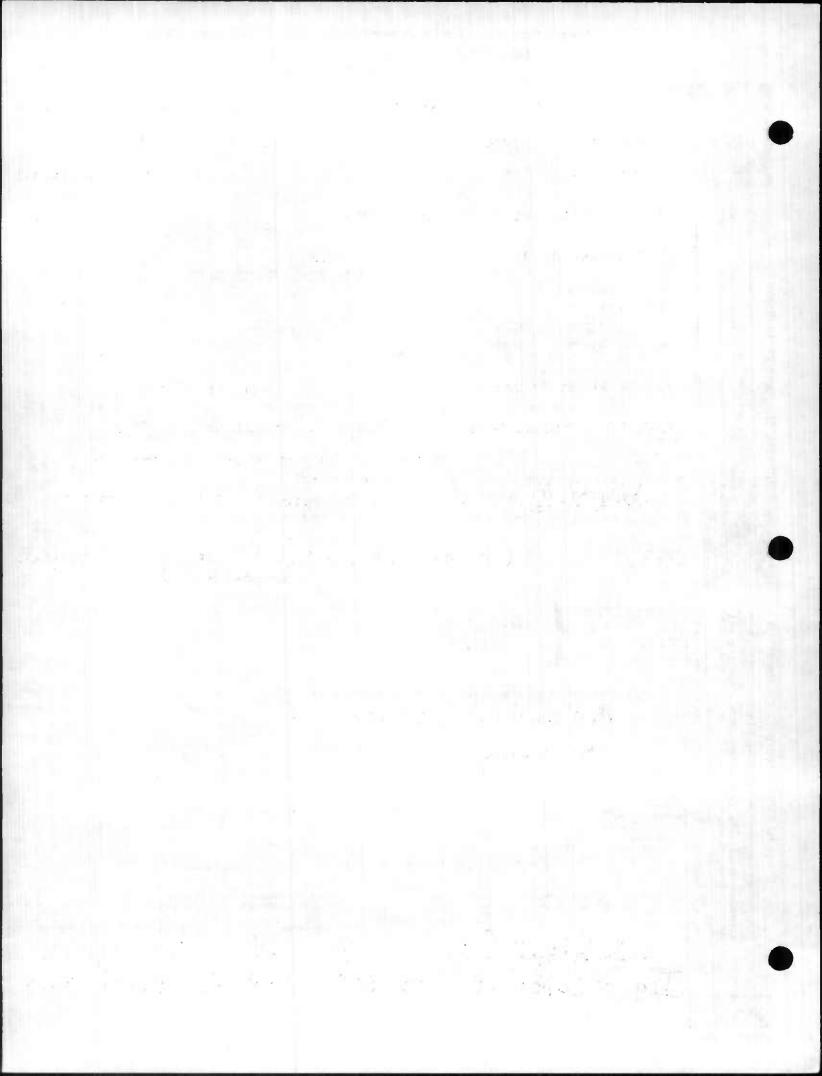
23a. Part. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one ceuse on each line. 301 Frederick Rd. Baltimore, MD 21228 Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in deeth) 10 48 Q13 Examiner Physician/Medical Examiner The law requires that the death certificate be associated at thes been signed by the ettending physician and page 2 should be detached for use as the burial-fransit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In deeth) Lest Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, Due to (or es e consequença of). Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Nes 2 No 3 Probably 4 Unknown 01 þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy completion of cause of death? After this certificate hes funeral director, page 2 2 No 1 Yes 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case referred to medicel examiner? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA the funeral 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Neturel daath. 1 ☐ Yes 2 ☐ No 2 Accident s after death 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide To the Hospital of within 24 hours at To the Funeral E completaly filled 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical (Check only one) 29d. Date signed (Month, Dey, Year) 29c. License number 29b. Signature and title of certifier 30. Name and ad of person who mpieted ceuse of death (Item 23a) (Type, Print) old Court RQ. 5310 31. Date filed (Month, Day, 32. Registrar's Signature

which Davidson-Bandale

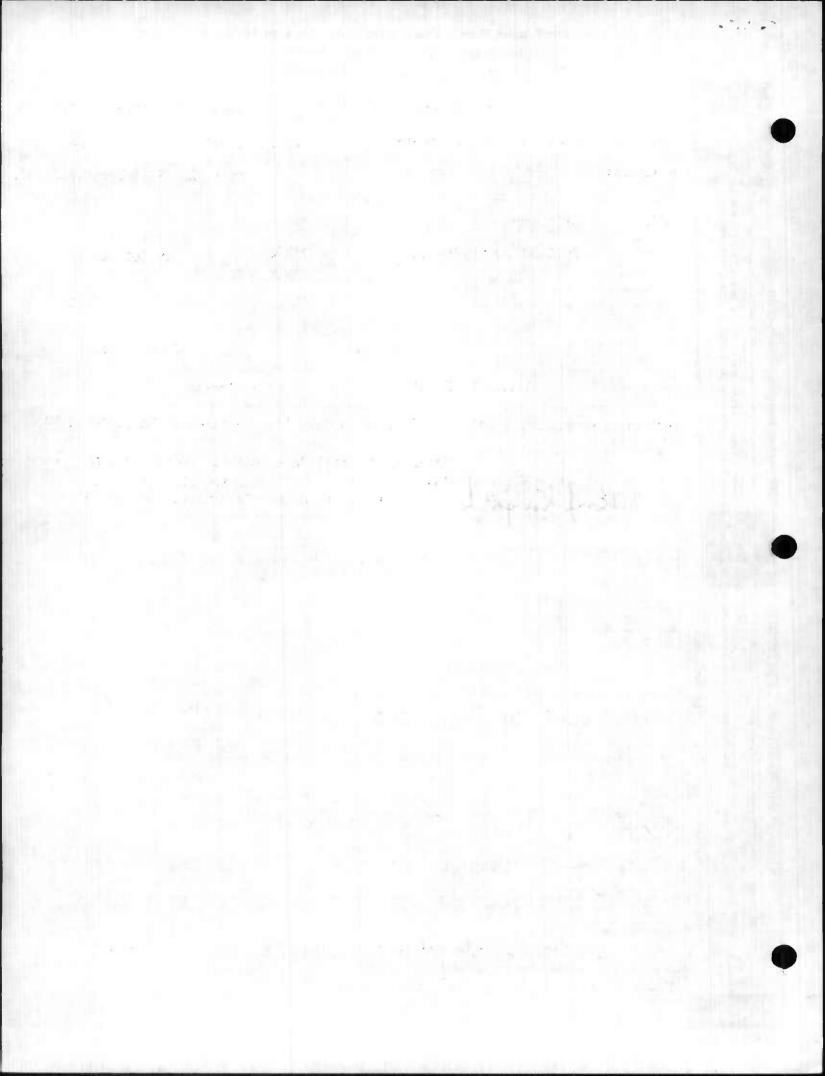
State Registrar

JUN 3 0 1998



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|   |   |                           |   |                          |  | , , , , ,                   | (          | Certifica   | ate of               | Death                          | F  | leg. No.  | 5  | .0068  |  |
|---|---|---------------------------|---|--------------------------|--|-----------------------------|------------|---|----------------------|--------------------------------|--|---|--|--|--|
|   | <b>5</b> 1 - 1 1  | _                         | 1. Decedent's Name (Fir   | st, Middle, La           | st)  |                             |            |   |                      |                                | 2. Dete of Dea<br>Month  | th<br>Dev   | Year                                     | 3. Time of Death                                   |  |
| п   | Physiçiar<br>/Medica  | Waltrico Foward Wordan Sr |   |                          |  |                             |            |   | June                 | 26, 19                         |  | 7:16 a.m.   |  |  |  |
|   | Examine   | -                         | 4e Fecility Name (If not  | institution, giv         | ve street and numb   | oer)                        |            |   |                      | 4b. City, Town, or             | Location of Death  | 4c. County of   | ot Death                                 |  |  |
|   |   |                           | Johns Hopk  |                          |  |                             |            |   |                      |                                | ore City   |   |  | N/A  |  |
|   | Funeral<br>Director   |                           | 5. Sociel Security Number 213-03-994 ( Usual Residence of Dec   | 2                        | Sex 7.<br>1 X M 2 □ F  | Age (In yrs                 |            | Month   | der 1 Year<br>s Days |                                | . (Month, De)  |   | 9. Birthp<br>Coun<br>Cri                 | lace (State or Foreign try) Sfield, Md.            |  |
|   | ahow<br>ed at   | -                         |   |                          |  |                             |            |   |                      |                                |  |   | Od. inside City Limits                   |  |  |
|   | vith the Mary   | ector                     | Md .  | Balt                     | imore  |                             |            | 10f   | Ove                  | rlea                           |  | l0g. Citizen of W   | hat Coun                                 | 1 ☐ Yes 2 🕅 No                                     |  |
|   | ath with  | 5                         |   | 7003                     | 03 Willowdale Avenue 21206   |                             |            |   | Unite                | d Sta                          | States   |   |  |  |  |
| d 21215-0020<br>filed within 72 hours after death with the Manyland | *netural; or frame 23a or 28a-f ahov<br>coffeel Examine must be notified at   | 2                         | 11. Marital Status  1 Never Married  3 X Widowed 4  |                          | 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: |                             | 0,5.       |   | 2 No                 |                                | Specity Yes or No-<br>to Rican, etc.)  | 14. Race - American Indian,<br>Black, White, etc.  Specify: White |  |  |  |
| 5-0   | 72 h  | Completed                 | 15. (Specify or   | Decedent's E             | ducation<br>ade completed)   |                             | 1          | Decedent's Usual Occupation<br>(Give kind of work done during most of working |                      |                                |  | 16b. Kind of Bu   | siness/Inc                               | dustry   |  |
| 121   | han.  |                           | Elementary/Secondary  |                          | College (1-4   | or 5+)                      |            |   | use retire           | od)                            | 9.0  | Shipbui   |  | na   |  |
| 2   | should be filed within and Mental Hygiene.  marked other than imatic event, the Market Than Imatic event.   |                           | 10<br>17. Fether's Neme (First,   | Middle I asi             | e)   |                             |            | Rigge   | :T'                  | 18 Mother's Na                 | me (First Middle   | ne (First, Middle, Maiden Sumame)                                 |  |  |  |
| Maryland  | nntal H<br>ed out   | ă                         | Tr. 1 dividi 3 Notito (1 1/3)   | rendone, Last            | William  | A. Mo                       | organ      |   |                      |                                | J. Parks   | Walder Commun.  | 0)                                       |  |  |
| 7   | end Ment<br>is marked<br>aumetic  | -                         | 19e. Informent's Name/F   | Reletionship (           |  |                             |            |   | ess (Stree           |                                | ural Route Numbe   | r. City or Town.  | State. Zip                               | Code)  |  |
| Ma  | 0 0 0 0   |                           | Maurice E.  |                          |  | 1)                          |            |   |                      | ale Ave.                       |  | re, Mar   |  |  |  |
| re,   | other tr  | -                         | 20a. Method of Disposition  | on                       |  | 20b.                        |            | Disposition (for crematory of   |                      |                                | Date   | 20c. Location -   | V  |  |  |
| OE .  | Pages<br>nent of<br>int: if ite<br>iry or o   |                           |   |                          |  | are                         |            |   |                      |                                | 5/30/98  | Raltimo   | re I                                     | Maryland   |  |
|   | permit. Page<br>Depertment of<br>Important: If<br>any injury or<br>once.  |                           | Moreland Memorial Park 6/30/98 Baltimore, Maryland  21. Signeture of Funerel Service Licensee Milton, J. Knight Jr  22. Name and Address of Facility  22. Name and Address of Facility  Leonard J. Ruck, Inc. |                          |  |                             |            |   |                      |                                |  |   |  |  |  |
| -   |   | +                         | 23a. Part. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart tailure. List only one cause on each line.        |                          |  |                             |            |   |                      |                                |  |   |  |  |  |
|   | Physician   |                           | shock, or heart tail  | ire. List only           | one cause on eac   | in line.                    |            |   |                      | 31                             |  |   |  | Approximete<br>Interval Between<br>Onset and Death |  |
|   | /Medicai  |                           | Immediate Cause (Finel  |                          | (1.0   | 10                          | hod        | +   | (                    | 2.0                            | n.:  |   |  |  |  |
| 1   | Examiner  |                           | disease or condition resulting in death)  |                          | a. UVV   | Vivic                       | 0 D ST     | ructi   | ve 1                 | umon                           | my Du  | Have  | 1  |  |  |
|   | <u> </u>  | 5                         | Due to (or as a consequence of):  |                          |  |                             |            |   |                      |                                |  |   |  |  |  |
|   | of physician and as the bunal kaning  |                           | Sequentially list conditions.  Due to (or as a consequence of):   |                          |  |                             |            |   |                      |                                |  |   |  |  |  |
| 0   | Series II   |                           | if any, leading to immediate cause. Enter Underlying  |                          |  |                             |            |   |                      |                                |  |   |  |  |  |
| 68760,  | ate be<br>hysici  | 2                         | Cause (Disease or injury<br>that initiated events<br>resulting in deeth) Last   | 1                        | C  | Due to (                    | or es a co | nsequence o   | f):                  |                                |  |   | 1  |  |  |
| 39 x  | The law requires that the deeth certificate be executed taken been signed by the attending physician and page 2 should be detached for use as the bunal kansi commissed by Dhyelrian Madinal Eventi | d                         |   |                          |  |                             |            |   |                      |                                |  |   |  |  |  |
| Вох   | ires that the daeth cert<br>signed by the attendin<br>d be detached for use<br>d by Dhyelrlan/Nu  | 2                         | Part II Other significant   | anditions of             | antribution to doct  | th hout mat rea             | audtina In | the underbie  |                      | von in Dart I                  | 22h Did+   | oheooo usa con  | telbuto t                                | the cause of double                                |  |
| P.O.  | by the datached   | 3                         | Part II. Other significant  | conditions               | contributing to deat   | n but not re                | suiting in | ne undenyin<br>∩ 1  | g cause g            | ven in Part I.                 | 23b. Did tobacco use contribute to the cause of  1 □ Yes 2 □ No 3 ℙ Probably 4 □ U |   |  |  |  |
| ď.  | gned be det   | 7                         | adult   | mae                      | t duary  | eles mellitus               |            |   |                      |                                |  | 20110   | 0 110                                    | outly v_oimitom                                    |  |
| Records,  | been sig<br>should b  |                           |   |                          |  |                             |            |   |                      | 24a. Was                       | en eutopsy<br>med?   | 24b. W  | ere autopsy findings<br>alleble prior to |  |  |
| 00  | s been 2 should   |                           |   |                          |  |                             |            |   |                      |                                | perior   | ,   | CO                                       | mpletion of cause deeth?                           |  |
| æ   | ysician: The law requir s certificata has been s director, pege 2 should  | 5                         |   |                          |  |                             |            |   |                      |                                | 10   | es 2 No   | 1[                                       | Yas 212 No   |  |
|   |   |                           | 25. Was case referred to  | medical                  |  |                             | ,          |   |                      | 26. Place of De                | eth (Check only o  | ne)   |  |  |  |
| >   | Physician:<br>rthis certific<br>rral director,  |                           | examiner?<br>1 ☐ Yes 2 ☑ No   |                          | Hospitel:  | patient 2                   | ER/Out     | petient 3   | DOA Ot               | her: 4 Nursing                 | Home 5 ☐ Resid   | lenca 6 🗆 Othe  | er (Specif                               | (y)  |  |
| on of   | g age   |                           | 27. Manner of Death  1 Netural 5 [ 2 Accident   | Pending<br>Investigation |  | Injury<br>Day Year)         | 28b. Ti    | me ot<br>ury<br>M   | 28c. Inju<br>Wo      | iry et<br>ork?<br>] Yes 2 □ No | 28d. Describe h  | now injury occurr   | ed                                       |  |  |
| Division  | To the Hospital or Attending P within 24 hours effar death. To the Funeral Director: Affar t completely filled in by the funeral Madical Cartification:   | 2000                      |   | Could not be determined  | 200. Place 0   | Injury - At<br>, etc. (Spec | home, fan  | n, street, fact   | ory, office          |                                | 28f. Location (Street and Number or Rural Route Number,<br>City or Town, State)    |   |  |  |  |
|   | To the Hospital or within 24 hours effe To the Funeral Dir completely filled in Madical Carl  | 5                         | 29a. Certifier 1  | Certifying Pt            | hysician: To the be  | est of my kn                | owledge,   | deeth occurr  | ed at the t          | ime, date and plac             | a, and due to the  | ceuse(s) end ma   | nner as s                                | tated.   |  |
|   | in 24<br>he F.  | 5                         | (Check only 2   1   | viadical Exa             | minar: On the basi<br>and manne  | r stated.                   | ation and  | or investigati  | on, in my            | opinion, death occ             | urred et the time,   | Date and place, a   | ina due to                               | र रा <b>e cause</b> (\$)                           |  |
|   | Within To the   |                           | 29b. Signature and title  | of certifier             | 1 1  | 01                          | 1 4        |   |                      | se number                      |  | 29d. Date signed  | (Month,                                  | Day, Year)   |  |
|   | 4.)   |                           | B   | rodh                     | rd 2.  | rha                         | MI         | W   | D                    | 45568                          |  | 6/2"  | 9/91                                     | 8  |  |
|   | H   |                           | 30. Name and address o  | person who               | completed cause  | of death (I                 | m 23e) (1  | ype, Print)   |                      |                                | 11 11 1  |   | 1  |  |  |
|   |   |                           | 4524 Bel  | airki                    | ord F  | alto                        | M,         | > 3/3.  | 36                   |                                |  |   |  |  |  |
|   | State   |                           | 31. Date filed (Month, Da   |                          | 32 Reg   | pistrar's Sign              | nature.    | ndata   |                      |                                |  |   |  |  |  |
|   | Registrar   |                           | JUN 3   | 0 1998                   | July   | - transfer                  | 101 -10    |   |                      |                                |  |   |  |  |  |



#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1 Decedent's Name (First Middle Last) 2. Date of Death Month Dev NICHOLAS CHARLES BURKE MUDD, SR. June 23, 1998 2:00 AM 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Baltimore City B. Date of Birth (Month, Dey, Year) 109 Bellemore Road 9. Birthplace (Stete or Foreign If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 110 M 2□ F Months Deys Yrs. 225-09-8557 Usual Residence of Decadent Dec. 2, 1922 Maryland 10d. Inside City Limits 10c. City, Town or Location 10a. State 10b County 1 N Yes 2 No Maryland N/A Baltimore City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 109 Bellemore Road 21210 USA 14. Raca - American Indien. 12. Was Decedant Ever in U,S. Armed Forces? 1 ∑ Yes 2 □ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 Never Married 2 Merried 1 Yes 2 No Specify: White 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 5+ Civil Engineer Construction 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) Richard Edelen Mudd Sarah Jane Burke 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Name/Reletionship (Type, Print) 109 Bellemore Road, Baltimore, Maryland 21210 of Disposition (Neme of Date 20c. Location - City or Town, State Virginia Battle Mudd (Wife) 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 4 ☐ Donation 5 ☐ Other (Specify) Prospect Hill Cemetery 6/26/98 Towson, Maryland 21. Signature of Funeral Service Reenage Martin D. Derwson 22. Name and Address of Facility Mitchell-Wiedefeld Home Plattin D. Dawson 6500 York Road, Baltimore, Maryland 21212 23a. Pentl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximately a such as cardiac or respiratory arrest, Approximately a such as cardiac or respiratory arrest, Approximately a such as cardiac or respiratory arrest, Intervel Between Onset and Death Immediete Cause (Finel disease or condition resulting in death) Ischenic Cartiomy pet Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in deeth) Lest Due to (or es a consequença of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Insulia Dependent Diabete Mellitu 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? Chronic Renal Insuffrering / End Stage Renal Duewe 1 ☐ Yes 2 No 25. Was case referred to medical exeminer? 26. Plece of Death (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 Rasidenca 6 ☐ Other (Specify) 1 Yes 2 No 1 fnpatient 2 ER/Outpatient 3 DOA 28a. Deta of Injury (Month, Dey Year) 27. Menner of Deeth 28c. injury et Work? 28d. Describe how Injury occurred 28b. Time of 5 Pending investigation 1 Naturel 2 Accident 1 Yes 2 No

Examiner Physician/Medical Division of Vital Records, P.O. Box 687 p Completed i certificate has b lirector, paga 2 s Be Certification: To

funeral director,

**Physician** 

/Medical

Examiner

Directo

Funeral

p

Completed

Be

**Funeral** 

Director

the Maryland

Pages 1 and 2 should be filed within 72 hours after death with nent of Health end Mental Hygiena. Int: if Item 27 is marked other then "natural", or items 23a or inty or other treumatic event, the Magical Examines must be an any or other treumatic event, the Magical Examines must be a

permit. Page Department of Important: If ony injury or once.

Physician

/Medical Examiner

Baltimore, Maryland 21215-0020

or Attending Physician: After this 24 hours after deat Funeral Director: filled in by Hospital To the within 2

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Registrar

edical

Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and menner es stated.

— Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end placa, and dua to the cause(s) and manner stated. 29b. Signature and title of pertifier

29c. License number

D41476

29d. Date signed (Month, Day, Year)

June 23, 1998

28f. Location (Street end Number or Rurei Route Number, City or Town, Stete)

1. NO 30. Neme and address of person who completed cause of deeth (item 23e) (Type, Print)

Raymond W. Wilson, 31. Dete filed (Month, Dey, Year) M.D., 6565 North Charles Street, Towson, Maryland 21204 32. Regisfrer's Signeture

JUN 3 0 1998

6 Could not be determined

3 Suicide

29a. Certifier

4 Homicide

(Check only one)

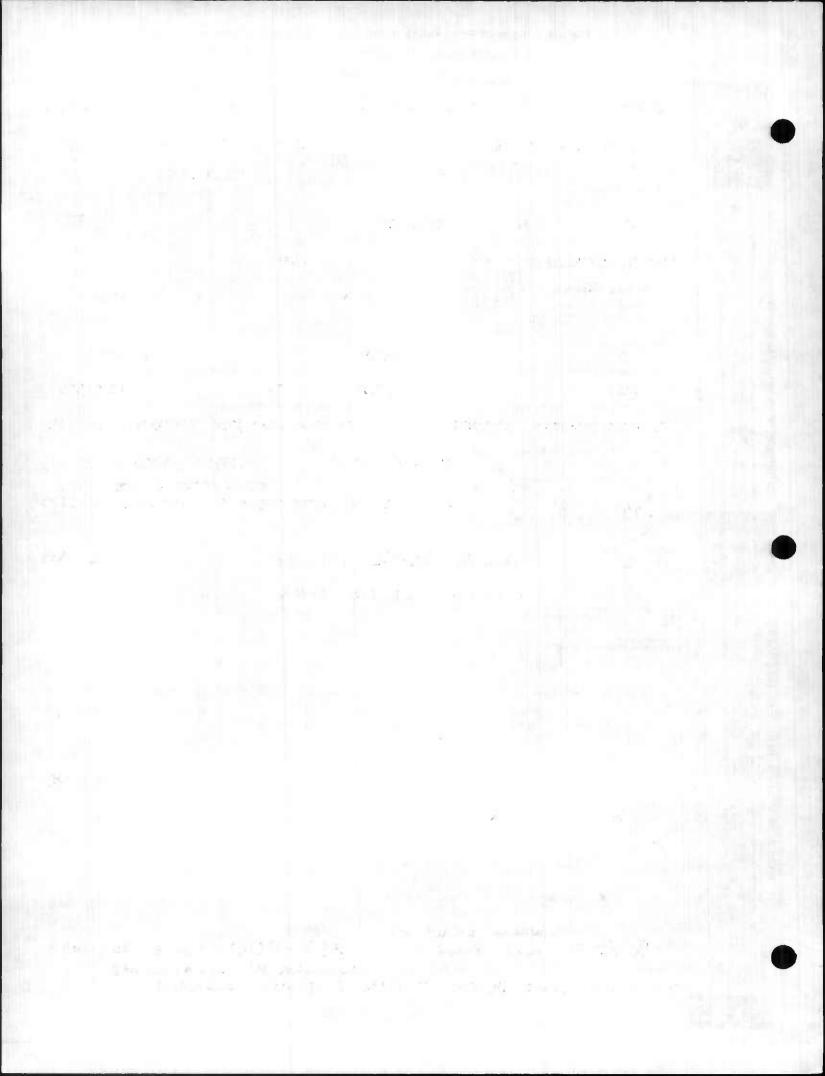
Julie Deviden Rondesse

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

man and a single good of the

State of Maryland / Department of Health and Mental Hygiene

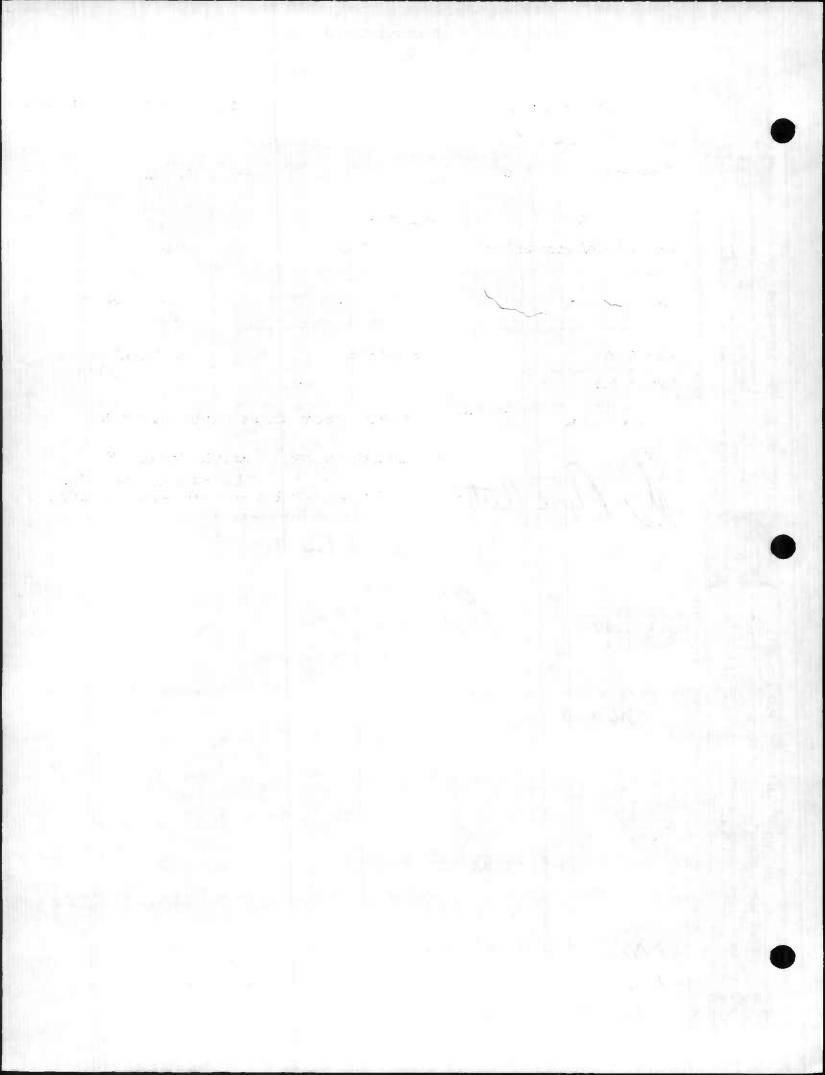
|   |   | The Assure  |   | Certifica                       | te of i   | Death                 |                                 | eg. No.          | 6.00                                 | 10              |  |  |  |  |
|---|---|---|---|---------------------------------|---|-----------------------|---------------------------------|------------------|--------------------------------------|-----------------|--|--|--|--|
| Physician   |   | 1. Decedent's Nama (First, Middle, Last)  JAY  NEWMEYER   |   |                                 |   |                       | 2. Date of Dear<br>Month        | Day              | Yaer                                 | ne of Death     |  |  |  |  |
| /Medical  | 4b City Town or location of Death   |   |   |                                 |   |                       |                                 |                  |                                      | 80 AM_          |  |  |  |  |
| Examiner  | JOHNS HOPKINS HOSPITAL  BALTIMORE CITY BALTIMORE  |   |   |                                 |   |                       |                                 |                  |                                      |                 |  |  |  |  |
| Funeral   | 5. Social Security Number 548–38–9664   |   | Sex 7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs.  Months Deys Hours Min. |                                 |   |                       |                                 | Year)<br>1928    | 9. Birthplece (S<br>Country)         | tata or Foraign |  |  |  |  |
| Director  |   |   | 69  | 116.                            |   |                       | DEC.II,                         | 1928             | (                                    | OK              |  |  |  |  |
| with the Meryland a or 28a-f show be notified.  | Usual Residence of Decedent  10e. Stete 10b. County 10c. City, Town or Location                           |   |   |                                 |   |                       |                                 |                  |                                      |                 |  |  |  |  |
| Me de   | MD  | N/A   | ВА  | LTIMORE                         |   |                       |                                 | t⊟Yes 2□Ne       |                                      |                 |  |  |  |  |
| outh the Me<br>tor 28s-f s<br>be notified   | 10e. Street end Number  |   |   | 10f. Z                          | p Code  |                       | 1                               | 0g. Citizan of W | hat Country?                         |                 |  |  |  |  |
| 23a c   | 1190 W. NORTH   | EDM DKMV #  | 704   |                                 |   | 21210                 |                                 | II               | S.A.                                 |                 |  |  |  |  |
| r items 23a   | 11. Maritai Status  | 12. Wes Dece  | dent Evar in U,S  | i. 13. Was Dec                  | 13. Was Decedent of Hispenic Origin? (If Yas, specify Cuban, Maxican, Pue |                       | pecify Yes or No-               | 14. Race         | - American Indi                      | en,             |  |  |  |  |
| 0 1   | 1 ☐ Never Married 2 N<br>3 ☐ Widowed 4 ☐ Divorce  | arried 1 Tes  | Armed Forces?  1 ☐ Yes 2 ☐ No If Yes, Give Yaer or Detes:                                   |                                 |   |                       | Specify:                        |                  | WHITE                                |                 |  |  |  |  |
| 'netural',<br>olical Exe<br>etect by  |   | ent's Education   |   | 16e. Decedent's Us              | uel Occup   | ation                 |                                 | 16b. Kind of Bu  | siness/industry                      |                 |  |  |  |  |
| - 93  | (Spacify only hig   | hest grede completed)   | 1 0 1   | (Give kind of w<br>lifa. DO NOT | ork done i<br>use retired   | during most of world) | king                            |                  |                                      |                 |  |  |  |  |
| The Mo  | Elementery/Secondery (0-12  | ?) College (1-  | -40r 5+)  | MODEL                           |   |                       |                                 | FASHION          |                                      |                 |  |  |  |  |
| marked other<br>marke svant, i<br>marke svant, i  | 17. Fether's Nama (First, Midd  | le, Last)   |   |                                 |   | 18. Mother's Nerr     | ne (First, Middle,              | -                |                                      |                 |  |  |  |  |
| t of Health and Mental Hyg If Item 27 is marked other or other traumatic systic, To Be C      | JOHN  |   |   | TOLMAN LYDIA                    |   |                       |                                 |                  | MITCHE                               | T.              |  |  |  |  |
| marks<br>T  | 19a. Informent's Name/Relationship (Type, Print)  19b. Melling Address (Street and Number or              |   |   |                                 |   |                       |                                 | r City or Town   |                                      | 212             |  |  |  |  |
| Tien  |   |   |   |                                 |   |                       |                                 |                  |                                      | 1010            |  |  |  |  |
| frem 27<br>other t  | S. MYRON NEW  | MEYER (HUSE   |   | 1190 W.                         |   | BERN PKWY             |                                 |                  | E, MD 2.<br>City or Town, Ste        |                 |  |  |  |  |
| int: If he  | 1 Suriai 2 Cramatic   | n 3 Removel from 5  | CO  | metery, cremetory or            | other ple   | 1                     |                                 | 200. Location    | Oity of Town, Oil                    | ,,,,            |  |  |  |  |
| ant:  | 4 ☐ Donation 5 ☐ Other  | (Specify)   | BALT  | IMORE HEB                       | REW   | 1                     | 6/29/98                         | BALTIM           | ORE, MD                              |                 |  |  |  |  |
| Department of Important: If any injury or pnce.   | 21. Signature of Funerel Servi  |   | OS., IN   |                                 |   |                       |                                 |                  |                                      |                 |  |  |  |  |
|   | 220 Part Stor the disease   | 23e Part Inter the diseasa, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, and respire to the caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, and respire to the caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, and respire to the caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, and respire to the caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, and respire to the caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, and respire to the caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, and respire to the caused the deeth. |   |                                 |   |                       |                                 |                  |                                      |                 |  |  |  |  |
|   | shoot, or reert failure. L  | Interval Between Onset and Deeth  |   |                                 |   |                       |                                 |                  |                                      |                 |  |  |  |  |
| nysician  | Immediate Cours /Final  |   |   |                                 |   |                       |                                 |                  |                                      |                 |  |  |  |  |
| /ledicai<br>aminer  | diseese or condition  | . Acı   | ITE !   | RENAL                           | FAI   | LURE                  |                                 |                  | 6 1                                  | SYA             |  |  |  |  |
|   | Dua to (or as e consequence of):  |   |   |                                 |   |                       |                                 |                  |                                      |                 |  |  |  |  |
| ial-transit   | CIRRHOSIS OF THE LIVER  |   |   |                                 |   |                       |                                 |                  |                                      |                 |  |  |  |  |
| p) trans  | Sequentielly list conditions,   | Sequentielly list conditions, if any, laading to immadiete cause. Enter Underlying Cause, Dissess or Injury   |   |                                 |   |                       |                                 |                  |                                      |                 |  |  |  |  |
| physician and<br>the burial-transit<br>dical Examin   | f any, laading to immadiete cause. Enter Underlying   |   |   |                                 |   |                       |                                 |                  |                                      |                 |  |  |  |  |
| s the bur   | Ceuse (Disease or Injury that initiated events resulting In death) Lest  Due to (or es e consequence of): |   |   |                                 |   |                       |                                 |                  |                                      |                 |  |  |  |  |
| _ = 4   |   |   |   |                                 |   |                       |                                 |                  |                                      |                 |  |  |  |  |
| nsa V   |   | d   |   |                                 |   |                       |                                 |                  |                                      |                 |  |  |  |  |
| the attending the for usa   | Pert II. Other significant cond   | itions contributing to de   | ath but not resul   | Iting in the underlying         | cause div   | ven in Pert I.        | 23b. Dld to                     | obacco uae cor   | tribute to the c                     | use of death?   |  |  |  |  |
| 5 a 4   |   |   |   |                                 | 1 Yes 2 No 3 P  |                       |                                 |                  |                                      | 4 Unknow        |  |  |  |  |
| da da   |   |   |   |                                 |   |                       |                                 |                  | ,                                    | X               |  |  |  |  |
|   |   |   |   |                                 |   |                       | 24e. Wes                        | en eutopsy       | 24b. Wera aut                        | opsy findings   |  |  |  |  |
| page 2 should   |   |   |   |                                 |   |                       | perfor                          | med?             | aveileble<br>completion<br>of death? | n of cause      |  |  |  |  |
| 2 2 2   |   |   |   |                                 |   |                       |                                 |                  | OI Geatil?                           |                 |  |  |  |  |
| irector, page 2 s<br>director, page 2 s   |   |   |   |                                 |   |                       | 1 U Y                           | as 2□No          | 1 🗆 Yes                              | 2) No           |  |  |  |  |
| Sector Be   |   |   |   |                                 |   |                       | th (Check only or               | na)              |                                      |                 |  |  |  |  |
| .00   | 1 Yes 20 No   | Hospitel: 1   | npatient 2 E  | R/Outpetient 3□ t               | OA Oth  | ner: 4□ Nursing H     | oma 5□ Resid                    | ence 6 Othe      | er (Specify)                         |                 |  |  |  |  |
|   |   | ding 28e. Dete of   | of Injury<br>h, Dey Year)   | 28b. Tima of<br>Injury          | 28c. Injur  | y et<br>rk?           | 28d. Describe h                 | ow Injury occurr | ed                                   |                 |  |  |  |  |
| y the fu  | 2 Accident Inve   | stigation   |   | М                               |   | Yes 2□No              |                                 |                  |                                      |                 |  |  |  |  |
| by th   | 3 ☐ Suicide 6 ☐ Cou   | id not be 28e. Piece  | of Injury - At hor  | me, farm, street, fecto         | ory, office   |                       | 28f. Location (S<br>City or Tow |                  | er or Rural Route                    | Number,         |  |  |  |  |
| Par Par   | Tiomolog  | Dullan  | ig, etc. ( <i>Specily</i> )   |                                 |   |                       | Ony or Ton                      | ii, Olaley       |                                      |                 |  |  |  |  |
| To the Funeral Director: After the completely filled in by the funeral Medical Certification: | 29a. Certifier (Check only one) Certification   | ying Physician: To the  | sis of exeminetic   |                                 |   |                       |                                 |                  |                                      | use(s)          |  |  |  |  |
| To the  |   | end mann  |   | 6 4.2                           | Do Licens   | se number             | т,                              | 20d Date signer  | d (Month, Day, Y                     | oer)            |  |  |  |  |
| 9 9   | 29b. Signeture and title of cert  |   | LECATE  | 5, MD 2                         |   |                       |                                 |                  |                                      |                 |  |  |  |  |
| ~/  | 1. W.   | HOUSE !   | CHILER  |                                 | KE  | 5-00                  | 0                               | 3076             | 26, 19                               | 48              |  |  |  |  |
| 8   | 30. Neme end address of pers  | 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) WILLIAM W. LECATES, MD   |   |                                 |   |                       |                                 |                  |                                      |                 |  |  |  |  |
|   | TOWER 110   | JOHNS HO  | PKINS   | HOSPITAL                        |   |                       |                                 |                  |                                      |                 |  |  |  |  |
| State   | 31. Dete filed (Month, Day, Ye  |   | egistrar's Trans  | ore -                           |   |                       |                                 |                  |                                      |                 |  |  |  |  |
| Registrar   | 11  | IN 2 0 1000 1   |   | Naudan Ro                       | ndo DD  |                       |                                 |                  |                                      |                 |  |  |  |  |



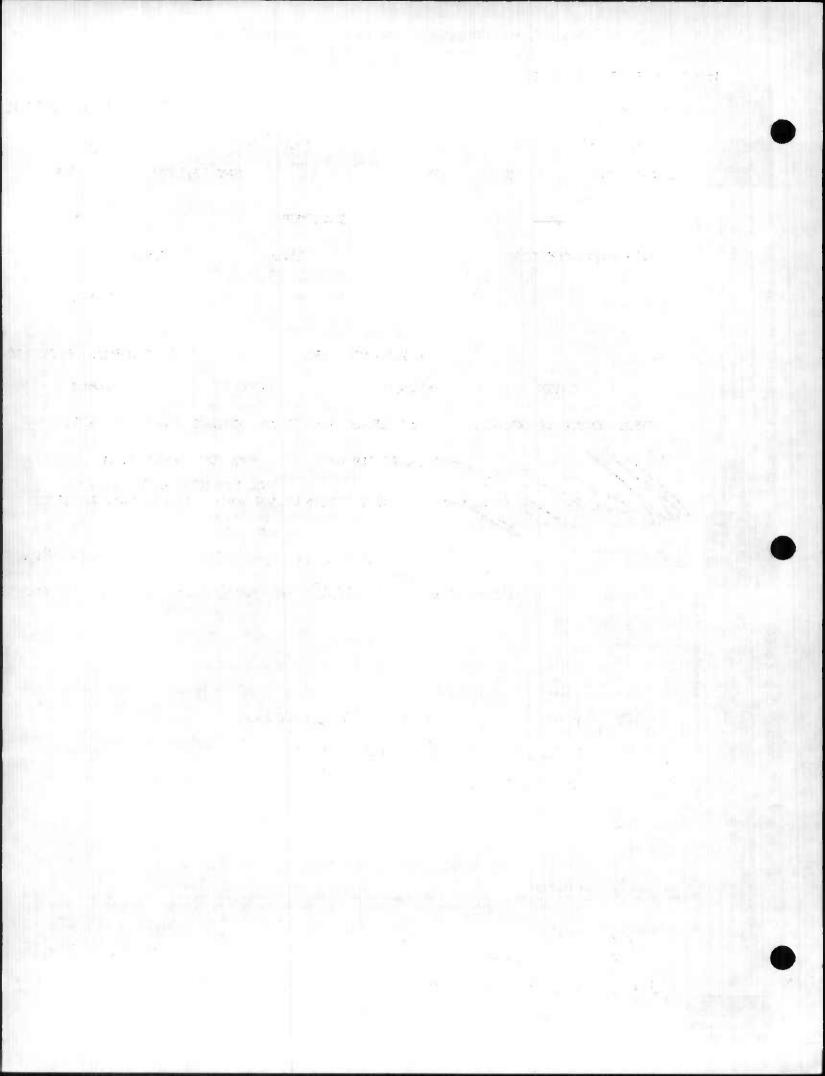
State of Maryland / Department of Health and Mental Hygiene

|  |                              |  |                         |                         |                                 | Ce   | rtificat           | e of      | Death                |                 |   | Reg. No.                            |                                |           |  |
|--|------------------------------|--|-------------------------|-------------------------|---------------------------------|--|--------------------|-----------|----------------------|-----------------|---|-------------------------------------|--------------------------------|-----------|--|
|  |                              | 1. Decedenf's Nam  | a (First, Middla, Li    | ist)                    |                                 |  |                    |           |                      |                 | 2. Data of De<br>Month                                  | _                                   |                                | Voer      | 3. Time of Deeth                         |
| Physicia<br>/Medic   |                              | Mary Robbie Nicholson  |                         |                         |                                 |  |                    |           |                      |                 | June 2  | 2, Day                              | 998                            | Year      | 2:45p.m.                                 |
| Examine  |                              | As Coulder Name (If yet institution give street and graphed)   |                         |                         |                                 |  |                    |           |                      |                 | 4c. C   | ounty o                             | of Death                       |           |  |
|  | 201 N. Washington Street Bal |  |                         |                         |                                 |  |                    | Balti     | more                 |                 |   | n/a                                 | 1                              |           |  |
| Funeral  |                              | 5. Social Security N   |                         | Sax                     | 7. Aga (In yrs                  | s. last birthday   | If Undar<br>Months | 1 Yaar    |                      | 24 Hrs.<br>Min. | 8. Data of Bir<br>(Month, Da                            | th<br>V Yaar)                       |                                | 9. Birthp | laca (Stata or Foreign<br>try)           |
| Director   |                              | 228-16-6   | 5913                    | 1□ M 2√€                | M 2XX 77 Yrs.                   |  |                    |           | 110013               | Will to         | Dec. 1  | 6, 19                               | 20                             | NC.       |  |
| · g  |                              | Usual Rasidanca o  |                         |                         | 40. 6                           | × =  |                    |           |                      |                 |   |                                     |                                |           |  |
| aryla.   | اي                           | 10a. Stata   | 10b. County             |                         |                                 | City, Town or L  |                    |           |                      |                 |   |                                     |                                | 1         | 0d. Insida City Limits 1 XX as 2 □ No    |
| Sa-f   | 5                            | Md.  | n/a                     |                         |                                 | Baltimo  |                    |           |                      |                 |   |                                     |                                |           | 10-25-25                                 |
| 5-0020 72 hours after death with the Meryland netural; or items 23s or 28s-f ehow  | Funeral Director             | 201 N. W   | mber<br>Nashingto       | n Stree                 | t                               |  | 10f. Zip<br>212    |           |                      |                 |   | 10g. Citize                         | en of W                        | hat Coun  | try?                                     |
| ma 2   | Jers                         | 11. Marital Status   |                         | 12. Was Dec             | edant Evar in                   | U,S. 13.   | Was Deced          | dant of   | Hispanic Ori         | igin? (Sp       | ecify Yas or No   | - 14                                |                                |           | an Indian,                               |
| or the   |                              | 1 Nevar Marr   | iad 2 Married           | 1 🗆 Yas                 | Armed Forcas?<br>1 ☐ Yas 2 ☐ No |  | _                  |           | ban, Maxicar         |                 | Hican, atc.)  |                                     |                                | , Whita,  |  |
| 005<br>purs a  | by                           | <b>3</b> €Widowed  | 4 Divorced              | If Yas, Gi<br>Yaar or D |                                 |  | 1 ☐ Yas            | XX        | Specify:             |                 |   | 5                                   | specity:                       | Bla       | ck                                       |
| 21215-0020 d within 72 hours al jiene. r than "natural", or the Weden Error  | Completed                    | /Spec  | 15. Decedant's E        | ducation                |                                 | 16a. Dece  | dant's Usua        | al Occu   | pation<br>during mos | t of work       | ina   | 16b. Kind                           | 16b. Kind of Businass/Industry |           |  |
|  | npidu                        | Elementery/Seco  |                         | College (               |                                 | lifa.  | DO NOT us          | sa retir  | during mos           |                 |   |                                     |                                |           |  |
| d 212<br>filled with<br>Hygiene.<br>ther than  | S                            | 12th Gra   |                         |                         |                                 | Beaut  | cician             | 1         | 1                    |                 |   | Self                                | -Em                            | ployed    |  |
| aryland 212:<br>should be filed within<br>and Mental Hygiene.<br>marked other than<br>imatic event, the M                                      | Be                           | 17. Fathar's Nama  |                         | 1)                      |                                 |  |                    |           |                      | ar's Nama       | a (First, Middla  | , Maidan S                          | umame                          | ) unk     | nown                                     |
| Paryla<br>2 should I<br>and Men<br>is marke  | P                            | Robert M   |                         |                         |                                 |  |                    |           | Mary                 |                 |   |                                     |                                |           |  |
| C 4 4 4  |                              | 19a. Informent's Name/Ralationship (Type, Print Cousin Dorothy Carter  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Z 1545 Fort Dupont St. SE Washington DC. 20   |                         |                         |                                 |  |                    |           |                      |                 |   |                                     |                                |           |  |
| 1 and 1 health   |                              |  |                         |                         |                                 |  |                    |           |                      |                 |   | 20c. Location - City or Town, Stata |                                |           |  |
| Baltimore,<br>semit. Pages 1 s<br>separtment of He<br>mportant: if Item<br>ny injury or othe<br>ance.  |                              | 20a. Mathod of Dis   |                         | Ramovei from            | Stata                           | Place of Disposition (Nama of cematary, cramatory or other p |                    |           |                      | 1               | Data  |                                     |                                |           | wn, Stata                                |
| P P P P  |                              | 1 Reurial 2 Cramation 3 Ramovel from Stata 4 Dopation 5 Other (Specify)  Md. National Cemetery June 29 Laurel, I   |                         |                         |                                 |  |                    |           |                      |                 |   |                                     |                                |           |  |
| Baltimore, N permit. Pages 1 and Department of Health Important: If Item 27 eny Injury or other to   |                              | 21. Signature of Funeral Service Licensaa  22. Nama and Addrass of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, Md. 21216   |                         |                         |                                 |  |                    |           |                      |                 |   |                                     |                                |           |  |
| m 89 E 2 a   |                              |  |                         |                         |                                 |  |                    |           |                      |                 |   |                                     |                                |           |  |
|  |                              | 23a Part Enter t   | he diséasa, or con      | plications that         | caused tha da                   | ath. Do not en   | tar tha mod        | ta of dy  | ring, such as        | cardiac         | or respiretory e  | rrest,                              |                                |           | Approximete intervei Between             |
| Physician  |                              |  |                         |                         |                                 | 1  | 1                  | 1         |                      | _               |   |                                     |                                |           | Onsat and Death                          |
| /Medical   |                              | Immediata Causa (Final disease or condition rasulting in daeth)  a. Myo Cardu al In Farction  Due to (or, es a consequence of):  |                         |                         |                                 |  |                    |           |                      |                 |   |                                     |                                |           |  |
| Examiner   |                              |  |                         |                         |                                 |  |                    |           |                      |                 |   |                                     | -                              |           |  |
| 7 -  | Examiner                     |  |                         |                         |                                 |  |                    |           |                      |                 |   |                                     |                                |           |  |
| ),<br>menuted<br>al-transit  | am                           | Sequantially list conditions,  |                         |                         |                                 |  |                    |           |                      |                 |   |                                     |                                |           |  |
| 60,  | ŭ                            | Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or righty) that initiated events  Due to (or as a consequence of):  The tight of the conditions of the condition |                         |                         |                                 |  |                    |           |                      |                 |   |                                     |                                |           |  |
|  | edical                       |  |                         |                         |                                 |  |                    |           |                      |                 |   |                                     |                                |           |  |
|  | Med                          | rasulting in death) Last A y our hole, sterolemia  |                         |                         |                                 |  |                    |           |                      |                 |   |                                     |                                |           |  |
| Box<br>eth cert<br>ottendin<br>for use   | 2                            | d 1 1 p 4 - 5/1 / 0 5 1 - 1  |                         |                         |                                 |  |                    |           |                      |                 |   |                                     |                                |           |  |
| P.O. BOX that the deeth cer ed by the ettendin deteched for use  | by Physician                 | Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.   |                         |                         |                                 |  |                    |           |                      | 1.              | 23b. Did tobacco use contribute to the cause of death   |                                     |                                |           |  |
| P.O. that the ed by the deteche  | , h                          | 10.1   | 1                       |                         |                                 |  |                    |           |                      |                 | 10  | Yes 2X                              | No                             | 3 Pro     | bably 4 Unknow                           |
| es that igned be det   | 7                            | 1 ne   | mia                     |                         |                                 |  |                    |           |                      |                 |   |                                     |                                |           |  |
| Records,   | 8                            |  |                         |                         |                                 |  |                    |           |                      |                 | 24e. Was  | en eutops<br>ormad?                 | у                              | 24b. W    | ara autopsy findings<br>ailabla prior to |
| aw requ  | Completed                    |  |                         |                         |                                 |  |                    |           |                      |                 | part  | J. 1110 G                           |                                | CO        | mplation of cause daath?                 |
| Rec<br>The law<br>ate hes b  | E                            |  |                         |                         |                                 |  |                    |           |                      |                 | 10  | Yas 2K                              | lNo                            | 1[        | Yas 20 No                                |
| Vital Re- licien: The law certificate hes rector, pege 2   |                              | 25. Was casa refer   | rad to medical          |                         |                                 |  |                    |           | 26 Place             | a of Deat       | h (Check only   |                                     |                                |           | 7,                                       |
| of Vital Re  | To Be                        | axaminar?<br>1 ☐ Yas 2 ☐   | 1                       | Hospitat:               | Inpatiant 2[                    | ☐ ER/Outpatie  | nt 3 DC            | DA O      | ther                 | ursing Ho       | V   | dance 8                             | □Otha                          | r (Specif | (v)                                      |
| Phys<br>r this<br>eral di  |                              | 27. Mapnar of Deat   |                         | 28a. Data               | of Injury                       | 28b. Tima  |                    | 28c. Inj  |                      | arong ric       | 28d. Dascribe   |                                     | -                              |           | ,,                                       |
| Division or Attending after death. Director: After i in by the fune  | 5                            | 1 Natural 2 Accidant   | 5 Panding invastigation |                         | ith, Day Year)                  | Injury   | М                  |           | ork?<br>]Yas 2□      | No              |   |                                     |                                |           |  |
| Viten deal ctor.   | 1 <u>ca</u>                  | 3 Suicida  | 6 Could not I           | 00 - 01-                | e of Injury - At                | homa, farm, si   | traat, facton      | v. office | 1                    |                 | 28f. Location (Street and Number or Rural Routa Number, |                                     |                                |           |  |
| Div Jor /  | Certification:               | 4  Homicide  | dotamme                 | build                   | ing, atc. (Spec                 | cify)  |                    |           |                      |                 | City or To  | wn, Stata)                          |                                |           |  |
| pital<br>ours<br>ours<br>filled  | 0                            | 29a. Cartifier   | 1 Certifying P          | nyelclan: To the        | best of my kr                   | nowledge, deal   | th occurred        | at fha    | tima, data ar        | nd place.       | and dua to tha  | causa(s) a                          | and mar                        | nnar as s | tated.                                   |
| Division o  To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral | edicai                       | (Check only one)   | 2 Medical Exa           | miner: On tha b         |                                 |  |                    |           |                      |                 |   |                                     |                                |           |  |
| o the  | Ž                            | 29b. Signeture end   | title of certifiar      |                         |                                 |  | 290                | c. Licar  | nsa number           |                 |   | 29d. Data                           | signed                         | (Month,   | Day, Year)                               |
| F 3 F 8  |                              | 17.  | 20                      | LAND                    | Hh                              | 0  | D                  | 46        | 444                  |                 | 29d. Data signed (Month, Day, Year)                     |                                     |                                |           |  |
| 6  | Tuna / Com sea               |  |                         |                         |                                 |  |                    |           |                      |                 |   |                                     |                                |           |  |
|  |                              | 30. Name and addr  | 7                       |                         | se or death (Ite                | em 238) (Type  | () al a            | an        | 5 57                 | 4               | Baltin  | 100                                 | MI                             | 21.       | 21/                                      |
|  |                              | 31. Data filed (Mon  |                         | verez                   | Registrer's Sign                | nature   | VITE               | 06/1      | 5 -1                 | 1 1             | ) · [[1/]]  | OF I                                | 110                            | 410       | 47                                       |
| Stat<br>Registra   | _                            | JUN  | 3 0 1998                | July                    | Davidso                         | n-Rande  | 32                 |           |                      |                 |   |                                     |                                |           |  |
| J  |                              |  |                         | 6.1                     |                                 |  |                    |           |                      |                 |   |                                     |                                |           |  |

DHMH 16 Rev 6/95



|                   | Itom   | #10 per FH G760 6/30/98 EW Certificate of Death  | Reg. No.  |  |  |  |  |  |  |  |  |  |
|-------------------|--|--|---|--|--|--|--|--|--|--|--|--|
|                   |  | 1. Decedent's Name (First, Middle, Last)   | 2. Date of Death 3. Time of Death   |  |  |  |  |  |  |  |  |  |
| -10               | Physician<br>/Medical  | 1 / A TOP 1  | Tune 20, 1998 12:21 am  |  |  |  |  |  |  |  |  |  |
|                   | Examiner   | 4h City Town or  | r Location of Death 4c. County of Death   |  |  |  |  |  |  |  |  |  |
|                   |  | Sinal Hospital Bulti   | S. 8. Date of Birth 9. Birthplace (State or Foreign   |  |  |  |  |  |  |  |  |  |
|                   | Funeral<br>Director  | 5. Social Security Number  054-12-7840    Sex   1   M   2   F   7. Age (In yrs. last birthday)   1   M   Months   Days   Months   Days   Min   M | 8. Date of Birth (Month, Dey, Year) MAY 12,1922  9. Birtholace (State or Foreign Country) NJ                  |  |  |  |  |  |  |  |  |  |
|                   | show<br>show   | 10a. State 10b. County 10c. City, Town or Location   | 10d. Inside City Limits   |  |  |  |  |  |  |  |  |  |
|                   | with the Meryland a or 28s-f show be notified a  | MD NA N/A BALTIMORE  | 1√2 Yes 2□ No   |  |  |  |  |  |  |  |  |  |
|                   | vith the Mer or 28a-f s  | 10e. Street and Number 10f. Zip Code   | 10g. Citizen of What Country?   |  |  |  |  |  |  |  |  |  |
|                   | 23a 23a  |  | U.S.A.  |  |  |  |  |  |  |  |  |  |
| 21215-0020        | 72 hours after death verture!; or freme 23s  | 1 Yes 2 No Specify: 1 Yes  | (Specify Yes or No-<br>orto Rican, etc.)  14. Race - American Indian,<br>Black, White, etc.  Specify: WHITE   |  |  |  |  |  |  |  |  |  |
| 5-0               | ed within 72 hour sygiene. Nor than "natural it, to Completed b  | 15. Decedent's Education (Specify only highest grade completed) (Specify only highest grade completed) (Give kind of work done during most of well if the DO NOT use retired)  | 16b. Kind of Business/Industry  |  |  |  |  |  |  |  |  |  |
| 121               | J within jiene.  | Elementary/Secondary (0-12) College (1-4or 5+)   |   |  |  |  |  |  |  |  |  |  |
| d 2               | e filed v  |  | JOHNS HOPKINS UNIVERSI<br>ame (First, Middle, Maiden Surname)   |  |  |  |  |  |  |  |  |  |
| an                | Table m  | DAVID KOTELCHUCK SA  | ARAH ELMAN  |  |  |  |  |  |  |  |  |  |
| Maryland          | d 2 should<br>th end Mer<br>7 is marke<br>traumatic  |  | Rural Route Number, City or Town, State, Zip Code)  |  |  |  |  |  |  |  |  |  |
|                   | and 2<br>saith e   | SANDY GORDON (DAUGHTER) 17 VELVET VALLEY CT.   | OWINGS MILLS, MD 21117  |  |  |  |  |  |  |  |  |  |
| ore               | Hern office  | 20s. Mathod of Disposition 20b. Place of Disposition (Name of  | Date 20c. Location - City or Town, State  |  |  |  |  |  |  |  |  |  |
| Ĕ                 | Page<br>interit  | Gurial 2 Cremation 3 DRemoval from State 4 Događo 5 Other (Specify)  WORKMENS CIRCLE   | 6/28/98 DUNDALK, MD   |  |  |  |  |  |  |  |  |  |
| Saltimore,        | Departr<br>Importu<br>any Inj  | 21. Signature of Juneral Syrvice Licenses 22. Name and Address of Facility   | DL LEVINSON & BROS., INC.   |  |  |  |  |  |  |  |  |  |
| Ш                 | Deg  | 8900 REISTERSTOWN  | ROAD PIKESVILLE, MD 21208   |  |  |  |  |  |  |  |  |  |
|                   | Physician  | 236. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardio shock, or heart failure. List only one cause the each line.   | Oriset and Death  |  |  |  |  |  |  |  |  |  |
| 7                 | /Medicai<br>Examiner   | Immediate Cause (Final disease or condition SCDS1S & bacterial ex  | ndocarduhe unknown  |  |  |  |  |  |  |  |  |  |
| B                 |  | resulting in death)  Due to (or as a consequenca of):  |   |  |  |  |  |  |  |  |  |  |
| _                 | nine   | Immediate Cause (Final disease or condition resulting in death)  e. SCPSIS & bacteral endocardus unknown  Due to (or as a consequence of):  b. Methiculus - resistant staphalococcus august unknown  |   |  |  |  |  |  |  |  |  |  |
| -                 | executed end in the first in th | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury c.   |   |  |  |  |  |  |  |  |  |  |
| 68760,            | 8 20 20 20   | Cause Disease or injury that initiated events  Due to (or as a consequence of):  |   |  |  |  |  |  |  |  |  |  |
|                   |  |  |   |  |  |  |  |  |  |  |  |  |
| Box               | leath certific<br>attending p<br>of for use as   | d  |   |  |  |  |  |  |  |  |  |  |
|                   | 0 0 %  | Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part f.   | 23b. Did tobacco usa contribute to the cause of death?  |  |  |  |  |  |  |  |  |  |
| P.0               | requires that the de<br>seen signed by the a<br>hould be detached (  | hadrocophalis with Shunt exceptaland   | 1 Yes 2 No 3 Probably 4 Offiknown   |  |  |  |  |  |  |  |  |  |
| S,                | signed to be det   | The state of the s | 24e Was an eutopsy 24b. Were autopsy findings   |  |  |  |  |  |  |  |  |  |
| Or                | should should  | guadrolegia, sacral decubiti, ileus  | performed? available prior to completion of cause   |  |  |  |  |  |  |  |  |  |
| of Vital Records, | hes by ye 2 s  |  | of death?   |  |  |  |  |  |  |  |  |  |
| <u>a</u>          | certificate he rector, page  |  | 1 Yes 2 Mo 1 Yes 2 No   |  |  |  |  |  |  |  |  |  |
| 3                 | Physician:<br>this certific<br>and director,   |  | leeth (Check only one)<br>  Home 5 ☐ Residence 6 ☐ Other (Specify)  |  |  |  |  |  |  |  |  |  |
| of                | Physerthis eral di   | Thingston 2 Liverty and 1 Things   | 28d. Describe how injury occurred   |  |  |  |  |  |  |  |  |  |
| Division          | tal or Attending P<br>rs effer death.<br>ral Director: Affer t<br>led in by the funers<br>Certification:   | 1 ☑ Natural 5 ☐ Pending (Month, Day Year) Injury Work? 2 ☐ Accident Investigation M 1 ☐ Yes 2 ☐ No   |   |  |  |  |  |  |  |  |  |  |
| Vis               | er der<br>recto<br>by th   | 3 ☐ Suicide 4 ☐ Homicide  6 ☐ Could not be determined  28e. Place of fnjury - At home, farm, street, factory, office building, etc. (Specify)  | 28f. Location (Street and Number or Rural Route Number,<br>City or Town, State)                               |  |  |  |  |  |  |  |  |  |
| O                 | Ce in Dia  |  |   |  |  |  |  |  |  |  |  |  |
|                   | To the Hospital or Attending Physhin 24 hours effer death. To the Funeral Director: After this completely filled in by the funeral Medical Certification:  |  | ce, and due to the cause(s) and manner as stated. curred at the time, date and place, and due to the cause(s) |  |  |  |  |  |  |  |  |  |
|                   | To the com   | 29b. Signature and title of certifier 29c. License number  | 29d. Date signed (Month, Day, Year)   |  |  |  |  |  |  |  |  |  |
|                   | 1  | Pusha suntana MD   | June 46, 1998   |  |  |  |  |  |  |  |  |  |
|                   | 6  | 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)   | dere Avenue, Baltonove, Maryland  |  |  |  |  |  |  |  |  |  |
|                   |  |  | 7171C   |  |  |  |  |  |  |  |  |  |
|                   | State<br>Registrar   | 31. Date filed (Morth, Day, Year)  JUN 3 0 1998  32. Register's Stortion  Davidson-Randell   | 2.03  |  |  |  |  |  |  |  |  |  |
|                   | 3.0  | 001100 1000 1 7  |   |  |  |  |  |  |  |  |  |  |



State of Maryland / Department of Health and Mental Hygiene 9 🔒 Certificate of Death 2. Dete of Deeth 3. Time of Death 1 Decedent's Name (First Middle Last) Month Day **Physician** June 25, 1998 1:00pm Dorothy Hopkins Poist /Medical 4b. City, Town, or Location of Death 4a Facility Neme (If not institution, give street end number) 4c. County of Deeth Examiner 8820 Walther Blvd. Apt 1416 **Parkville** Baltimore If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign 8. Date of Birth (Month, Dey, Year) 10 M 2 F **Funeral** Days Hours Min 83 Yrs. Jan. 29,1915 Director 214-09-0246 Maryland Usual Residence of Decedent with the Maryland 10a. State 10c. City, Town or Location 10d. Inside City Limits 10b. County 28a-f ahow 7 is marked other than "natural", or Hems 23s or 28s-f show traumatic event, the Modical Examine, must be notified at 1 Yes 2 No Directo Baltimore Parkville 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8820 Walther Blvd. Apt 1416 USA 21234 death , Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian. Bleck, White, etc. filed within 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White P 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16h Kind of Business/Industry permit. Pages 1 and 2 should be filed within 73.
Department of Heelth and Mentel Hygiene.
Important: If Item 27 is marked other than "na any injury or other traumatic event, the Medio once. Elementary/Secondary (0-12) Coilege (1-4or 5+) 2 Office Manager Automotive 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) William Alfred Hopkins, Sr. Susan Louise Baker 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6 Barnaby Ct. Timonium, Maryland 21093 David A. Poist/ Son 20b. Place of Disposition (Neme of cemetery, cremetery or other place)

Dulaney Valley Memorial Gardens 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removal from Stete June 30. 4 □ Donetlon 5 □ Other (Specify) Timonium, MD 1998 22. Name and Address of Facility Lemmon Funeral Home of Dulaney Valley, Inc. Michael J. Flagle 10 W. Padonia Road Timonium, Maryland 21093 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Left Frontal Lobe Meningioma 2yrs. Examiner Due to (or es e consequence of) Physician/Medical Examiner attending physician end for use as the burial-transit The law requires that the deeth certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events Due to (or es e consequence of) Box 68760 Due to (or es e consequence of): resulting in deeth) Lest 88 P.O. ed by the detached 23b. Did tobacco use contributs to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. signed by ti 1 Yes 2 No 3 Probably 4 Unknown Congestive Heart Failure, Recurrent Records, þ 24b. Were eutopsy findings eveileble prior to 24a. Was an eutopsy performed? Completed peen s Deep Venous Thrombosis (History of) completion of ceuse of deeth? hes pege 2 1 Yes 2 No 1 ☐ Yes 2 X No certificate Division of Vital or Attanding Physician: 25. Wes cese referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Nesidence 8 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this After this funeral 27. Manner of Deeth 28d. Describe how Injury occurred 28e. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No a Funeral Director: Albetely filled in by the fu deeth. 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 | Homicide Hospital 1 🖰 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner steted. (Check only one) within 2 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 0 Patricia a Savadel, MD June 29, 1998 D27209 0 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Dr. Patricia Savadel M.D. 1205 York Road Suite 18 Lutherville, MD 21093 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture

Julia Varidson-Randale

**DHMH 16 Rav 6/95** 

Registra

JUN 3 0 1998

Un Whenmall Control

|  | Item: 6 per F.H. G-760 6/3   | itate of Marylan<br>30/98 ret   | Certifica                                      |                                     |  |                                   | Reg. No.                         |  | 0074  |     |
|--|--|---|--|-------------------------------------|--|-----------------------------------|----------------------------------|--|---|-----|
| Physician  | Decedant's Nama (First, Middla, Last)  |   |  |                                     |  | 2. Data of Dea<br>Month           | Day                              | Yaer   | 3. Tima of Death                                |     |
| /Medical<br>Examiner   | Jeroline Parks 4a Facility Nama (If not institution, giva stree  | et and number)  |  | 4b.                                 | City, Town, or Lo                                  | June cation of Death              |                                  | 1998<br>by of Death                            | 1:1:55p   | 111 |
| Funeral  | Gilchrist N.H. 5. Social Security Number 6. Sax.   | 7. Aga (In yrs.   | Month  |                                     | Baltim<br>  Undar 24 Hrs.  <br>  Hours   Min.      | ore 8. Data of Birt               | NA<br>h<br>y, Year)              |  | aca (Stata or Foraig                            | n   |
| Director   | 150-24-8172 Usual Rasidance of Dacedant  | 64  | 4 Yrs.   |                                     |  | 1-3-1                             | 1934                             | N.(  |   |     |
| yland<br>wor   | 10a. Stata 10b. County   | 10c. City   | , Town or Location                             |                                     |  |                                   |                                  | 10   | d. Insida City Limit                            |     |
| vith the Maryland<br>t or 28a-f show<br>be notified a  | MD Montogome   | ery Si  | lver Spr                                       | ing                                 |  |                                   |                                  |  | 1 □ Yas 2 No                                    | 1   |
| within 72 hours after death with the Maryland ene. than "natural," or items 23s or 28s-f show he Med cal Exeminar must be notified at smoletted by Funeral Director.                           | 10e. Street and Number   |   |  | Zip Coda                            |  |                                   | 10g. Citizen of                  |  | try?  |     |
| r items 23a<br>ploar music   | 1521 Billman La  | ane<br>Was Decedent Evar in U,  |  | 0902<br>cedant of Hisp              | anic Orloin? (Spe                                  | cify Yas or No                    | U.S. A                           | A .<br>ice - Amarica                           | an Indian,                                      |     |
| 2  | 3 ☐ Widowed 4 🖾 Divorced   | Armad Forces?<br>1 □ Yas 2 ☑ No<br>If Yes, Give<br>Yaar or Datas:       |  | **                                  | anic Orlgin? (Spe<br>Maxicen, Puarto I<br>Spacify: | Rican, atc.)                      |                                  | ack, Whita, a<br>ify:<br>Blac:<br>Business/Ind |   |     |
| "natural",<br>ed cal Ex-   | 15. Decedent's Education (Specify only highast grada co  | on<br>emplated)   | 16a. Decedent's U<br>(Giva kind of             | sual Occupation                     | on<br>ring most of worki                           | ng                                | 16b. Kind of E                   | Businass/Ind                                   | ustry   |     |
| ygiene.<br>Ner than "naturn<br>It, the Wedge   | Elementery/Secondary (0-12)  | College (1-4or 5+)  |  |                                     |  |                                   | -                                |  |   |     |
| d other<br>avent, the  | 12th grade 2y 17. Fathar's Nama (First, Middla, Last)  | rs  | Program  |                                     | YS1S<br>8. Mothar's Nama                           |                                   |                                  |  | evenue S  | e:  |
| Mental<br>Mental<br>Mic ev   | James Eugene All   | en  |  | P                                   | earl Al  | len                               |                                  |  | 100.9   |     |
| permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if Item 27 is marked other than any injury or other traumatic event, the Manage.  To Be Compl | 19a. Informant's Name/Raiationship (Typa,  |   | 19b. Mailing Addr                              | ass (Straat an                      | d Number or Rura                                   | al Routa Numbe                    | er, City or Town                 | n, Stata, Zip                                  | Coda)<br>20747                                  |     |
| 1 end<br>Health<br>em 27<br>ther to  | Kim A. Adams-dau   | 20b. P  | 7222-A   | Donne<br>Nama of                    | ll Plac  | e Apt                             | A6 Fo                            | rest   | ville Mo  | 1.  |
| ant of<br>tr. If ite<br>y or o   | 1  | ovai from Stata   | ng Memor                                       | or othar place)                     | a wir  |                                   |                                  |  |   |     |
| ortan<br>ortan<br>Injur  | 21. Signifule of Funaral Sarvice Licensee  | KI  | 22. Nama                                       | and Addrass                         | of Facility  | -30-90                            | Kanua.                           | LISTO  | wn, Md.   |     |
| Deper<br>Import  | Korme A.   | 26m 020   |  | h F/H                               | West   | Dal+                              | imara                            | маэ  | 1215  |     |
|  | 23a Past Enter the disease, or complication  | ons that causad the death   | n. Do not antar tha r                          | noda of dying,                      | such as cardiac o                                  | or respiratory a                  | rrest,                           | MU Z   | Approximete<br>interval Batween                 |     |
| hysician   | U  | 1   | 1  |                                     |  |                                   |                                  | 1  | Onsat and Death                                 |     |
| /Medical<br>xaminer  | Immediata Causa (Final disaasa or condition rasulting In daath)  | Stomno  |  |                                     |  |                                   |                                  | -  | mont  | 0   |
| <u> </u>   |  | Dua to (o   | r as a consequanca                             | ot):                                |  |                                   |                                  | 1  |   |     |
| an and<br>rial-transit   | Sequentially list conditions,  | Dua to (o   | r as a consequanca                             | of):                                |  |                                   |                                  |  |   |     |
| physician in the burial  | Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Diseasa or injury that initiated avants. |   |  |                                     |  |                                   |                                  | 1  |   |     |
|  | rasulting in daath) Last   | Dua to (or  | r as a consequanca o                           | of):                                |  |                                   |                                  | 1  |   |     |
| d by the attenting<br>stached for use a  | d  |   |  |                                     |  |                                   |                                  | i  |   |     |
| ne death<br>the atte<br>hed for  | Part il. Other significant conditions contribu   | uting to death but not rase   | ulting in tha undarlyin                        | g causa givan                       | in Part I.   | 23b. Did                          | tobacco use c                    | ontribute to                                   | tha cause of deati                              | ?   |
|  |  |   |  |                                     |  | 10                                | Yes 2 No                         | 3 Prot   | bably 4 Unkno                                   | ND  |
| 0.5 0  |  |   |  |                                     |  | 24a. Was                          | an autopsy                       | 24b. Wa  | ara autopsy findings                            |     |
| The law requir<br>atte has been a<br>page 2 should<br>Completed  |  |   |  |                                     |  | perfo                             | mad?                             | COI  | ailable prior to<br>mpletion of causa<br>daath? | -   |
| Its has page 2   |  |   |  |                                     |  | 10                                | Yas 2XNo                         | 10   | Yas 2□ No                                       |     |
| certificate<br>rector, pag   | 25. Was casa rafarred to medical exeminer?   |   |  |                                     | 26. Piece of Death                                 | (Check only o                     | ona)                             |  |   |     |
| 業者 P   | 1 ☐ Yas 2 ☑ No Hosp<br>27. Mannar of Death   | 1 L Inpatiant 2 L   |  | DOA Othar:                          | 4 U Nursing Ho                                     | ma 5 Rasi                         |                                  |  | Hospice   |     |
| as or Attending to the after death.  It after death.  Ind in by the funer death.  Certification:   | 1 Natural 5 Panding 2 Accidant invastigation   | 28a. Data of Injury<br>(Month, Day Year)                                | 28b. Tima of<br>Injury<br>M                    | 28c. Injury a<br>Work?<br>1 ☐ Ya    | s 2 No   | 200. Dascribe                     | now injury occi                  | pried  |   |     |
| ector<br>by the  | 2 Could not be   | 8a. Piace of Injury - At ho   | oma, farm, straat, fac                         | tory, office                        |  | 28f. Location (                   |                                  | nber or Rura                                   | l Routa Number,                                 |     |
| of in Dia  | 4   Hornicida  | building, a(c. '(Specif)  | //   |                                     |  | Chy or 701                        | wii, Siaia)                      |  |   |     |
| Funer<br>Funer<br>Aleky fill   | (Check only 2 Medical Examiner:  | an: To the best of my known on the basis of axaminal and menner stated. | wiadga, daath occurr<br>tion and/or Invastigat | red at tha tima,<br>ion, in my opin | , data and piace, a<br>nion, daath occurr          | and dua to tha<br>ed at tha tima, | causa(s) and r<br>data and place | nenner as st<br>e, and due fo                  | ated.<br>tha cause(s)                           |     |
| within 3<br>To the comple  | 29b. Signature and 14th of certifiar   | 0.0   |  | 29c. Licansa r                      |  |                                   | 29d. Data sign                   |  |   |     |
| /  | Al- Anthor   | 14 Keler  | and !  | 023                                 | 5205   |                                   | Jam                              | 26,  | 1998  |     |
| 15   | 30. Name and eddress of person who compi   | G-BM (Itag  | 6 78 / (Type, Print)                           | NCh                                 | arles S  | 7. 6                              | Balto                            | . Mo   | 1998<br>12120x                                  |     |
| State<br>Registrar   | 31. Data filad (Month, Day, Yaer)  | Gran Dauticles  | ture for the second                            |                                     |  |                                   |                                  |  |   |     |

DHMH 16 Rav 6/95

come realists true read to divide done And the first state of the stat

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death June 27,1998 **Physician** Guido Palermo 4:55 AM /Medical 4b. City. Town, or Location of Deeth 4e Facility Name (If not institution, give street end number) 4c. County of Death Examiner 2410 Cider Mill Road Baltimore Baltimore | Honder 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | 6-15-1925 Birthplece (State or Foreign Country)
 New York 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** 1X M 2DF 73 Yrs New Director 105-18-3040 Usual Residence of Decedent with the Maryland 10c. City, Town or Location 10d. Inside City Limits 10a. Stete 10b. County 28a-f show 7 is marked other than "naturel", or items 23a or 28a-f shov treumstic event, the Medical Examiner must be notified at 1 Yes 2 No Directo Maryland Baltimore Baltimore 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 21234 2410 II. S. A. Cider Mill Road death v Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14, Rece - American Indien, Bleck, White, etc. 11. Merital Status filed within 72 hours efter 12 Yes 2 WWY I If Yes, Give Yeer or Dates: 1 Never Married 2 Married 1□Yes 2□No Specify: White P 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Hygiena. Tool & Die Maker Continental Can Co. 12 permit. Pages 1 and 2 should be filed Depertment of Health end Mental Hygic Important: If item 27 Is marked other: any injury or other treumatic event, to 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Neme (First, Middle, Last) Carmine Palermo Bernice Guiliana 19a. Informent's Neme/Retationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mr. Guido R. Palermo (Son) 3440 Winter Moss Court, Abingdon, Maryland 21009 20a. Method of Disposition

1 Buriel 2 Cremetion 3 Removal from State 20b. Place of Disposition (Name of cemetery, cremetory or other place) Date 20c. Location - City or Town, State Dulaney Valley Mem. Gards. 6-30+98 Timonium, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Fecility
Ruck Towson Funeral Home, Inc. 21. Signature of Funerel Service Licenses any in Wallace 5 roobs, In 1050 York Road, Towson, Md. 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Betweer Onset end Deeth Physician Immediate Ceuse (Final disease or condition resulting in deeth) /Medicai 6 week Examiner Physician/Medical Examiner that the deeth certificete be axecuted Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760. thet initieted events resulting in death) Lest Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? ed by the a Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. signed by to 1 Yes 20 No 3 Probably 4 Unknown þ The law requires 24b. Were autopsy findings evaitable prior to completion of cause of death? 24a. Was en autopsy performed? Completed peen has a 2 paga Malmi certificeta Physician: 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospital: 10 Other: 4 Nursing Home Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpetlent 3 DOA After this funeral 28a. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28c. Injury et Work? 28d. Describe how injury occurred Certification: or Attending 5 Pending the Funeral Director: After 1 Yes 2 No 2 Accident 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) end manner as steted.

| Medical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, dete end place, and due to the ceuse(s) end manner\_stated. 29a. Certifier Medicai (Check only one) completely within 2 To the 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certified 30. Neme and eddress of person who completed cause of death (Item 23a) (Type, Print) 5601

DHMH 16 Rev 6/95

Registrar

31. Dete filed (Month, Day, Yeer)

JUN 3 0 1998

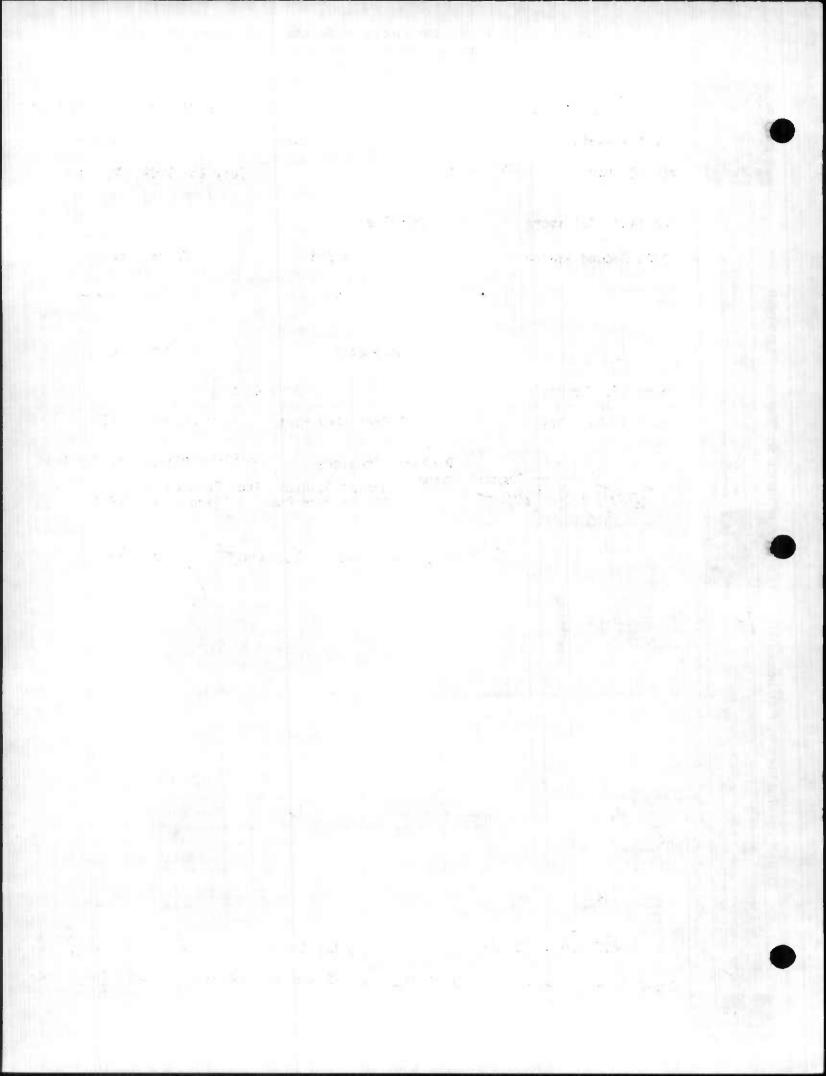
32. Registrer's Signeture

yuna Davidson- Mandala

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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

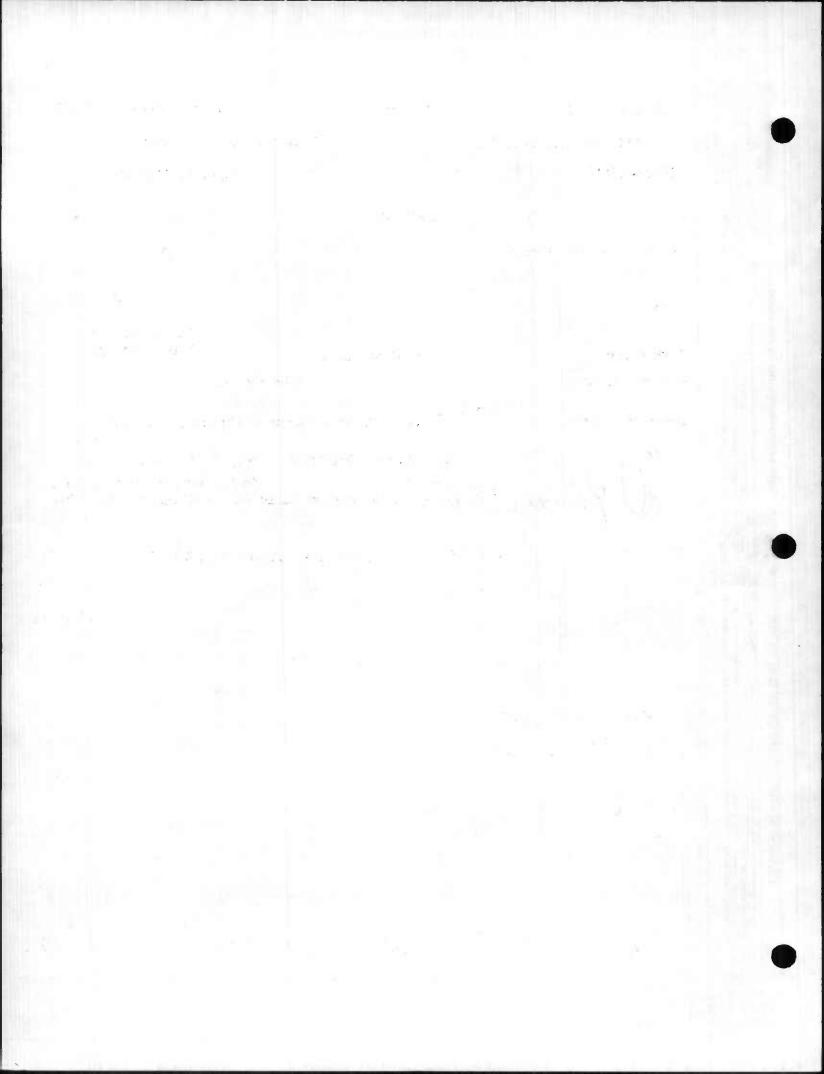
|  |                | . Decedent's Name (First, I  | Middle, La   | st)  |  |  |  |  |   | 2. Date of<br>Month  |   | Dey  | Yeer   | 3. Time of I   |
|--|----------------|--|--|--|--|--|--|--|---|--|---|--|--|--|
| hysician<br>/Medical   |                | Hilda E.   | Pabs   | st   |  |  |  |  |   | June   |   | 1998   |  | 4:50   |
| /weulcal<br>Examiner   |                | a Facility Name (If not inst   | itution, giv   | e street end nu  | mber)  |  |  | 4  | b. City, Town, or   | Location of De   | eath  | 4c. County   | of Death   |  |
|  |                | Stella Mari  | S  |  |  |  |  |  | Towson  |  |   | Ba   | ltimo  | re   |
| uneral<br>rector   |                | Social Security Number 216-74-7848   |  | ех<br>□м 2 <b>XX</b> =                                       | 7. Age (In yrs   | : last birthday) Yrs.  | If Under 1<br>Months   | 1 Yeer<br>Days   | If Under 24 Hrs<br>Hours Min                                  |  | Birth<br>Dey, Ye<br>26,   | 1909   | 9. Birthpl<br>Count<br>Mary  | lace (State or<br>try)<br>land   |
| M W  | -              | Jsual Residence of Decede<br>0e. State 10b. Co   |  |  | 10c. C   | ity, Town or Lo  | ocation  |  |   |  |   |  | 11   | 0d. Inside City  |
| r 28a-f ehow   |                | Maryland Ba  | ltimo  | ore  |  | Parkvi   | 11e  |  |   |  |   |  |  | 1 🗆 Yes  |
| Director   | 1              | 0e. Street and Number  |  |  |  |  | 10f, Zip (   | Code   |   |  | 10g.  | Citizen of W   | Vhet Coun  | try?   |
| 23a  | 3              | 3025 Second  | Avei   | nue  |  |  | 2  | 2123   | 4   |  | Un  | ited   | State  | S  |
| of, or items 234<br>Everyon must<br>by Funeral   | 1              | 1. Merital Status 1 Never Married 2 3 Widowed 4 Divo   |  | 12. Was Dec<br>Armed For<br>1 Tyes<br>If Yes, G<br>Year or D | 2 XNo  |  | Was Decede<br>If Yes, speci<br>1  Yes 2  |  | ispanic Origin? (S<br>n, Mexicen, Puer<br>Specify:            | Specify Yes or<br>to Rican, etc.)  | No-   |  | e - Americ<br>ck, White, c   | etc.   |
| naturel;<br>odical Exp   | 2              | 15. Dec<br>(Specify only h   | edent's Ed   | ducetion<br>de completed)                                    |  | 16a. Deced   | dent's Usuel<br>kind of work   | ol Occupa  | ation<br>furing most of wo                                    | rking  | 16b   | . Kind of Bu   | usiness/Ind  | lustry   |
| then<br>me   |                | Elementery/Secondary (0-   |  | College (  |  |  | <i>bo NOT</i> use<br>memake  |  | )   |  |   | Own H  | ome  |  |
| avent, the Co  | 1              | 7. Father's Name (First, Mi  | ddle, Last,  | )  |  |  |  |  | 18. Mother's Na   | me (First, Mid   | die, Maio   | den Sumam  | 16)  |  |
| or other traumatic event,  |                | Harry F. B   | ocks   | tie  |  |  |  |  | Anna G  | los  |   |  |  |  |
| SE S   |                | 19a. Informant's Name/Rela   |  |  |  |  |  |  | end Number or A   |  |   |  |  |  |
| item 27 i<br>other tri   |                | Mary Votta   | / Nie  | ece  |  |  |  |  | Garth   | Park   | ton,  | MD   | 21120  | )  |
| r off  | 2              | 0a. Method of Disposition<br>1 Burlal 2 ☐ Crema  | ntion 3.□  | Removel from   | 20b.<br>Stete  | Place of Dispo<br>cemetery, crer   | osition (Nam<br>matory or oth  | ne of<br>ther plac   |   | Dete   |   | . Location -   | City or To   | wn, Stete  |
| Jury o   |                | 4 Donation 5 Oth   | er (Specif   | y)   | Pa   |  |  | _  |   | 6/30/9   | Ba  | ltimo  | re, N  | 1ary1ar  |
| important: If<br>any injury or<br>pncs.  | 2              | 4 Donation 5 Other (Specify)  21. Signature of Funeral Service Licensee Timothy S. Harman  12. Name and Address of Facility Leonard J. Ruck, Inc. Funeral Home 5305 Harford Road Baltimore, MD 2121  |  |  |  |  |  |  |   |  |   |  |  |  |
| sician<br>edical   |                | 23a. Pert1. Enter the disease shock, or heart tailure.   | se, or com<br>List only  | plications that one cause on                                 | caused the deceach line.   | 5  | 305 Ha   | arfo   | rd Road   | Balti  | more<br>y arrest,   | , MD   | 21214  | Approximate<br>Intervel Betw<br>Onset and D  |
| edical<br>miner  | li c           |  | se, or com<br>List only  | plications that one cause on a.                              | caused the decearch line.  | 5  | 305 Ha   | arfo   | rd Road   | Balti  | more<br>y arrest,   | , MD   | 21214  | Approximate<br>Intervel Betw<br>Onset and D  |
| miner mansit mansit manual man |                | immediate Cause (Finel<br>disease or condition<br>resulting in death)  |  | plications that one cause on a.                              | 2 on   | ath. Do not ent  | 305 Hater the mode   | arfo   | rd Road   | Balti  | more<br>y arrest,   | , MD   | 21214  | Approximate<br>Intervel Betw<br>Onset and D  |
| ophysician and leading leading set the bunal-transit and leading leadi |                | Immediate Cause (Finel disease or condition  |  | a  | Due to   | 5. ath. Do not ent   | 305 Hater the mode   | arfo   | rd Road   | Balti  | more<br>y arrest,   | , MD   | 21214  | Approximate<br>Intervel Betw<br>Onset and D  |
| ophysician and leading leading set the bunal-transit and leading leadi |                | Immediate Cause (Finel disease or condition resulting in death)  Sequentielly list conditions, feny, leeding to immediate ause. Enter Underlying Cause (Disease or Injury het Initieted events resulting in death) Last  | {  | a  | Due to   | ath. Do not ent  | 305 Ha ter the mode quence of):  | arfo<br>e ot dyin  | rd Road<br>g, such es cardia                                  | Balti<br>c or respirato  | more<br>y arrest,   | e, MD  | 21214<br>Cun   | Approximate<br>Intervel Betw<br>Onset and D  |
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| antificate has been signed by the ettending physician and the phys | licon Sitted P | immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, feny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury hat Initiated events resulting in death) Last   | anditions of   | a. b. c. d   | Due to  Due to   | ath. Do not ent  | 305 Ha ter the mode quence of):  | arfo<br>e ot dyin  | rd Road g, such es cardia en in Part I.  26. Place of De      | Paltic or respirator  23b. I  24e. V  F  ath (Check or   | Old tobard  Ves an a erformed  Yes  | CCO USE CON 2 No outopsy   | 21214  ntribute to 3 Prod  24b. Www.coof   | Proximate Intervel Betwood Onset and Done of the cause of |
| his certificate hes been signed by the ettending physician and the bunal-transit of director, page 2 should be detached for use as the bunal-transit of the completed by Physician/Medical Examiner  | Sid CO Time    | Immediate Cause (Finel disease or condition resulting in death)  Sequentielly list conditions, feny, leeding to immediate ause. Enter Underlying Cause (Disease or Injury het Initialed events resulting in death) Last  Part II. Other algnificent conditions of the co | anditions of   | a b d ontributing to d                                       | Due to  Due to   | sath. Do not ent   | 305 Ha ter the mode quence of): quence of): quence of):  | arfo<br>e ot dyin<br>ause give   | en in Part I.   | Palti c or respirato 23b. I 24e. V F ath (Check or   | Did tobach  Ves an a erformed  Yes  Ves hily one)   | cco use cor<br>2 No<br>sutopsy<br>d?   | 21214  ntribute to 3 Proi  24b. Www.oof 1 [  | Proximate Intervel Betwood Onset and Done of the cause of |
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| this certificate has been signed by the ettending physician and the property of the property o | SHOOT P        | Immediate Cause (Finel disease or condition resulting in death)  Sequentielly list conditions, feny, leeding to immediate ause. Enter Underlying Cause (Disease or Injury het initiated events resulting in death) Last  Part II. Other significent context in the examiner?  1 Yes 2 No  27. Manner ot Death  29. Neturel 5 P  20. Neturel 5 P  30. Suicide 6 C  40. Homicide   | edical ending evestigation could not betermined  | a  | Due to  Due to  Due to  Due to  leath but not re  linpatient 2 [ of Injury  and Injury - At ling, etc. (Special            | (or as e consequence of the cons | 305 Ha ter the mode quence of): quence of) | arfo e of dyin ause give ba Othersection controlled to the control | en in Part I.  26. Place of Deer:  Nursing yet Yes 2 \( \) No | Palti c or respirator 23b. I 24e. V p thath (Check or Home 5   F 28d. Descr  | Did tobard  Did tobard  Ves  Ves an a erformed  Ves  (Street Town, S  | cco use cor<br>2 No<br>lutopsy<br>d?<br>No<br>e 6 Oth<br>injury occurrences  | 21214  ntribute to 3 Proi  24b. Wood of 1 [  ner (Specifyred)                        | Approximate Intervel Betwood Onset and Done of the cause  |
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| his certificate hes been signed by the ettending physician and the bunal-transit of director, page 2 should be detached for use as the bunal-transit of the completed by Physician/Medical Examiner  |                | Immediate Cause (Finel disease or condition resulting in death)  Sequentielly list conditions, feny, leeding to immediate access (Disease or Injury het initiated events resulting in death) Last  Part II. Other eignificent configuration of the configuration of t | edical ending envestigation could not be elemined entitying Philippedical Examples   | a. b. c. d.              | Due to  Due to  Due to  Due to  Due to  Inpatient 2[ of Injury  of Injury - At ing, etc. (Spec                             | (or as e consequence of the cons | and all poor and a | arfo e of dyin  ause give  ause give  in my office   | en In Part I.  26. Place of Deer: Part In Part I.             | Palti c or respirator 23b. 1 24e. V P 1 ath (Check or Home 5 F 28d. Descr 28f. Locatic City or e, end due to urred et the time | more y arrest,  Did toba- yes an a eriormed  Yes  Ny one) tesidence ibe how in  Carree Town, S  the ceus me, dete | e, MD  cco use cor 2 No  utopsy  No  e 6 Oth injury occur ef end Numb Stele) | 21214  ntribute to 3 Prol  24b. Www. of 1 Correct  per or Rure enner es s and due to | Approximate Intervel Betwood Onset and Done of the cause  |



State of Maryland / Department of Health and Mental Hygiene

|                            |   |                |   |   |                    | C                 | Pertificate of   | Death                    |             | Re  | g. No.                 | 6                                 | UU  |               |
|----------------------------|---|----------------|---|---|--------------------|-------------------|--|--------------------------|-------------|---|------------------------|-----------------------------------|---|---------------|
|                            |   |                | 1. Decedant's Nama (First, Middla, La   | st)   |                    |                   |  |                          |             | 2. Data of Death<br>Month                   | Dey                    | Year                              | 3. Tima   | of Death      |
|                            | Physicia<br>Medica/   | _              | Jeanette  |   | F                  | ett               | away   |                          |             | JUNE 24,                                    |                        |                                   | 12:1  | 0 P           |
|                            | Examine   |                | 4e Facility Nama (If not institution, giv   | a streat end number)  |                    |                   |  | 4b. City, To             | own, or Lo  | cation of Deeth                             | 4c. County             | of Death                          |   |               |
|                            | <u> </u>  |                | THE JOHNS HOPKINS   |   |                    |                   |  |                          |             | CITY  | n/a                    |                                   |   |               |
|                            | Funeral<br>Director   |                | 213-30-0440   | ax 7. Age   | 1 (In yrs. 1<br>56 | last birtho<br>Yn | Months Devs  |                          | Min.        | 8. Data of Birth<br>(Month, Day,<br>Sept. 4 |                        | Coun                              | iace (Stata<br>itry)                                | or Foreign    |
|                            | and w   | ŀ              | Usuel Rasidance of Dacedant  10a. Stata 10b. County   |   | 10c. City          | , Town o          | r Location   |                          |             |   |                        | 1                                 | 0d. Inside  | City Limits   |
|                            | e Mary  | ctor           | Md.   | n/a   |                    | Balt              | imore  |                          |             |   |                        |                                   | <b>★☆</b> Ye  | s 2□No        |
|                            | th with th  | al Director    | 10e. Street and Number<br>404 W. Franklin S   | treet   |                    |                   | 10f. Zip Coda<br>21201   |                          |             | 10  | g. Citizan of V<br>USA | Vhat Coun                         | itry?   |               |
| 21215-0020                 | urs e   | by Funeral     | 11. Marital Status  1 □ Navar Married 2 □ Married  3 □ Widowed 4 □ Divorced                                 | 12. Wes Decedent I<br>Armed Forcas?<br>1 ☐ Yas 2 ☑ If Yas, Give<br>Yaar or Datas: |                    | S.                | 13. Was Decedant of<br>If Yas, specify Cul                             |                          |             | ecify Yas or No-<br>Ricen, atc.)            | Blac                   | e - Amaric<br>ck, Whita,<br>: Bla | atc.  |               |
| 5-0                        | 72 ho   | Completed      | 15. Dacedant's E  |   |                    | 16a. D            | ecedant's Usual Occu<br>Giva kind of work done<br>fa. DO NOT usa retin | pation<br>during mo      | st of worki | 20  | 6b. Kind of B          |                                   |   |               |
| 121                        | within ene.   | Ē              | Elementery/Secondery (0-12)   | College (1-4or 5  | +)                 |                   |  |                          |             |   | altimo:<br>ublic :     |                                   | -   |               |
| 12                         | Hygie ther ther ther  |                | 12th Grade  17. Fathar's Nema (First, Middla, Last  |   |                    | Tea               | chers Aide   |                          | er's Nama   | (First, Middla, M                           |                        |                                   | )TS   |               |
| land                       | S la b  | O Re           | Norman Malone   |   |                    |                   |  |                          |             | Jones                                       | all dail of the        | ,                                 |   |               |
| Maryland                   |   |                | 19a. Informant's Nama/Ralationship (  | Type, Print) daug   | hter               |                   | Neiling Addrass (Street  |                          |             |   |                        |                                   |   |               |
|                            | C = N =   |                | Dreamer Pettaway  |   | 20h D              |                   | 3 Whitmore isposition (Neme of   | Aven                     | ue Ba       |   | Md.                    |                                   |   |               |
| Baltimore,                 | 8 5   |                | 20a. Method of Disposition 1 □ Burial 2 □ Cramation 3 □   |   | 0                  | em atary,         | cramatory or other pl  |                          | 1           |   |                        |                                   | Wil, State  |               |
| THE PERSON NAMED IN        | Department Important: If any Injury o   | -              | 4 Donation 5 Other (Special Service Licer   |   | Ma.                | Nat               | ional Ceme   |                          | lity        |   | aurel,                 |                                   |   |               |
| Ba                         | Departition Departments any Influence   |                | I Signature of Furnaval Survive Lican   | ce 1/2  | ton                | Δ                 | 2501 Gwyn  |                          | N           | itter Fu                                    |                        |                                   |   |               |
|                            |   |                | 23a. Part Enter the disease, or com<br>shock, or heart failure. List only                                   | plications that caused<br>one causa on each lin                                   | the deeth          | n. Do no          | entar tha moda of dy   | ing, such a              | s cerdiac c | or respiretory erre                         | est,                   |                                   | Approxim-<br>Interval B                             | ate<br>etween |
|                            | Physician   |                |   |   |                    |                   |  |                          |             |   |                        |                                   | Onsat and   | d Death       |
| A                          | /Medical<br>Examiner  |                | Immadiata Ceusa (Finat disease or condition rasulting in daath)   | a. AR   | 05                 | ACU.              | TE RESPIRA   | TORY                     | DISTR       | ESS SYNI                                    | DROME                  | 1                                 | 1 4   | reek          |
|                            |   | -              | ,   | -   |                    |                   | nsequence of):   | 1                        | 5           |   |                        | 1                                 | 2. wa   | ek.           |
|                            | uted<br>d<br>ansit  | Examiner       | Convention to the tipe and the con-   | b. Fun  | 901                | F 8 5 8 CO        | Endo Ca  | ra. T                    | 15          |   |                        | 1                                 | 22.00   | ~ >           |
| 90,                        |   |                | Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Ceusa (Disaase or Injury |   |                    |                   | 11255.6  |                          |             |   |                        |                                   | 10 40   | 2419          |
| 68760                      | the b   | edical         | thet initiated events<br>rasulting in daath) Lest   | V   |                    | as a cor          | sequance of):  |                          |             |   | ,                      |                                   |   |               |
| Box 6                      | E 00  | 5              | ·   | d. Ste  | 10.0               | IT                | her-py to  | n                        | 9031        | ti's or                                     | d SLE                  | 1                                 | 109   | 2415          |
|                            | death   | Physician      | Part II. Other significant conditions of  | ontributing to death bu   | it not rasi        | ulting In ti      | na undarlying cause g  | ivan In Part             | 1.          | 23b. Did tol                                | bacco uae co           | ntributa to                       | the cause   | of death?     |
| P.0                        | by the  | ٦              | VRE I'm   | 50 psi's  |                    |                   |  |                          |             | 1 □ Ye                                      | 8 20 No                | 3 Pro                             | bably 4[  | Unknown       |
|                            | res thet the de<br>igned by the e<br>be deteched  | 2              | VIV   |   |                    |                   |  |                          |             |   |                        | T                                 |   |               |
| Division of Vital Records, | The law requires that the death ce at the best been signed by the ettending page 2 should be deteched for use | Completed      | septie e  | mboli   | to                 | Bra               | 197  |                          |             | 24a. Was ar<br>perform                      | n autopsy<br>ned?      | av                                | ara autops<br>ailable prio<br>mplation of<br>death? | rto           |
| R                          | The law<br>ate hes<br>page 2  | Ę              |   |   |                    |                   |  |                          |             | 1 □ Ya                                      | s 2000                 | 10                                | Yas 2   | No            |
| ita                        | ysician: The I  | De De          | 25. Was cesa rafarred to medical axaminar?  |   |                    |                   |  | 26. Ptac                 | a of Daath  | Chack only one                              | a)                     |                                   |   |               |
| >                          | hysic<br>li dire  | 0              | 1 ☐ Yas 2 No  | Hospital: 1 Inpatia   | nt 2 🗆             | ER/Outp           | atlant 3LI DOA   |                          | -           | ma 5□ Raside                                |                        |                                   | y)  |               |
| on c                       | fing Pi   |                | 27. Mennar of Death  1 Netural 5 □ Panding  | 28a. Data of Injur<br>(Month, De)   | Year)              | 28b. Tin<br>Inju  | iry W  | uryat<br>ork?<br>⊒Yes 2□ |             | 28d. Dascribe ho                            | w-injury occur         | red                               |   |               |
| Sic                        | thend<br>death<br>tor: /<br>the f   | Cat            | 2 Accidant invastigatio 3 Suicide 6 Could not b   | •   | on At he           | mo fam            | , street, factory, office  | 7.7                      |             | 28f. Location (Str                          | reet and Numi          | per or Russ                       | I Bouts No  | ım <i>her</i> |
| Di∨                        | after A after Direction by  | Certification: | 4 Homicide datarmined   | building, ato   |                    |                   | i, street, factory, office   |                          |             | City or Town                                |                        | , 0. , 10.                        | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,             |               |
|                            |   | edical         |   | ysician: To the best of ninar: On the basis of and mennar sta                     | axaminat           |                   |  |                          |             |   |                        |                                   |   | a(s)          |
|                            | To the<br>vithin<br>To the<br>compl   | E .            | 29b. Signature end titla of cartifier   | $M \Omega$  | /                  | / 11              |  | nsa number               |             |   | 9d. Data signe         |                                   |   |               |
|                            | 7   |                | tuman   | Melton  | alo                | , 11/2            | U- K   | ->-                      | 00          | 00.   | June                   |                                   | 7 /   | 178           |
| _                          | 6   |                | 30. Nama and addrass of person who  | Donald,   | MI                 | )                 | O- RI<br>(pe, Print)<br>Johns Ho                                       | pkins                    | Ho          | spital.                                     | Tower 1                | 10 1                              | Berlithma   | ne MD         |
|                            | State<br>Registra   |                | 31. Deta filad (Month, Day, Yeer) JUN 3 0 1998  | 32. Registra  | r's Signa          | tura<br>Manda     |  |                          |             |   |                        |                                   |   |               |

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Decedant's Nama (First, Middla, Last) 2. Data of Death Day 1998 Month June 27, Richard E. Reitz 5:37pm 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death North Arundel Hospital Glen Burnie, MD Anne-Arundel If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) If Undar 1 Yaar 5. Social Security Number Birthplaca (State or Foreign Country) **№** 2□ F 216-20-6595 Yrs. 69 Jan. 6, 1929 Maryland Usuai Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits N/A 1 Yas 2 □ No Md Baltimore City 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1544 Latrobe Park Terrace 21230 United States 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian. Black, Whita, atc. povas 2 No Navy If Yas, Giva 1 Nevar Married XX Married 1 ☐ Yas 2X No Specify: White Yaar or Datas: 47-48 3 Widowed 4 Divorced 16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) Baltimore City 12th Grade Sheriff N/A 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Edward Reitz Marie Nelson 19a. informant's Name/Raiationship (Type, Print) 19b. Malling Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Richard N. Reitz / Son 1544 Latrobe Park Terrace, Baltimore MD 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 200 Cramation 3 ☐ Ramovai from Stata Green Mount Crematory July 2, 1998 Baltimore City 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Fugaral Sarvice LicenseeVictor P. Doda , Jr 22. Name and Address of Facility Charles L. Stevens Funeral Home, Inc. 23a. Part1. Enter the disease, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 1501 E. Fort Avenue, Baltimore Maryland 21230 Approximate interval Between Onset and Death Immediata Causa (Flnai MYOCARDIAL INFARCTION

Dua to (or as a consequence of): ONEDAY disease or condition resulting in death) EDFMA ONE DA Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Cause (Disaasa or Injury that initiated evants resulting in death) Last Dua to (or as a consequance of): Part if. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes & No DIABETES MElliTUS 24b. Wara autopsy findings avallable prior to 24a. Was an autopsy completion of causa of death? 1 ☐ Yas 2 No 1 ☐ Yas 2 2 No 25. Was casa rafarred to medical 26. Piace of Daath (Check only ona) Hospital: 1 ☐ inpatient XX ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 30 No 27. Mannar of Death 28a. Data of injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding investigation XXNatural 1 Yas 2 No

**Physician** /Medical Examiner

**Physician** 

/Medical

**Examiner** 

Director

þ

Completed

Be

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28s4 show traumatic event, the Medical Examiner must be notified at

pemit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or han any injury or other traument.

altimore, Maryland 21215-0020

Box 68760

Records, P.O.

Division of Vital

Physician/Medical 報 Certification: To 콯 Ather death.

þ Completed Be

Medical

2 Accidant

3 Sulcida

29a. Certifian

4 Homicida

29b. Signatura and titla of certifiar

JUL 0 1 1998

To the Hospital within 24 hours a To the Funeral E completalv filled

State Registrar

roze muneer 30. Nama and addrass of person who completed cause of death (item 23a) (Type, Print)

6 Could not be datarmined

29c. Licansa number D45105

29d. Data signed (Month, Day, Year)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

DRAFROZE MUNEER 901 E. FORT AUE BALTIMORE MO21230 31. Data filed (Month, Day, Year)

Cartifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

32. Registrar's Signatura

28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Spacify)

#### Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item#5 per FH G760 6/30/98 EW Reg. No 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Koana 8:00A-N Darbara June 25 4e Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth BALTIHORE HOSPITAL UNIVERSI 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) Months 10 M 282 F Yrs Usual Rasidance of Decedent 10e. Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No MARYLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? TE 3601 RISON BLVD APT. USA 12. Wes Decedent Ever in U,S. Armed Forcas? 14. Rece - American Indian, Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Meritel Stetus Bleck, White, etc. 1 Yes 2 ld If Yes, Give Yeer or Dates: 1 Never Married 2 Merried 1 Yas 2 No Specify: BL ACK Specify 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Flamantary/Secondary (0-12) 9+#GRADE Collega (1-4or 5+) HOUSE KEEPER NURSING Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) RICHARDSON SR. TOHNSON ADDIE JAMES 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Coda) 19a. Informent's Name/Reletionship (Typa, Print) HUSBAND 3601 GARRISON BLVD, APT. 1A, BALTO, MD. 21215 JAMES ROANE 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriel 2 Cremation 3 Remove from Stete -29-98 ARBUTUS, ARBUTUS CEMETERY 4 Donetion 5 Other (Specify) 22. Name end Address of Fecility BROWN JOSEPH H. BROWN 2140N. FULTON AVE 21. Signeture of Funeral Service Licensee BROWN JR. FUNERAL DUMW Pert1. Efter the disease, or complications that caused the daeth. Do not enter tha moda of dying, such as cardiac or raspiratory shock or heart failure. List only one cause on each line. 72 Bransten Hemation Immedieta Causa (Final disease or condition rasulting in daeth) Due to (or es e consequence of) Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Onknown 1 Yes 2 No 24b. Were autopsy findings sveileble prior to completion of ceuse of death? 24e. Wes en eutopsy performed? 2 No 1 Yes 2 No 1 Yes

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

Directo

Funeral

by

Completed

Be

2

**Funeral** 

Director

7 is marked other than "natural", or itema 23s or 28s-f show traumatic event, the Modical Examinar must be notified at

the Maryland

with

death

Pagas 1 and 2 should be filed within 72 hours after

and Mental Hygiana.

permit. Pagas 1 and 2 s Department of Health ar Important: if Item 27 is any Injury or other trau

altimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760

Examiner Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Physician/Medical usa

Completed by

Be

2

Certification:

Medicai

cartificata

this

After

24 hours after death.

To the Within 2

filled in by

completaly

or Attending Physician:

Hospital

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert i.

25. Wes cese referred to medical 26. Plece of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Dinpatient 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 DNaturei 5 Pending invastigation 1 Yes 2 No 2 Accident

6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 \ Homicida

29a. Certifian 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as stated. (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, daeth occurred at the time, data end piece, end due to the ceuse(s) end menner steted.

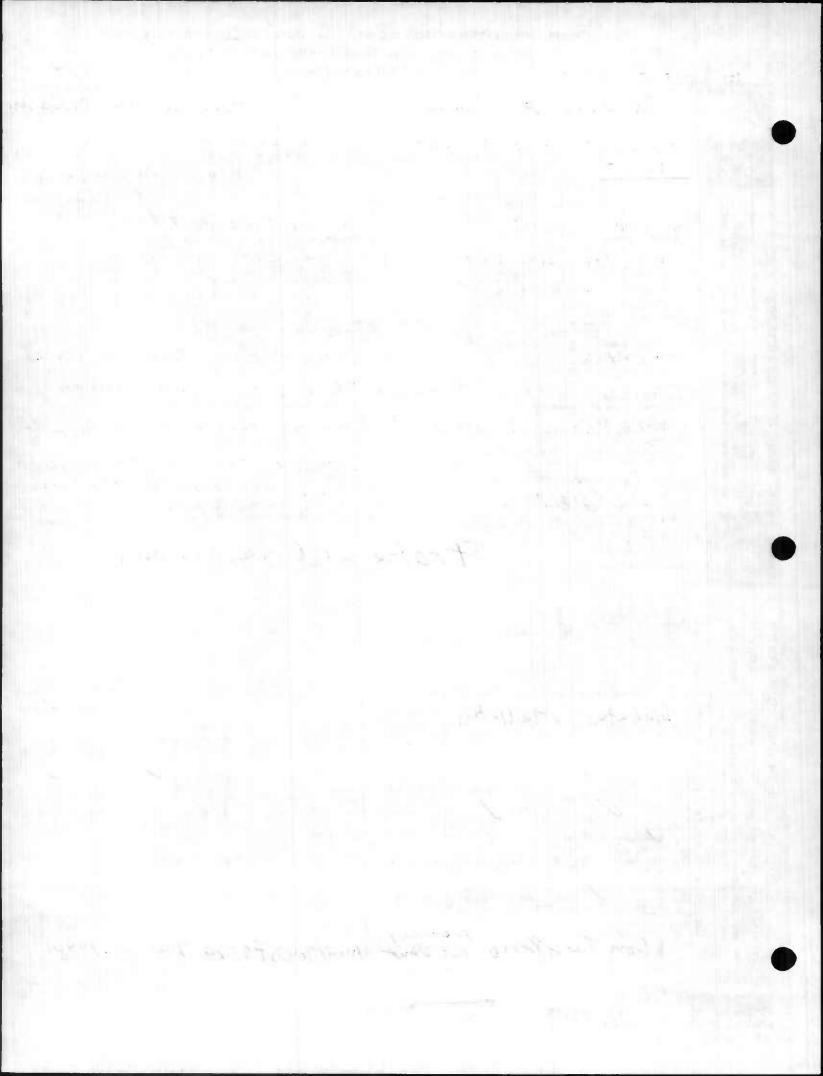
29d. Date signed (Month, Dey, Year) 29b. Signature end title of certifier 29c. License number Neudorg M.D. Resillens

30. Neme end eddress of person who complated ceusa of daath (itam 23a) (Type, Print)

JUN 3 0 1998

F.HD. UNIVERSITY HOSPITAL 22 S. GREENE ST. BALTO, HD. 21201 JONATHAN TUROF 31. Deta filed (Month, Day, Year)

State Registrar



| Item  | 5 Per FH Film G761 7  | State of Marylar<br>-10-98 rja   |  | ment of F<br>icate of  |                                |  | eg. No.          | 8 20080                                  |  |  |
|---|---|--|--|--|--------------------------------|--|------------------|--|--|--|
| Physician   | Decedent's Name (First, Middle     Ctophon  | P. Swiders   |  | 104.0  |                                | 2. Date of Daar  |                  | 3. Time of Death                         |  |  |
| /Medical<br>Examiner  | Stephen  4e Facility Nema (If not institution  FORM NOTE SOLITION  STEPHEN  STEPHEN |  | Cente  |  | 46. City, Town, or L           | ocation of Death                                       | 4c, County       | of Doeth Limore                          |  |  |
| uneral<br>rector  | 5. Social Security Number 218 09 6909 7909  | 6. Sex 7. Aga (In yrs. 78  |  | Undar 1 Yaer<br>onths Deys   | If Under 24 Hrs.<br>Hours Min. | 8. Data of Birth<br>(Month, Dey<br>August              | Yea 1919         |  |  |  |
| or 28a-f show<br>be notified at<br>Director   | Usual Rasidanca of Decedent  10a. Stata 10b. County  Maryland Baltimo   |  | ity, Town or Locati                              | on   |                                | 20.  |                  | 10d. Insida City Limite                  |  |  |
| ritems 23s or 28s-1s<br>correction to nour eq<br>Funeral Director                                       | 10e. Street and Number<br>224 Back River N  |  | 1  | Of. Zip Coda   | 21221                          | 1  | 0g. Citizen of \ | What Country?                            |  |  |
| by by   | 11. Merital Status  1 Never Married 2 A Marrie 3 Widowed 4 Divorced   | 12. Wes Decedent Ever in U<br>Armed Forces?<br>ad 1 AYas 2 No<br>If Yas, Give<br>Yaar or Datas: WW 2 | If Ya  | S. 13. Was Decedant of Hispanic Origin; If Yas, specify Cuben, Mexican, Po   |                                |  | Blee             | ce - American Indien,<br>ck, White, etc. |  |  |
| ner than "natura<br>it, the Medical E<br>Completed  | 15. Decedant<br>(Spacify only highas<br>Elementary/Secondary (0-12)   | s Education  | 16a. Decedant<br>(Giva kind<br>lifa. DO          | d of work dona<br>NOT use ratire   | during most of work<br>d)      | ing  |                  | usiness/industry                         |  |  |
| important: If Item 27 is marked other than any Injury or other traumatic event, the Manage.  To Be Comp | 17. Fether's Nama (First, Middle, L<br>Roman  | ast)<br>Swiderski  | Crane  | Opera  |                                | Refinery na (First, Middla, Maiden Sumame) andra Kojro |                  |  |  |  |
| 27 is mer<br>r trsumet  | 19a. Informant's Name/Raletionsh<br>Eleanor R. Swide  |  |  | iling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Back River Neck Road Essex, Maryland 21221 |                                |  |                  |  |  |  |
| Important: If item 2<br>sny injury or other<br>pnce.  | 20a. Mathod of Disposition 1 XBurial 2 ☐ Cremetion 4 ADonation 5 ☐ Other (Se  | 3 □Removal from Stata  | Place of Disposition community, crameto, Stanisl | ory or othar pla   |                                |  |                  | City or Town, State                      |  |  |

**Physician** /Medical

Stephen P. Swiderski

Examiner Examiner

attending physician and for use as the burial-tran signed by to d be detact conflicate 40

Medical

State

Registrar

that the death certificate be exec After To the Hospital or within 24 hours at To the Funeral Di completely filled in

Physician/Medical Completed by 88 Certification: To

Division of Vital Records, P.O. Box 68760 Hospital or Attending Physician:

19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda, 19a. Informant's Name/Raletionship (Type, Print) 224 Back River Neck Road Essex, Maryland 21221 Eleanor R. Swiderski (wife) 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, crametory or other place) 20c. Location - City or Town, State 1 X Burial 2 Cremetion 3 Removal from Stata St. Stanislaus Cem. July 2,1998 Baltimore, Maryland 4 Donation 5 ☐ Othar (Specify) of Funeral Service Licansaa Bruzdzinski Funeral Home PA 1407 Old Eastern Avenue Essex, Maryland 21221 Inter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, or heart failure. List only one cause opeach line. Immediata Causa (Final diseese or condition rasulting in death) Sequentially list conditions, if any, leeding to Immadiata cause. Enter Underlying Cause (Disease or injury that initiated evants rasulting In death) Last Dua to (or as a consaquanca of) Dua to (or es e consequence of)

End Stage.

25. Wes casa rafarred to predical exeminer?

1 Yes 2 No

27. Mannar of Deeth 1 Neturel 2 Accident

29a, Cartifiar

3 Sulcida 6 Could not be determined 4 Homicida

5 Panding investigation

Hospital:

Fibrillation

28a. Deta of Injury (Month, Day Year)

Part If, Other signifficant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

28e. Pleca of Injury - At homa, farm, straat, factory, office building, atc. (Spacify)

1 Inpatient 2 ER/Outpatient 3 DOA

28b. Time of

Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 28c. Injury at Work?

26. Piece of Deeth (Check only one)

28d. Describa how injury occurred 2 No

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Dertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) end menner stated.

29b. Signeture end title of certifian

29c. Licanse number

1 TYes

29d. Data signed (Month, Dey, Year)

Baltimore, MD 21237

23b. Did tobacco use contribute to the cause of death?

3 Probably 4 Unknown

24b. Wara autopsy findings evailable prior to completion of cause of death?

1 ☐ Yas 2 ☐ No

1 Yes 2 No

1 Yas 2 No

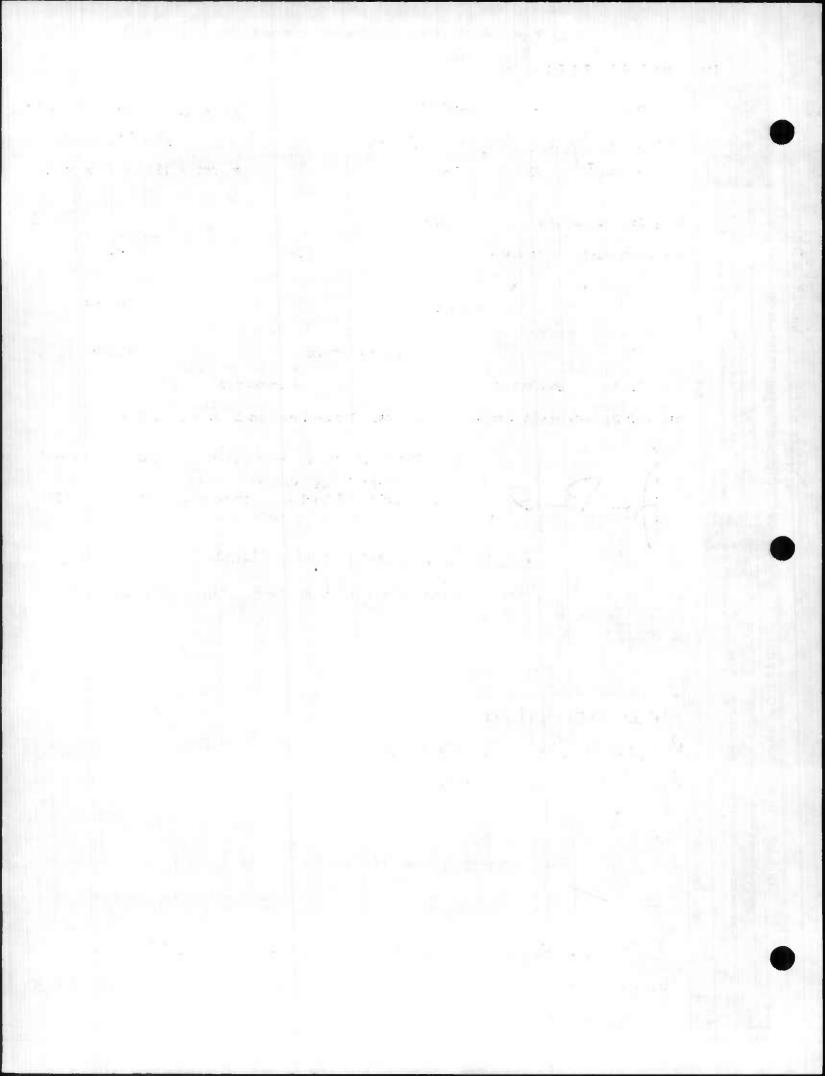
24a. Was an autopsy performed?

30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print)

31. Data filed (Month, Day, Year)

JUN 3 0 1998

32. Degistrer's Signatura



WRC 98-3658-510 ROBERT F. STITH

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9

Certificate of Death

111 Penn Street, Baltimore, Maryland 21201

| Physician<br>/Medical  | н  | Decedent's Nem   |   | e, Lası)<br>Sti  | th  |  |   |   |  |  |            | 2. Date of De<br>Month<br>JUNE 2  | Day  | Year<br>98                                 | 3. Time of Death<br>8:00 PM.   |
|--|--|--|---|--|---|--|---|---|--|--|------------|---|--|--|--|
| Examiner   | 4.0  | Facility Name (/   |   | _  |   | mber)  |   |   |  |  | own, or Lo | ocation of Deat   | h 4c. Co   | unty of Deetl                              | 1  |
| Funeral<br>Director  | 2  | Social Security N  | lumber<br>5179                                | 6. Sex   | 4 2□ F  | 7. Age (In yrs.<br>69  | last birthday<br>Yrs.   | ) If Under  | er 1 Years Days  | If Under                                 |            | 8. Date of Bin<br>(Month, Di<br>06-14   |  |  | nplace (State or Foreig<br>untry)<br>A   |
| r 28a-f ehow<br>Incitited at   | 10   | sual Residence of<br>Da. Stete<br>MD .   | 10b. County<br>NA                             | ,  |   |  | ity, Town or L<br>Balti   |   |  |  | Т          |   |  |  | 10d. Inside City Limits Y⊟Yes 2 No   |
| inter death with the maryland<br>of them 23s or 28s-f show<br>note must be notified at<br>funeral Director   | 10   | De. Street and Nur<br>102 N.   |   | n Av   | enue  | •  |   |   | ip Code  | 5  |            |   | 10g. Citizen   | of Whet Co                                 | untry?   |
| ef, or its<br>Examps   |  | I. Marital Status  P☐ Never Marri 3 ☐ Widowed  |   | ried X   | Was Dec<br>Armed Fo<br>X Yes<br>If Yes, Gi<br>Yeer or D                       | ve   | J,S. 13.  |   |  | Hispanic Ori<br>ban, Mexican<br>Specify: |            | ecify Yes or No<br>Rican, etc.)   |  | Race - Amer<br>Black, White<br>Bcify: B1   |  |
| then be well   |  | (Special Special Speci |   | st grade o   | completed)  | 1-4or 5+)  |   | edent's Us<br>e kind of w<br>DO NOT<br>bore                         |  | ipation<br>e during mos<br>ed)           | st of work | ing   |  | Bake                                       |  |
| Se ever  | 17   | Willie   | (First, Middle,                               |  |   | ith  |   |   |  | Hatt                                     | ie         |   | Chapp.   | le   |  |
| Health and Mer<br>em 27 is merke<br>ther treumetic   |  | 9a. Informent's Na<br>Kathy<br>Da. Method of Disp  | А. На   |  | , Print)  | 20b.   | 241   | 9 E.  | Ol   | iver                                     |            |   | altim  |  | tip Code) 2121<br>aryland<br>Town, State Md  |
| permit, inages in<br>Department of He<br>important: if flex<br>any injury or oth<br>ands.  |  | A Buriel 2 (<br>4 Donation   | ☐ Cremetion<br>5 ☐ Other (S                   | Specify)   |   | State G  | arris   | on F  | ore  | st VA                                    |            | m.07-0  | 1-98   | Owin                                       | gs Mills   |
| Deg Man  | -  |  |   |  |   | $\sim$   |   |   |  |  | Du         | TCTIIIOI  |  |  |  |
| hysician<br>/Medical<br>Examiner   | in   | 3a. Part1. Enter the shock, or heat mediate Cause (see as or conditions utiling in death)  | rt feilure. List                              | r complica<br>conly one  | cause on (  | each line.   | erotic  | Card  | ode of dy  | ring, such as                            | PH 1       | 101 E<br>or respiratory a   | . Nor  |  |  |
| /Medical<br>Examiner   | in di  | shock, or hea<br>nmediate Cause (<br>isease or condition<br>asulting in death)   | rt feilure. List                              | r complicationly one   | cause on (  | erioscle   | erotic  | Card  | ode of dy  | ring, such as                            | PH 1       | 101 E<br>or respiratory a   | . Nor  |  | enue Approximate Interval Between  |
| /Medical<br>Examiner   | in dire  | shock, or hea  | rt feilure. List                              | complicationly one   | cause on (  | Prioscle  Due to (   | erotic  | Card  | ode of dy  | ring, such as                            | PH 1       | 101 E<br>or respiratory a   | . Nor  |  | enue Approximate Interval Between  |
| by the eltending physician and believed for use as the burnhansit and by the hysician/Medical Examiner   | In direction of the second of  | shock, or hea<br>immediate Cause (<br>lisease or condition<br>sutting in death)<br>equentially list co-<br>any, leading to are<br>ause. Enter Undeause (Disease vents<br>rut initiated events  | inditions, mediate ritying injury             | a  | Arte  | Pue to (   | erotic<br>for as a consecutive or as a consecutiv | Card equence of   | ode of dy  | scula                                    | r Di       | 101 E<br>or respiratory a   | Nor  | th Av                                      | Approximate Interval Between Onset and Death Onset and Death of the cause of death   |
| been signed by the eltending physiolenand should be deteched for use as the burnthransit and letted by Physician/Medical Examiner  | In direction of the second of  | shock, or hea<br>nmediate Cause (<br>isease or condition<br>sutting in death)<br>equentially list co-<br>arly, leading to in<br>ause. Enter Undeate<br>ause (Deader or sit initiated events<br>esulting in death) i  | inditions, mediate ritying injury             | a. b. c. d. d. cone contri                                       | Arte  | Pue to (   | erotic<br>for as a consecutive or as a consecutiv | Card equence of   | ode of dy  | scula                                    | r Di       | 101 E or respiratory a  Seease  23b. Did 10  24a. War perf                        | Nor  | contribute No 3 Pr                         | Approximate Interval Between Onset and Death Onset and Death of the cause of death   |
| ate hes been signed by the ettending physiotherand page 2 should be deteched for use as the burnhanait and Completed by Physician/Medical Examiner   | Siff on Cath   | shock, or hea rimediate Cause ( lisease or conditionsulting in death) equentially list containly, leading to interest under the state of the state o | nditions, mediate thying injury Last          | only one   | Arte  | Due to (  Due to | erotic<br>for as a consecutive or as a consecutiv | Card equence of equenca of  | Liova liova f): f):  | escular  siven in Part  26. Place        | r Dis      | 23b. Did 10 24a. War perf INS 10 h (Check only)                                   | Norarrest,  Itobecco ue Yee 2   S an autopsy ormed?  PECTION Yes 2000 one)   | e contribute No 3 Pr                       | Approximate Interval Between Onset and Death Death Onset and D |
| After this certificate hes been signed by the attending physician and investor, page 2 should be deteched for use as the burnhanait in the standard of the completed by Physician/Medical Examiner.                                      | In diameter of the second seco | shock, or hea rimediate Cause ( lisease or conditionsulting in death) equentially list containly, leading to interest under the containing in death) I art III. Other significant III.  | nditions, mediate thying injury Last          | only one   | Arte  buting to d  A  spital: 1  28a. Date (Mor                               | Due to (   | erotic for as a consector as a conse    | Card  Card  Quence of  equence of  quenca of  underfying  ent 3 0 0 | DOA CODOA CO | 26. Place ther: 4 Nury at ork?           | r Dis      | 23b. Did 10 24a. Wai peri INS 10 h (Check only) me 5 X Res 28d. Describe          | Norarrest,  I tobecco ue  Yee 2  Yee 2  Yes 2  One)  Indence 8  In | contribute No 3 Pe                         | Approximate Interval Between Onset and Death Death Onset and D |
| this certificate hes been signed by the attending physician and a director, page 2 should be deteched for use as the burnhanait and size of the completed by Physician/Medical Examiner.; To Be Completed by Physician/Medical Examiner. | Sf du Chhre  | shock, or hea rimediate Cause ( lisease or conditionsulting in death) equentially list contains. Enter Undeatuse (Disease) or at inhabed events exit inhabed events of the contains of the con | red to medica  No  1 Certifylia  1 Certifylia | only one  a.  b.  c.  c.  d.  d.  Hos  rig gration  not be nined | Arte  buting to d  A  spital: 1  28a. Date (Mor 28e. Place build  lan: To the | Due to (  Due to | erotic for as a consector as a conse    | Card equence of equence of underfying ent 3 1 1 of M treet, factor  | DOA Cory, officed at the   | 26. Place ther:  27 yes 2 ury at ork?    | e of Deat  | 23b. Did  24a. War perf  INSI  1 Check only one 5 X Res  28f. Location City or To | Norarrest,  I tobacco ue Yee 2     S an autopsy ormed?  PECTIO Yes 203 how injury of the win, State)  I tobacco ue I tobac | contribute No 3 Per 24b.  No 3 Per Courred | Approximate Interval Between Onset and Death Death Onset and D |

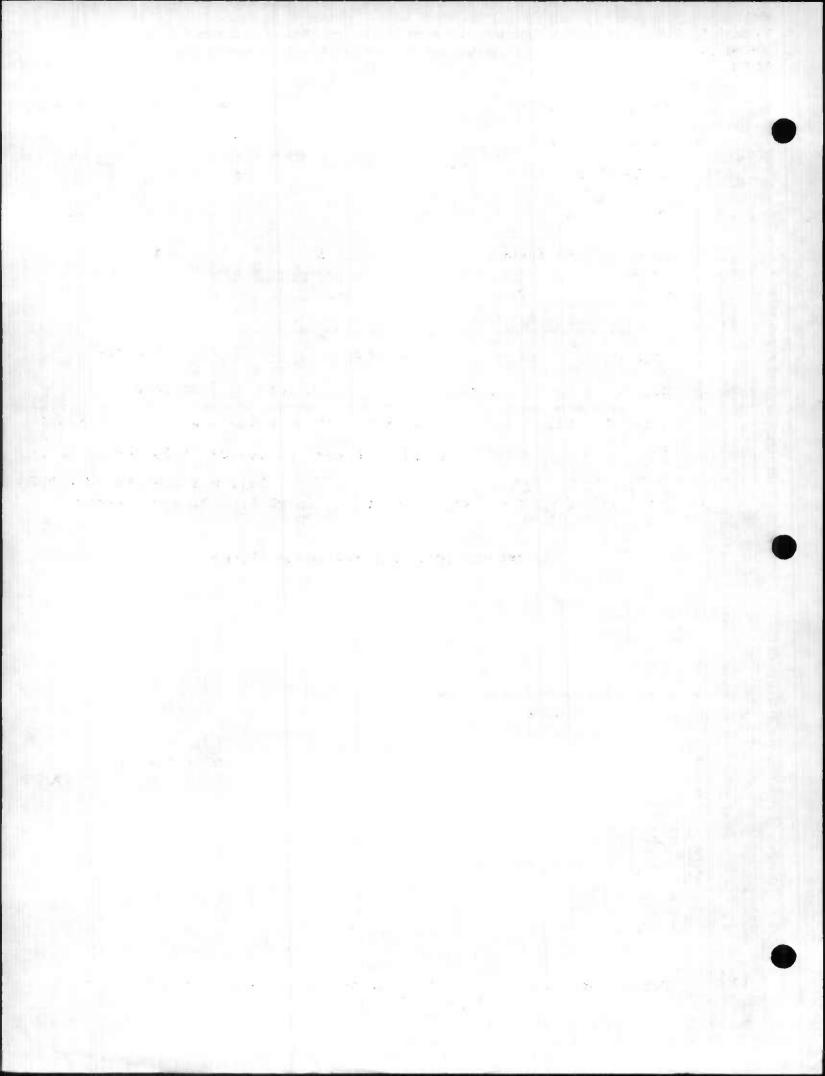
Registrar **DHMH 16 Rev 6/95** 

State

Dennis Chute M.D.

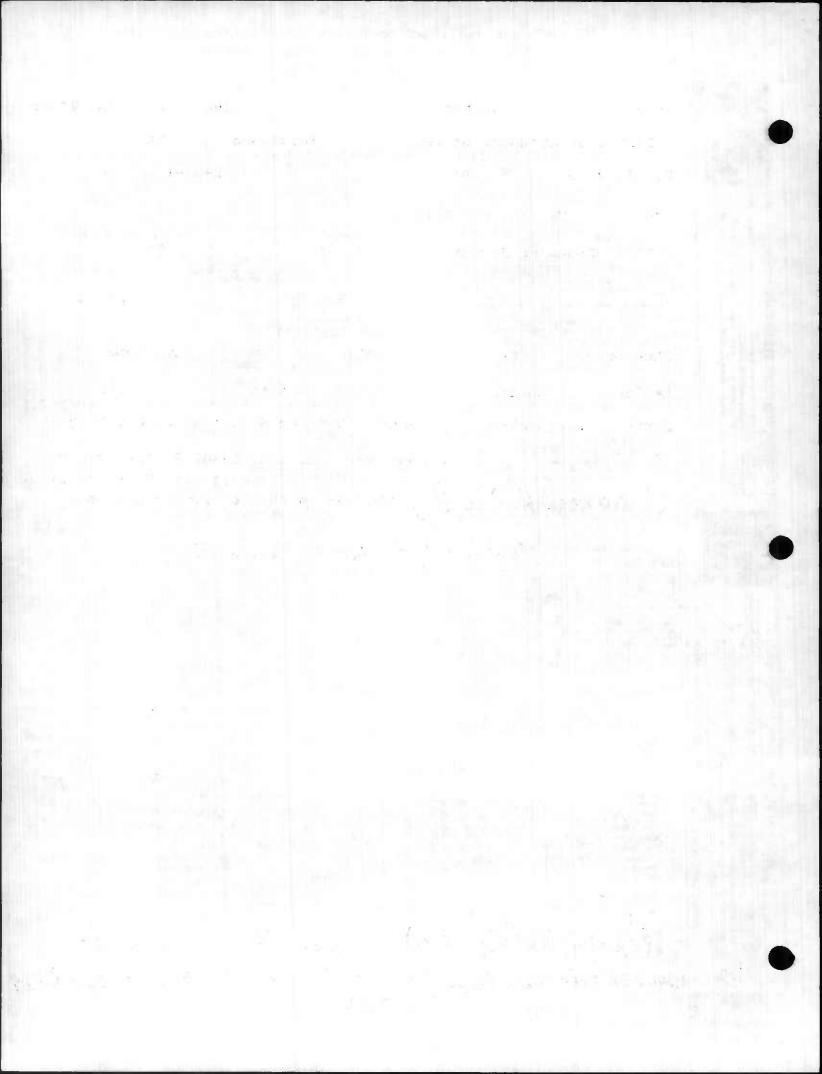
JUN 3 0 1998

31. Date filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 98 20002

|                     |   |                  |  |  |                    | Cen                 | tificate of                              | Death                 |                 | R   | eg. No.           | 5                   | 0002  |    |
|---------------------|---|------------------|--|--|--------------------|---------------------|--|-----------------------|-----------------|---|-------------------|---------------------|---|----|
|                     | De Line   |                  | 1. Decedent's Neme (First, Middle  | , Last)  |                    |                     |  |                       |                 | 2. Date of Deet<br>Month                  | h<br>Day          | Year                | 3. Time of Death  |    |
|                     | Physicia<br>/Medic  |                  | Louise   | Sto  | kes                |                     |  |                       |                 | June                                      | Day<br>24         | 98                  | 9:45am  |    |
|                     | Examin  |                  | 4e Facility Neme (If not institution   | , giva street and number                             | )                  |                     |  | 4b. City, Tov         | vn, or Loc      | ation of Death                            | 4c. County        | of Death            |   |    |
| d                   |   |                  | 2937 East  | Monument   | Street             |                     |  | Balti                 | imor            | е   | NA                |                     |   |    |
|                     | Funeral   |                  | 5. Social Security Number  | 6. Sex 7. A  | ga (In yrs. lest b |                     | If Undar 1 Year<br>Months Deys           |                       | 24 Hrs.<br>Min. | 8. Dete of Birth<br>(Month, Dey,<br>02-04 | Year)             | 9. Birthpl<br>Count | ece (State or Foreigny)                                       | n  |
|                     | Director  |                  | 229-16-4695   Usuel Residence of Decedent  | 70 W 2-3x  | 84                 | Yrs.                |  |                       |                 | 02-04                                     | -14               | VA                  |   |    |
|                     | pug *   |                  | 10a. Stata 10b. County   |  | 10c. City, To      | wn or Loc           | ation                                    |                       |                 |   |                   | 10                  | d. Inside City Limit  | s  |
|                     | Mary!   | 0                | Md N   | A  | Balt               | inmo                | ore                                      |                       |                 |   |                   |                     | 1 X Yas 2 N   | 0  |
|                     | 28°   | rec              | 10e, Street and Number   |  |                    |                     | 10f. Zip Code                            |                       |                 | 1   | 0g. Citizen of 1  | Whet Count          | ry?   |    |
|                     | n 72 hours after death with the Manyland<br>"natural", or items 23a or 28s-f ahow<br>edical Examiner must be northed at | Funeral Director | 2937 E. Monu   | ment Stre  | et                 |                     | 21205                                    | 5                     |                 |   | USA               |                     |   |    |
|                     | death<br>me 2   | Jera             | 11. Marital Status   | 12. Wes Decedant                                     | Evar in U,S.       | 13. W               | les Decedent of                          | Hispanic Orig         | in? (Spe        | city Yes or No-                           |                   | e - Amarica         |   | -  |
| 0                   | or ite  |                  | 1 Never Married 2 Merri  |  |                    |                     | Yes, specify Cul                         |                       | , Puerto F      | (ICAN, etc.)                              |                   | ck, Whita, e        |   |    |
| 05                  | alf, o  | by               | 3 Widowed 4 □ Divorced   | If Yes, Give<br>Year or Dates:                       |                    | 1                   | ☐ Yes 27 No                              | Specify:              |                 |   | Specify           | Bla                 | ck  |    |
| Maryland 21215-0020 | 72 ho   | Completed by     | 15. Decedent<br>(Spacify only highas   | 's Educetion   | 16                 | a. Decede           | ent's Usuel Occu                         | pation<br>during most | of working      | na l                                      | 16b. Kind of B    | usiness/Ind         | ustry   |    |
| 121                 | within<br>ena.<br>than "  | npie             | Elementery/Secondery (0-12)  | College (1-4or                                       |                    |                     | ind of work done O NOT use retire        | 9d)                   |                 |   |                   |                     |   |    |
| 2                   |   | Co               | 12th Grade   | NA   |                    | Dom                 | estic                                    | 40.04.4               | d. M.           | (P** A A - 1-41 1                         | own h             |                     |   |    |
| and                 | 0 2 0 0   | Be               | 17. Fathar's Nama (First, Middla, I  | Last)  |                    |                     |  |                       |                 | (First, Middle, I                         |                   |                     |   |    |
| K                   | d 2 should be<br>th and Mental<br>7 is marked of<br>treumatic ev  | 2                | Leslie   | Morton   |                    |                     |  | Bes                   |                 |   |                   | Mort                |   | _  |
| Mai                 | N 8 8 2   |                  | 19a. Informent's Neme/Reletionsh   |  |                    |                     |  |                       |                 |   |                   |                     | Code) 2120:   | )  |
|                     |   |                  | Sarah Bro  | adwater  |                    |                     |  |                       | Str             |   | 20c. Location     |                     | aryland   |    |
| יסר                 | t to  |                  | 1 Burial 2 Cramation   |  | 1                  |                     | sition (Nema of<br>setory or other plant |                       |                 |   |                   |                     |   |    |
| Baltimore,          |   |                  | 4 Donetion 5 □Other (Sp  |  | Arbu               |                     | Mem. I                                   |                       |                 | 07-01-                                    |                   |                     |   | _  |
| Ba                  | permit. Pag<br>Department<br>Important: I<br>any injury o   |                  | 21. Signature of Funerel Service I   | · // n n   | 1                  |                     | Nama and Addr                            |                       | Ба              |   |                   | -                   | nd 2120   | 2  |
| _                   | 80 5 8 8  |                  | S. Valence   | North Avenue   |                    |                     |  |                       |                 |   |                   |                     |   |    |
| П                   |   |                  | 23e. Pert1. Enter the diseese, or shock, or heert failure. List                    | complications that cause<br>only one cause on each l | ine.               | not ente            | er the mode of dy                        | ing, such es          | cerdiec o       | r respiretory arr                         | est,              |                     | Intervel Between<br>Onset end Deeth                           |    |
| Ŷ.                  | Physician<br>/Medical   |                  | Immediete Ceuse (Finel   | CONG   | £007'              | , 5                 | 1 Kmn                                    | T                     | n'              | 1112                                      |                   |                     |   |    |
|                     | Examiner  |                  | disease or condition<br>resulting In deeth)  | e. EUN CI  | 42111              | 6                   | MEMIC                                    | / / /                 | 316             | UNE                                       |                   |                     |   |    |
|                     |   | er               |  |  | Due to (or as e    | e consequ           | uence of):                               |                       |                 |   |                   | i                   |   |    |
|                     | and dransit   | Examiner         | On a serie that the distance of the series   | b  | Due to (or es a    | 2 CODERGI           | ience off.                               |                       |                 |   |                   | 1                   |   |    |
| ć                   | bre ni  | Exa              | Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying |  | D00 (0 (0) 03 0    | CONSEQU             | dence of .                               |                       |                 |   |                   |                     |   |    |
| 68760,              | A 82  | edicai           | thet initieted events  | C  | Dua to (or as a    | consequ             | uence of):                               |                       |                 |   |                   |                     |   |    |
|                     | ng p  | Wed              | resulting In deeth) Lest   |  |                    |                     |  |                       |                 |   |                   |                     |   |    |
| Box                 |   |                  |  | d  |                    |                     |  |                       |                 |   |                   |                     |   |    |
|                     | 0 0 0   | Physician/       | Pert II. Other eignificant conditio  | ns contributing to death I                           | out not resulting  | in tha un           | derlying ceuse g                         | iven in Pert I.       |                 | 23b. Did to                               | bacco use co      | ntribute to         | the cause of deat   | h? |
| P.0                 | at the<br>d by th<br>etache   | Phy              |  |  |                    |                     |  |                       |                 | 1□ Y                                      | 00 20 No          | 3 Prot              | ably 4 Unkno  | wn |
|                     | 5 5 6   | by               |  |  |                    |                     |  |                       |                 |   |                   | T                   |   |    |
| orc                 | v require<br>been si<br>should I  | ted              |  |  |                    |                     |  |                       |                 | 24a. Was e<br>perfor                      | n eutopsy<br>med? | ava                 | are autopsy findings<br>alleble prior to<br>apletion of cause | •  |
| ec                  | as as   | Completed        |  |  |                    |                     |  |                       |                 |   |                   |                     | death?  |    |
| E 3                 | Pa at   | S                |  |  |                    |                     |  |                       |                 | 1 🗆 Y                                     | es 2 No           | 1 [                 | Yes No  |    |
| /ita                | ysician: The I<br>is certificate hi<br>director, page   | Be               | 25. Was case referred to medicel examiner?   |  |                    |                     |  |                       | of Deeth        | (Check only or                            | 10)               |                     |   |    |
| of Vital Records,   | Physician:<br>rthis certific  | To               | 1 ☐ Yes 2 No   | Hospitel: 1 Inpat                                    |                    |                     | 3LI DUA                                  |                       | rsing Hon       |   | ence 6 Oth        |                     | ")  |    |
|                     | After<br>After<br>funer   | lon              | 27. Menner of Deeth  1 Neturel 5 ☐ Pending   |  |                    | . Time of<br>Injury | 28c. Inj                                 |                       |                 | 28d. Describe h                           | ow injury occur   | Ted                 |   |    |
| Sic                 | Attanding ir death. actor: After by the fune  | cat              | 2 Accident investig  | ot be and Black of In                                | June Attorne       | form street         |  | Yes 2 1               |                 | Rf Location /S                            | treat and Num     | her or Rure         | l Route Number,   |    |
| Division            | or Attandate after deat Director:   | Certification:   | 4 ☐ Hornicide determi  | building, e  | ic. (Specify)      | ieriii, stre        | et, factory, office                      |                       | 1               | City or Town                              |                   | 501 01 11010        | 1110010 11011001,   |    |
|                     |   |                  | 29a. Certifier 12 Certifying   | Physician: To the best                               | of my knowledg     | ne deeth            | occurred at the t                        | ime dete en           | d plece e       | and due to the c                          | ause(s) and m     | enner as si         | ated  |    |
|                     | To the Hospital within 24 hours. To the Funeral completaly filled   | edicai           | (Check only 2 Medical I  | xaminer: On the basis of                             | of examinetion e   | nd/or inv           | estigation, in my                        | opinion, deel         | th occurre      | ed et the time, d                         | ete end plece,    | end due to          | the ceuse(s)  |    |
|                     | within<br>To the<br>comple  | Me               | 29b. Signature and title of certifier  | n1. X/0/   | 0                  | 1                   | 29c, Licer                               | sa number             | 02              | 2   | 9d. Data signe    | d (Month,           | Dey Year)   |    |
|                     | - 5 - 0   |                  | De mace  | U DOW  | mi                 |                     | 6  | 1610                  | 80              |   | 6/20              | 19                  | 8   |    |
|                     | ( -   |                  | 30 Nama end addrass of personal  | who completed ceuse of                               | deeth (Item 23a    | ) (Type F           | Print)                                   |                       |                 | 000                                       | -1- +             | 1                   | ^ .   |    |
|                     | 0   |                  | WALKERIMP  | PEUATE   | LLI Ve             | is                  | 121d.                                    | EATO                  | NY              | A 100                                     | 4CTIN             | 101                 | E hus 2/19  | 24 |
|                     | Sta   | te               | 31. Dete filed (Month, Dey, Year)  | 32. Regis  | ans Signature      | 40                  | Make.                                    |                       |                 | -   |                   |                     | 1   | -  |
|                     | Registra  |                  | JUN30  | 1998   | was pauld          | 201-N               | N. Process                               |                       |                 |   |                   |                     |   |    |



| #28ab                        | ef Per MF Film G760   | 6-25-98RC                        |   | epartment of learnificate of                             |  | 1                                      | Reg. No.                     | 8 2008  |  |
|------------------------------|---|----------------------------------|---|--|--|--|------------------------------|---|--|
| ysician<br>Medical           | Bernice Se  | cherer                           |   |  |  | 2. Date of D<br>Month<br>Jun           | 1st <sup>Dey</sup> 199       | 3. Time of 0<br>9.37  |  |
| aminer<br>eral<br>ctor       | 4e. Fecility Neme (If not institution Fallston Get 5. Sociel Security Number 214–24–6100 Usual Residence of Decedent  | neral Hos                        |   | Months Days  | Falls  | rs. 8. Dete of Bi                      | Harf                         |   |  |
| 18                           | 10a. State 10b. County  |                                  | 10c. City, Town   | or Location  |  |  |                              | 10d. inside City  |  |
| Irector                      | Maryland Harford  |                                  | Harford C   |  |  |  |                              | 1 ☐ Yes   |  |
| al Dir                       | 10e. Street end Number<br>307 Whitaker Mill 1   | Road                             |   | 10f. Zip Code 21047                                      |  |  | 10g. Citizen of t            | Whet Country?   |  |
| d by Funeral Director        | 11. Maritel Status  1 Never Married 2 Marri 3 Widowed 4 Divorced  | 12. Wes Decede<br>Armed Force    | s?<br>XINo  | 13. Wes Decedent of If Yes, specify Cub                  | en, Mexican, Pue   | (Specify Yes or N<br>erto Rican, etc.) | o- 14. Rec                   | ce - American Indian,<br>ck, White, etc.                              |  |
| Completed                    | 15. Decedant<br>(Specify only highes<br>Elementary/Secondary (0-12)<br>10   | t grede completed) Coliaga (1-4d | 16e. D<br>(%)<br>(%)<br>Home  | petion<br>during most of w<br>d)                         |  | Housekeep                              | usiness/industry             |   |  |
| To Be                        | 17. Fether's Name (First, Middle, I<br>Henry Charles Gies:  | ,                                |   |  | 18. Mother's N<br>Helen Sy   | eme <i>(First, Middle</i><br>manski    | e, Maiden Sumen              | 18)   |  |
|                              | 19e. Informent's Neme/Reletionsh  |                                  |   | Mailing Addrass (Street                                  |  |  |                              |   |  |
| once.                        | Jill Minnick (Daugh<br>20e. Mathod of Disposition<br>10X Burial 2 Cremation<br>4 Donetion 5 Other (Sp.  | 3 □Removel from Sta              | 20b. Plece of D   | 8 W. Jarretts isposition (Neme of cremetory or other ple |  | Dete                                   |                              | City or Town, Stete   |  |
| once.                        | 21. Signeture of Funeral Service L  |                                  | inchi.  | 22. Name end Addre<br>Lassahn Fund<br>7401 Belair        | eral Home,   | Inc.                                   |                              |   |  |
| বু ৯ ৯ clan/Medical Examiner | Immediate Ceuse (Final disease or condition resulting in death)  Sequentially list conditions, if any, laeding to Immediate causa. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Lest | over                             | Dua to (or es a cor  PSION  Dua to (or es a cor  Due to (or es e cor                  | nsequence of):   |  |  |                              | Approximata Interval Between Onset end De 60 hr                       |  |
| Physician/M                  | Pert II. Other significant condition  |                                  |   |  | ven in Pert I.   |  | tobacco use coi<br>Yes 2□ No | ntributa to the cause of  |  |
| Completed by                 |   |                                  | domyolys:   |  |  | 24a. Wes                               | en eutopsy<br>ormed?         | 24b. Were eutopsy fine evailable prior to completion of cau of deeth? |  |
|                              |   |                                  |   |  |  | 10                                     | Yes 2 No                     | 1 □ Yes 2 □ N   |  |
| To Be                        | 25. Wes casa raferred to medical exeminer?  1 Yes 2 No  27. Manner of Death   | Hospitel: 1 Nnpa                 |   | attlent 3 DOA Oth  | er: 4 🗆 Nursing  | eeth (Check only<br>Home 5 Resi        | dence 6 □Oth                 |   |  |
| Certification:               | 1 Neturel 5 Pending 2 Accident Investige 3 Suicide 6 Could ne 4 Homicide detarmin   | ot be 28e, Pleca of I            | jury Year) 28b. Tim<br>Injury-30-98 Unk. anjury-At home, ferm,<br>efc. (Specify) Home | 28f. Location (  | 28d. Describe how injury occurred  NA Ingested Drugs  28f. Location (Street and Number or Rural Route Num. City or Town, State)  307 Whitaker Mill Rd. A Harford |  |                              |   |  |
| edical C                     | 29a. Certifiar (Check only one)  1☐ Certifying 2☐ Medical E   | Physician: To the bes            | t of my knowledga, do   | aath occurred et tha tir<br>r investigation, in my o     | ne, dete end pied<br>pinion, deeth occ   | e and due to the                       | cause(s) and me              |   |  |
| Me                           | 29b. Signe ura end title of certifier   | mfr                              | - A   | 29c. Licens  |  |  |                              | nd 1998   |  |
| State<br>listrar             | 30. Neme and eddress of parson w  G.S. Prabhu M  31. Dete filed (Month, Dey, Year)  | .D. 218 F                        | Fulford A   |  |  | 21014                                  |                              |   |  |

DHMH 16 Rev 6/95

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** HAYWOOD SMITH JUNE 12:23 26 /Medical 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner BALTIMORE UNIVERSITY MARKLAND RALTIMURE CITY OF If Under 1 Year If Under 24 Hrs. Months Devs Hours Min. 9. Birthplece (State or Foreign 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) Date of Birth (Month, Dey, **Funeral** Deys 213-28-976" Usual Residence of Decedent Months Yrs. Director Pages 1 end 2 should be filed within 72 hours effer death with the Maryland nent of Health and Mental Hyglene. ant: If fem 27 is marked other than "neturel", or frems 23s or 28s-f show urry or other thaumatic event, in a ledical Engineer must be notified at 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No Directo 10e. Street and Numb 10f. Zip Code 10g. Citizen of Whet Country? 3335 Funeral Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 W No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11, Maritel Stetus American Indien. Black, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 Yes 25 No altimore, Maryland 21215-0020 Specify þ 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) Be Georgeanna 2 HCHWOOD muth 9e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 4008 Plece of Disposition cemetery, cremetory 20c. Location - City or Town, State 20e. Method of Disposition Important: If It any injury or o 1 Burial 2 Cremetion 3 Removel from State Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Home & Scruices 21. Signature of Funerel Service Licenses Balto, Md. 1639 N. Broadway disease, or complications thet caused the deeth. Do not enter the mode of dying, such or heart fellure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medicai Immediete Cause (Finel disease or condition resulting in death) Examiner Examiner Coaculo rute ettanding physician and for usa as the bunal-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) signed by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evaileble prior to completion of cause of deeth? should t Completed 24a. Wes en eutopsy performed? s cartificete has b 1 Yes 2 No 1 Yes 2 No Attending Physician: director Be 25. Was case referred to medical exeminer? 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No Illication: To 1 Yes 1 Inpatient 2 ER/Outpatient 3 DOA this 28e. Dete of Injury (Month, Dey Year) 27. Menper of Death 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Dey, Year)

em 23a) (Type, Print)

[312 William

st

Baltinone

State Registrar 30. Name and adj

31. Dete filed (Month, Dey, Yeer)

JUN 3 0 1998

ess of person who completed cause of death (V

BUSSEY

 $\Pi$ 

32. Registrer's Signeture

whe Davidson-Randall

oppositional of A. A. 3335 Climber Noe Maple Leste Hed Company Georgeans Love of other Lamps Demotric Martes-Dugle 445 Different time Dalle Fill - 51213 bulged anomited of the Anchord on test

State of Maryland / Department of Health and Mental Hygiene 98 20085

| Innt's Nema (First, Mioricia)  Ticia  Ty Nama (If not institut)  Leaderick  Sacurity Number  16-1343  Isidence of Decedant  10b. Coun   | ion, giva s<br>Me   | street and number  |  |  |   |  |  |   | 2. Data of Dea<br>Month<br>June<br>cation of Death  | 26,  | Year<br>1998  | 3 2  | ma of Deeth: 05 AM   |
|---|---|--|--|--|---|--|--|---|---|--|---|--|--|
| ty Nama (If not institute of the Cauchy Number of 16-1343) asidence of Decedant to 10b. Coun  | Me<br>6. Sex  | etreet and number  | 7)   |  |   |  |  |   | June  | 26,  | 1998  |  | :05 AM   |
| ty Nama (If not institute of the Cauchy Number of 16-1343) asidence of Decedant to 10b. Coun  | Me<br>6. Sex  | etreet and number  | 7)   |  |   |  |  |   |   |  |   |  |  |
| Sacurity Number -16-1343 asidence of Decedant ta 10b. Coun  | 6. Sex  |  | 14   | A:   |   |  |  |   |   |  |   | M I  |  |
| Sacurity Number -16-1343 asidence of Decedant ta 10b. Coun  | 6. Sex  |  |  | OSPI   | tal   |  | Fre  | =de   | rick  | F  | red   | lo, ri   | ch   |
| asidence of Decedant<br>ta 10b. Coun  |   | M ay⊋F   |  | last birthday)<br>Yrs.   | If Unde   | T 1 Yaar<br>Days   | If Undar 2<br>Hours  | 4 Hrs.<br>Min.  | 8. Data of Birth<br>(Month, Day<br>June 11  |  | 9. Birt   |  | teta or Foreign  |
| ta 10b. Coun  |   |  |  |  |   | l  |  |   | ound 11   | 2221   |   | y zame   | •  |
| MD. Balt  | imore   | <u> </u>   |  | y, Town or Lo  | cation  |  |  | _   |   |  |   |  | Ida City Limits  |
|   |   |  |  | J., JOI1   | 1000  | 0.1  |  |   |   | 10- 011  | -(115-10-   |  |  |
| et and Number<br>Smeton Pla   | ace #   | 504  |  |  |   | p Coda<br>21204  | l.   |   |   | 10g. Citizan   |   | SA   |  |
| al Status<br>Never Married 2⊠ Mi<br>Widowed 4 □ Divorce   | arried  | I2. Was Deceden<br>Armed Forcas<br>1 ☐ Yas 2 ☑<br>If Yes, Giva<br>Yaar or Dates:   | ?<br>KNo   |  | f Yes, spi  | ecify Cub  | lispanic Origi<br>an, Maxican,<br>Specify:   | In? (Spo<br>Puarto  | ecify Yas or No-<br>Rican, atc.)  |  | Race - Ame<br>Black, Whit<br>ecify:   |  | an,  |
| 15. Deceda<br>(Specify only high  | ant's Educ  | cation<br>complated)   |  | 16a. Deced<br>(Giva  | dent's Usi<br>kind of w   | al Occup<br>ork dona   | pation<br>during most  | of work   | ing   | 16b. Kind o  | of Business   | /Industry  |  |
| ntary/Secondery (0-12   | T   | Collega (1-4or   | 5+)  |  |   |  | d)   |   |   | 0.00   | Hama  |  |  |
| 12  |   |  |  | поше   | emake   | ÷r   | 40.000   |   | (Fire 14:44)  |  | Home  |  |  |
| ar's Nama <i>(First, Middl</i><br>CY  | ie, Last)   |  |  | McNair   |   |  | Heler  |   | a (First, Middle,   | Margan Sur   |   | ıımaar   | dner   |
|   |   |  |  | _  |   |  |  |   |   |  |   |  | GITCE  |
| James R. S  |   |  | nd   |  | -   |  |  |   | Towson,   |  |   | Zip Coda)  |  |
| hod of Disposition  |   | amoval from State  | a C  | Place of Dispo<br>cemetery, cren   | natory or   | othar pla  |  | cv i6   | Data -29-98   | 20c. Locati  | on - City or  |  | ita  |
| Donation 5 ☐ Othar<br>ature of Funeral Service  |   | 90   | part   |  |   |  |  |   | ral Hom   |  |   |  |  |
| Kal   | 1 4   | 2  |  |  |   |  |  |   | wson, M   |  |   |  |  |
| rt1. Enter the diseese<br>ock, or haart failure. L  | or controllic<br>ist only on                                | cations thet cause<br>a causa on each  | ad tha daat<br>lina.   | h. Do not ant  | ar tha mo   | da of dyi  | ng, such as c  | ardiac  | or raapiratory ar   | rest,  |   | Intarva  | ximata<br>al Betwaan<br>and Death  |
| ita Causa (Final<br>or condition<br>i in death)   | e   | A  | cute   | My   | oca   | rdi  | al :   | In  | farcti  | on   |   |  |  |
| in death)   |   |  | Due to (c  | or es e consec   | quance of   | ):   |  |   |   |  |   |  |  |
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| ially list conditions,  | 1   |  | Due to (d  | or es a consec   | uance of  | ):   |  |   |   |  |   |  |  |
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| ther eignificant condi  | itions con  | tributing to death   | but not res  | uiting in tha u  | nderlying   | causa gi   | van in Part I.   |   | 23b. Dld t  | obacco use   | contribut   | e to the ca  | nuse of death  |
|   |   |  |  |  |   |  |  |   | 10  | Yee 2□!  | No 3□P  | robably  | 4 Unknow   |
|   |   |  |  |  |   |  |  |   | 24a. Was<br>perfo   | an autopsy<br>rmed?  |   | available  | m of anusa   |
|   |   |  |  |  |   |  |  |   |   | e=4.   |   | of daath?  | NIA  |
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| case referred to medic<br>ninar?  |   | lospital:  |  |  |   | Ott  | nar.   |   | h (Check only o   |  |   |  |  |
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| Natural 5 ☐ Pend  |   |  | ay Year)   | 28b. Tima of<br>Injury   |   | 28c. Inju<br>Wo  |  | 10  | 28d. Dascribe h   | 1/4  | CONTROL   |  |  |
| 2   Accident   Scientification   A   A   A   A   A   A   A   A   A  |   |  |  |  |   |  |  |   | City or Tou   | m, Steta)  | lumber or R   | lural Route  | i Number,  |
|   |   |  |  |  |   |  |  |   | end due to tha  | causa(s) an  |   |  |  |
| AND A STATE OF THE ASSESSMENT | ar Examin   |  |  | tion and/or in   | vestigetio  | n, in my o   | ppinion, deati   | n occur   | red at tha tima,  | oata end pla   | ice, end du   | e to tha ca  | use(s)   |
| •)  | et .  |  |  |  | 25  | - 111  |  |   |   |  |   |  | ear)   |
| •)  | yar /   | 1  |  |  | -   | 70 1   | 177-   | _   |   | 0 1  | 21/   | 00   |  |
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| •)  | 1.1   | mpletted cause of  | nD   | n 23a) /Tuno   | Print\  | De   | 1139   | 1   |   | 61   | 0661  | 70   |  |
| Acc<br>Sui<br>Ho  | icident inva icida 6 Cou dete  fer 1 Certific conly 2 Medic | invastigation icida ficida fic | icident invastigation   28e. Place of Invanidade   28e. Place of Invanidade | icident invastigation   28e. Place of Injury - At h building, etc. (Specificant)   27   28   28   28   28   28   28   28 | icident icida invastigation 6 Could not be determined 28e. Place of Injury - At homa, ferm, str building, etc. (Specify)  Certifying Physician: To the best of my knowledge, deatt conty 2 Medical Examiner: On the bests of examination and/or in and mannar stated. | icident invastigation 6 Could not be determined 28e. Place of Injury - At homa, ferm, straat, facto building, etc. (Specify) | invastigation invastigation Could not be determined  28e. Place of Injury - At homa, ferm, streat, factory, office building, etc. (Specify)  28e. Place of Injury - At homa, ferm, streat, factory, office building, etc. (Specify)  28e. Place of Injury - At homa, ferm, streat, factory, office building, etc. (Specify)  28e. Place of Injury - At homa, ferm, streat, factory, office building, etc. (Specify)  28e. Place of Injury - At homa, ferm, streat, factory, office building, etc. (Specify)  28e. Place of Injury - At homa, ferm, streat, factory, office building, etc. (Specify)  28e. Place of Injury - At homa, ferm, streat, factory, office building, etc. (Specify)  29c. Licans | invastigation invastigation licida 6 Could not be determined 28e. Place of Injury - At homa, ferm, straat, factory, office building, etc. (Specify)    Certifying Physician: To the best of my knowledge, death occurred et the time, date end and mannar stated. | invastigation invastigation licida    Could not be determined   Could | invastigation invastigation   Could not be determined   28e. Place of Injury - At homa, ferm, streat, factory, office   28f. Location (Scrity or Town)   Continued   28f. Location (Scritting or Town)   Continued   28f. L | invastigation invastigation   Could not be determined   28e. Place of Injury - At homa, ferm, straat, factory, office   28f. Location (Street and North City or Town, Steta)   City or | invastigation invastigation invastigation icidal determined invastigation icidal determined invastigation icidal determined icidal 28e. Place of Injury - At homa, ferm, streat, factory, office icidal control icidal 28e. Place of Injury - At homa, ferm, streat, factory, office icidal control icidal icid | invastigation invastigation licida  6 Could not be determined  28e. Place of Injury - At homa, ferm, straat, factory, office building, etc. (Specify)  28e. Place of Injury - At homa, ferm, straat, factory, office City or Town, Steta)  28f. Location (Street and Number or Rural Route City or Town, Steta)  28 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the causa (s) and mannar es stated.  28 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the causa (s) and mannar estated. |

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State of Maryland / Department of Health and Mental Hygiene 20086 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** SHELDON SEIGEL JAY 21, 1998 JUNE 0710 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** WATERTOWN RD. PINES OCEAN WORCESTER 8. Date of Birth (Month, Dey, Year) 1111 V 20, 1921 5. Social Sacurity Number 6. Sex 14 M 2 ☐ F If Under 1 Year | If Under 24 Hrs. Birthplaca (Stata or Foreign Country) 7. Aga (In yrs. lest birthday) **Funeral** Months Days Hours 142-14-1485 76 Yrs. Director Usual Residence of Dacadant 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-f show MD. notified Director WORCESTER OCEAN PINES 1 ☐ Yas 2 ☐ No 10e Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 9 death with the Medical Examiner must be 42 WATERTOWN 21811 RD. USA natural, or Items 23a Funeral 11 Marital Status 12. Was Dacadant Evar in U,S. Armed Forcas? Was Dacadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indian Black, Whita, atc. Pages 1 and 2 should be filed within 72 hours after 1 ☐ Yas 2 ☐XNo 1 Navar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: If Yas, Giva Yaar or Datas: by Specify: WHITE 3 Widowed 4 Divorcad Completed 15. Dacadant's Education 16a. Dacadant's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT use retired) (Specify only highest grede completed) pernit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any Injury or other traumatic event, the Ma Elamentery/Secondery (0-12) Collaga (1-4or 5+) ENGINEER AERONAUTICAL 4 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meidan Surnama) Be EDWARD SEIGEL 2 JENNY RICHER 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Routa Number, City or Town, Stete, Zip Coda) MURIEL SEIGEL WATERTOWN RD. OCEAN PINES, MD., 21811 20b. Place of Disposition (Neme of cematary, cramatory or other place) 20a, Mathod of Disposition Data 20c. Location - City or Town, Stata GDNS. 6/24/98 Falls Church, VA 1 XBurial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Dothar (Specify) KING DAVID MEM. 1ves-Pearson Funeral Home 2847 Wilson Blvd. Arlington, VA 22201 21. Signature of Funeral Service Ligensee en 23a. Fourt. Enter the disease of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, thock or heart failure. List only one cause on each line. Approximata Interval Between Onsat and Death Physician /Medicai mmadiete Causa (Final ORONARY HEART DISEASE disaase or condition rasulting in death) Examiner Dua to (or as a consequence of) Examiner To the Hightel or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral phrector: After this certificate has been signed by the attending physician and coholelety filled in by the funeral director, page 2 should be detached for use as the buriat-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury thet initioted avants resulting in deeth) Last Dua to (or as e consaquanca of) P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☑ Whiknown Records, by 24b. Wara autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy 1 Yas 2 No 1 Yas 2 No of Vital Be 25. Was casa rafarred to madical 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Hesidanca 6 Other (Specify) Hospital: Certification: To 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? Division 5 Panding Invastigation 1 Natural Injury 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be determined 3 Suicida Place of Injury - At home, ferm, streat, factory, office building, etc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the causa(s) and mennar as stated.
2 Medical Examiner: On the basis of axamination and/or invastigetion, in my opinion, death occurred at the time, dete and place, and due to the causa(s) end mannar steted. Medicai 29a. Cartifiar (Check only onel 29b. Signature and title of certifie 29c. License number 29d. Data signed (Month, Dav. Year) Lucee 30. Nama and eddress of person who complated causa of death (Item 23a) (Type, Pript) CASTANED

DHMH 16 Rev 6/95

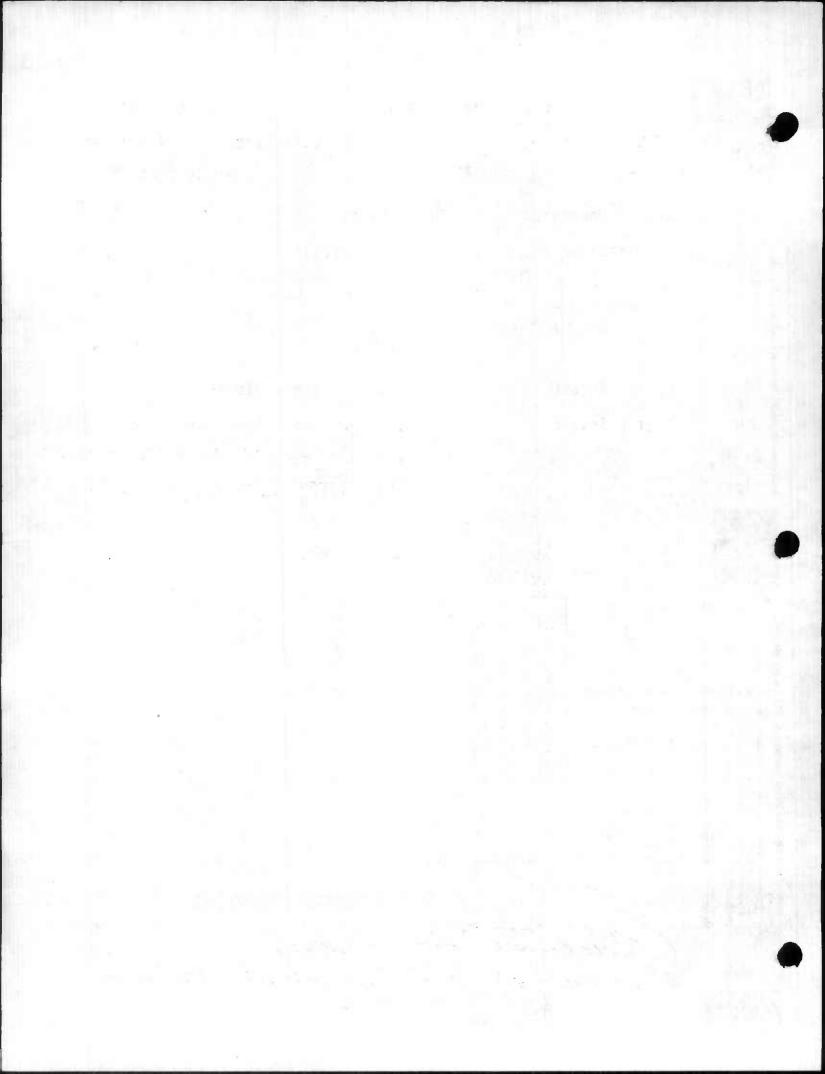
State

Registrar

31. Data filed (Month, Day, Year)

JUN 3 0 1998

32. Registra



State of Maryland / Department of Health and Mental Hygiene

20087 Certificate of Death 2. Data of Daath 3. Time of Death 1. Decedant's Nama (First, Middla, Last) SEARS **Physician** 1998 ROBERT LEROY Tune 10:35 Am /Medical 4c. County of Death 4b. City, Town, or Location of Death 4a Facility Nema (If not institution, give street and number) Examiner Center Medical Harbor Hospital Baltimore If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) if Undar 1 Year 5. Social Sacurity Number 6 Sex 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** Months 1⊠M 2□F Days 214-30-6614 Yrs NOV. 11,1933 MARYLAND Director Usual Rasidenca of Decedent with the Maryland 10a Stata 10b. County 10c. City. Town or Location 10d, Insida City Limits r 28a-f show 1 Yas 2 No Directo MARYLAND ANNE ARUNDEL GLEN BURNIE 10e. Street and Number 10f. Zlp Code 10g. Citizan of What Country? permit. Peges 1 and 2 should be filed within 72 hours efter death with Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or any injury or other traumatic event, the Medical Examine must be a 113 MARLEY STATION ROAD 21060 U.S.A. Funeral 12. Wes Decedent Ever In U.S. Amed Forcas? 1 Å Yas 2 ☐ No If Yes, Giva Yaar or Datas: UNKNOWN Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Ricen, atc.) 14. Race - Amarican Indian. Black, Whita, atc. 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 🗓 No Specify: WHITE à 3 Widowad 4 Divorced Completed 15. Decedant'a Education (Specify only highast grada complated) 18a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16h Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) PURCHASING WESTINGHOUSE 17. Fether's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) WARREN SHANNON SEARS FLORENCE VIRGINIA REIBERT 19a. informant's Nama/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) WARREN SEARS (BROTHER) 116 WHIP LANE GLEN BURNIE, MARYLAND21060 20b. Placa of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cremetion 3 Ramoval from Stata GLEN HAVEN MEMORIAL PARK 6/27/98 GLEN BURNIE, MARYLAND 4 | Donation 5 Othar (Specify) 22. Name and Addrass of Facility SINGLETON FUNERAL HOME, P.A. GLEN BURNIE, MD. 21061 1 SECOND AVE., S.W. Complication, that ceusad the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, List only one cause on each line. Approximata Intarval Batween Onsat and Death Physician CHRONIC Immedieta Causa (Final disaasa or condition rasulting In daath) OBSTRUCTIVE LUNG DISEASE /Medical YEARS Examiner CELL LUNG CARCINOMA Physician/Medical Examiner YEARS Sequantially list conditions, if any, laading to immediata ceusa. Entar Undarlying Causa (Disaasa or injury that initiated avants resulting In daeth) Lest Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, that the death certificets be Dua to (or as a consequance of): signed by the a d be detached f 23b. Did tobacco use contributa to the causa of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 Unknown Q. 24b. Wara autopsy findings avelleble prior to completion of cause of death? 24a. Was an autopsy performed? Completed cartificate has b lirector, page 2 s 1 Yes 2 No Hospital or Attending Physician: 25. Was cesa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Lo 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA this funeral 28a. Data of Injury (Month, Day Year) 27. Manper of Death 28d. Dascribe how injury occurred Certification: 28b. Tima of 28c. Injury at Work? 1 Natural 5 Panding death. 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant after deat Director: 6 Could not be datarmined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homleida 24 hours 8 29a. Cartitiar (Check only one) 1 🗹 Certifying Physician: To tha bast of my knowladga, daath occurrad at tha tima, data and place, and dua to tha causa(s) and mannar as stated. Medicai To the Hosp within 24 hor To the Fune completely fi 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signature end title of cartifian 29c. Licensa number 29d. Dete signed (Month, Day, Year) A52441614 30. Nama and addrass of person who completed gouse of death (Item 23a) (Type, Print) HANOVER ST., BALTIMORE JAMES HORUDYSKI 300 MD 31. Data filed (Month, Day, Yaar) 32. Ragistrar's Signatura Julia Deviden

**DHMH 16 Rev 6/95** 

Registrar

State of Maryland / Department of Health and Mental Hygiene 🎧 🤉 Certificate of Death 2. Data of Daath 3. Tima of Death 1. Decedant's Nama (First, Middla, Last) Day **Physician** 28, Lena Montean Swec JUNE 1998 1:00am /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, giva streat and number, Examiner Lorien Nursing & Convalescent Home, Inc. Columbia Howard If Undar 24 Hrs. Birthpiaca (State or Foreign Country) 5. Social Security Number 7. Aga (In yrs. last birthday) If Undar 1 Yaar 6. Sax 8. Data of Birth (Month, Day, Year) **Funeral** 1□ M 2□ F Months Days Hours 89 217-38-0952 OCT 16, 1908 Canada **Director** Usual Rasidance of Dacedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "naturel", or items 23s or 28e-f show any Injury or other traumatic event, the Medical Example manual by notified at 10d. Inside City Limits 10a. Stata 10b County 10c. City. Town or Location 1 ☐ Yas 2 ☐ No Director MD Howard Columbia 10e. Street and Numbar 10f. Zip Code 10g, Citizan of What Country? USA 6334 Cedar Lane 21044-3899 Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas ② No If Yas, Giva Yaar or Datas: 14. Race - Amarican Indian, Was Decedant of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Mexican, Puarto Rican, atc.) Black, Whita, atc 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 XNo Specify: Specify: White by 3 □Widowed 4 □ Divorced Completed 16b. Kind of Businass/Industry 16a. Decedant's Usual Occupation 15. Decedant's Education (Giva kind of work dona during most of working lifa. DO NOT usa ratired) (Specify only highast grada complated) Elementery/Secondary (0-12) Collega (1-4or 5+) UNK. Domestic Homemaker 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Gregory Montean Julia Huber 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) Ellicott City, MD 21
Data 20c. Location · City or Town, State Robert J. Swec/Son 8241 Church Ln. 20b. Place of Disposition (Nama of camatary, cremetory or other place) 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Metro Crematory, Inc. 6/29/98 4 Donation 5 Other (Specify) Baltimore, MD 21. Signatura of Funeral Service Liegnsed

Dawn F. McDonald Cremation Society of Maryland, Inc. eny in 10 299 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical Immediata Causa (Final Rumonia 10 mores disaasa or condition rasulting in daath) Examiner Examiner Sequantially list conditions, if any, leeding to immadiate causa. Enter Underlying Causa (Disaasa or Injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): physician/and Records, P.O. Box 68760 The law requires that the death certificate be Physician/Medical Dua to (or as a consaquanca of) 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. the signed by the 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Wara autopsy findings available prior to 24a. Was an autopsy been complation of causa of deeth? Hes page 2 1 Yas 2 No 1 ☐ Yas 2 No this certificate Division of Vital or Attending Physician: director 25. Was casa raterred to medical Be 28. Piece of Deeth (Check only ona) axaminar? Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2 No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this funerel d 28e. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 27. Mannar of Death 28b. Tima of 28d. Describe how injury occurred 1 Natural 2 Accidant Injury 5 Panding 1 TYas 2 No deeth. invastigation 24 hours efter deeth 6 Could not be determined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 ☐ Homicida Hospital edical 29a. Cartifiar Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

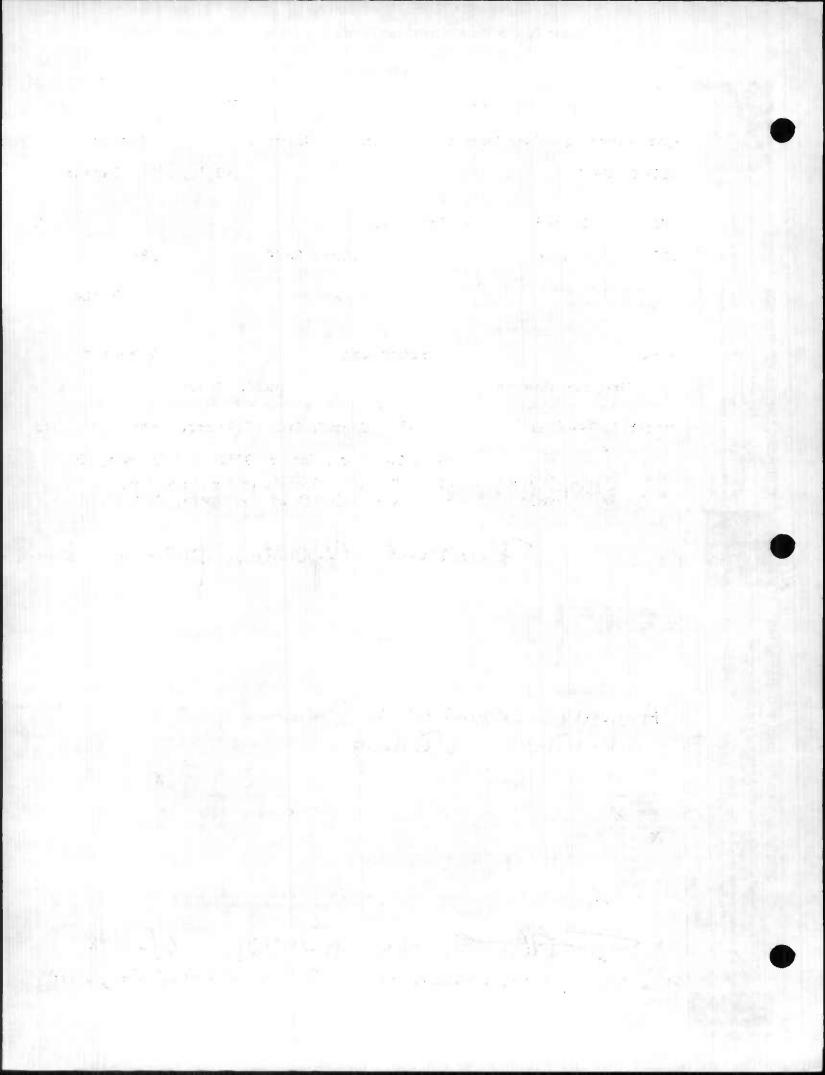
Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete end place, and due to the ceuse(s) and manner stated. pletely (Check only one) within 2 To the 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certified 29c. Licansa number 30. Nema and eddress of person who completed causa of daeth (flem 23a) (Type, Print) SYES SAND 14333 LAULEL 6001 EK SAXW

State Registrar 31. Data filad (Month, Day, Yaar,

JUN 3 0 1998

Ragistrar's Signatura

Davidson-Randell



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 2. Deta of Death 3. Tima of Death 1 Decedant's Nama (First, Middle, Last) Month Day Yaar **Physician** Katherine Lois Schiaffino 26 1998 JUNE 7:00 AM /Medical 4b. City. Town, or Location of Death 4a Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner 46 Melvin Avenue Catonsville Baltimore If Undar 1 Yaar If Undar 24 Hrs. 5. Social Sacurity Number 8. Data of Birth (Month, Dey, Yaer) Birthplaca (Stata or Foraign Country) 7. Aga (In yrs. last birthday) **Funeral** Months Days Hours 1 ☐ M 25 F Yrs. 215-34-5543 60 AUG 6, 1937 Director Maryland Usual Rasidance of Decedent Pages 1 end 2 should be filled within 72 hours after death with the Maryland nent of Health and Mental Hygiene.
Int: If Item 27 is marked other than "natural", or items 23s or 28s-f show ury or other traumatic event, or Medical Examinal must be notified at 10a Stata 10h County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Director MD Catonsville Baltimore 10e. Street and Number 10f. Zip Coda 10g, Citizan of What Country? 46 Melvin Avenue 21228 USA Funeral 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 1 X Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada complated) Elamentary/Secondary (0-12) Collaga (1-4or 5+) 12 Bank Teller Savings & Loan 18. Mothar's Nama (First, Middla, Maidan Sumama) 17. Fathar's Nama (First, Middla, Last) Schiaffino John Hawkins Katherine Dorothy Spence 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 46 Melvin Avenue Catonsville, MD21228 Katherine D. Schiaffino/Mother 20b. Placa of Disposition (Nama of cematary, crematory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 N Burial 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Other (Specify) Department of Important: If any injury or page. 6/29/98 Lorraine Park Cem. Woodlawn, MD 21. Signatura of Funaral Sarvige Licanse 22. Nama and Addrass of Facility MacNabb Funeral Home, F.A.

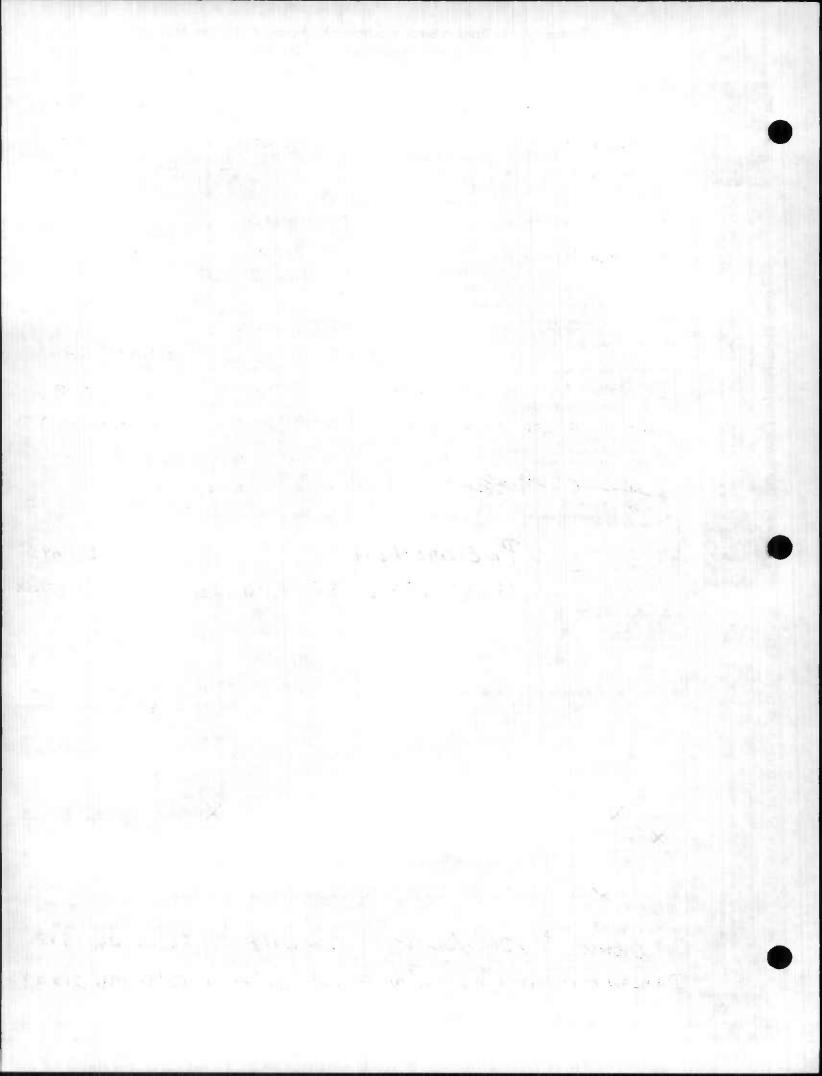
301 Frederick Road Catonsville, MD 212

Approximate of dying, such as cardiac or respiretory errest.

Approximate Interval Between Onsat and Death George E. MacNabb MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac shock, or heart failure. List only one cause on each line. **Physician** PNEUMONIA /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner SCLEROSIS Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Diseasa or injury that initiated events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) signed by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown g 24b. Ware eutopsy findings available prior to completion of cause of daath? 24a. Was an autopsy parlormed? Completed page 2 2 2 No 1 Yas 2 No 1 Yas certificate 25. Was casa raferrad to medical axaminar? Hospital or Attending Physician: director, Be 26. Placa of Daath (Chack only ona) Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funerei 27. Menner of Death 28c. Injury at Work? 28a. Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 28b. Tima of Certification: After 5 Panding Injury 1 ☐ Yas 2 ☐ No death. 2 Accidant invastigation after death 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) filled in by 4 ☐ Homleida 24 hours Cartifying Physician: To the best of my knowledge, daath occurred et the time, dete end piece, end due to the cause(s) and mennar as stated.

2 Medical Examiner: On the basis of axeminetion and/or invastigetion, in my opinion, deeth occurred at the time, data and piece, and due to the cause(s) and mannar stated. edical 29a. Certifier To the Hosp within 24 hou To the Fune completely fi 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of cartifiar 29c. Licansa number June 26, 1998 30. Nama and addrass of person who complated causa of death (Itam 23e) (Type, Print) 5411 Old FREDERICK Rd. Ste. 18 Balto. MD 21229 DAMIAN E. BIRCHESS, MD 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State Jula Davidson-Randale JUN 3 0 1998 Registrar

DHMH 16 Rev 6/95



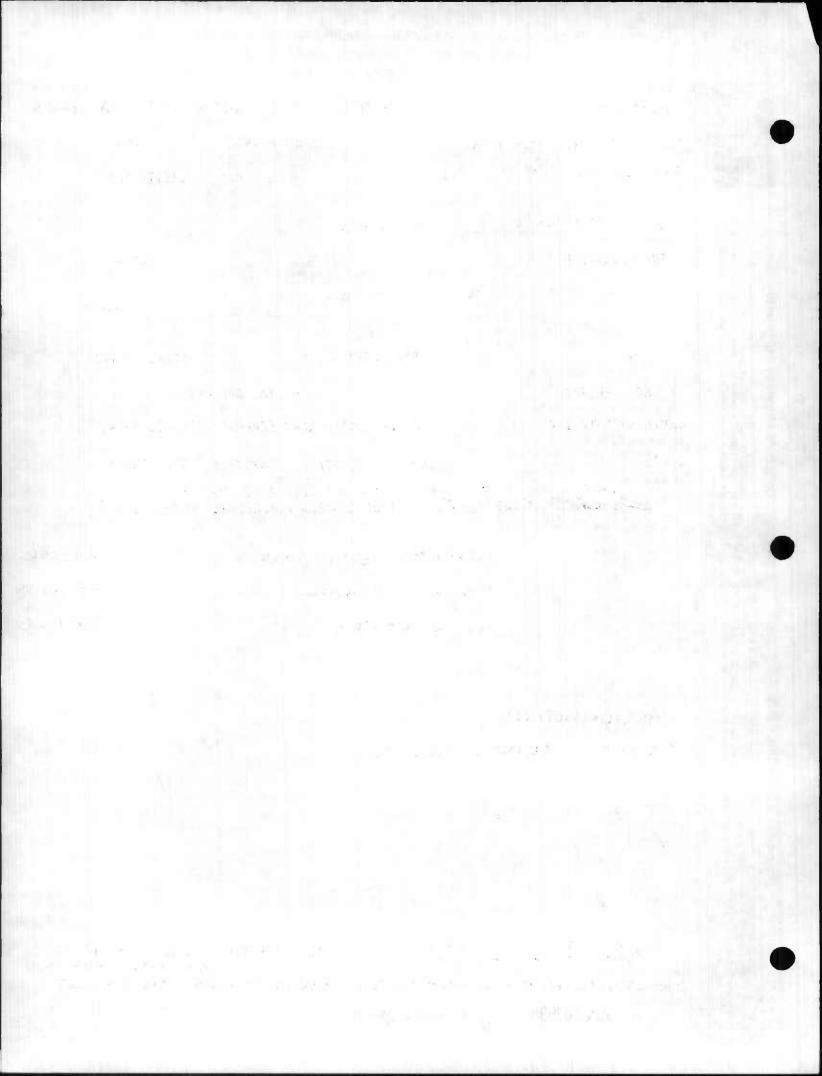
State of Maryland / Department of Health and Mental Hygiene 0

Certificate of Death 3 Time of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death Month **Physician** JUNE ANDRE 1140 A SHEPET 998 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner BALTIMORE OHNS HOPKING HOSPITAL N/A If Under 1 Year if Under 24 Hrs. Hours | Min. Birthplace (State or Foreign Country) Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Yaar) **Funeral** Days XXM 2 F 219-30-9396 Yrs. Director 80 Aug. 20.1917 UKRAINE Usual Residence of Decedent 10c. City, Town or Location 10d. inside City Limits 10a. State 10b. County item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 Ø No Director ANNE ARUNDEL MD. SEVERNA PARK 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 500 EVERGREEN ROAD 21146 U.S.A.

14. Race - American Indian,
Black, White, etc. Funeral death permit. Peges 1 end 2 should be filed within 72 hours after dean Department of Health end Mental Hygiene. Important: if item 27 is marked other than "natural". ~ 100cm. Important of the contract of the cont 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Yes 27 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 15. Decedent's Education (Specify only highest grade complated) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) PIPE FITTER PUBLIC WORKS 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Sumame) 2 ANDRE SHEPET MARTA DEMDOUSKA 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARIA SHEPET/WIFE 500 EVERGREEN ROAD, SEVERNA PARK, MD. 21146 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Ø Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) GLEN BURNIE. MD. CEDAR HILL CEMETERY 6/27/98 21. Signature of Funeral Sarvica Licensae 22. Name and Address of Facility LILLY & ZEILER INC. FUNERAL HOME 1901 EASTERN AVENUE, BALTIMORE, MD. 21231 Approximata Interval Batween Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as ca shock, or heart failure. List only one cause on each line. **Physician** Immediate Cause (Final disease or condition resulting In death) /Medical FULMINANT SEPTIC SHOCK 24 HOURS Examiner Dua to (or as a consequence of): Examiner BOWEL PERFORATON Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disaase or Injury that infliated avants resulting in death) Last Due to (or as a consequenca of): ettending physician and for use as the burneting Box 68760. CANCER COLON Physician/Medical Due to (or as a consequenca of): P.O. Part if. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown CARDIOMYOPATHY Division of Vital Records, à 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed CORONARY ARTERY DISEASE 1 ☐ Yes 2 ☐ No 25. Was case raferrad to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 10 28a. Data of Injury (Month, Day Year) funeral 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: or Attending P effer death. Director: After 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accidant 6 Could not be datamined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homlcida To the Hospital within 24 hours To the Funeral Completely filled Hospital edicai 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier MI RES-000 JUNE 24 1998 BATHORE, HARYLAND 30. Name and address of person who completed causa of daath (Itam 23a) (Type, Print) OLIVER BACON, MD. TOWER 110 LOHNS (TOPKING HOSPITAL GOO NORTH WOLFE STREET 31. Data filed (Month, Day, Year)

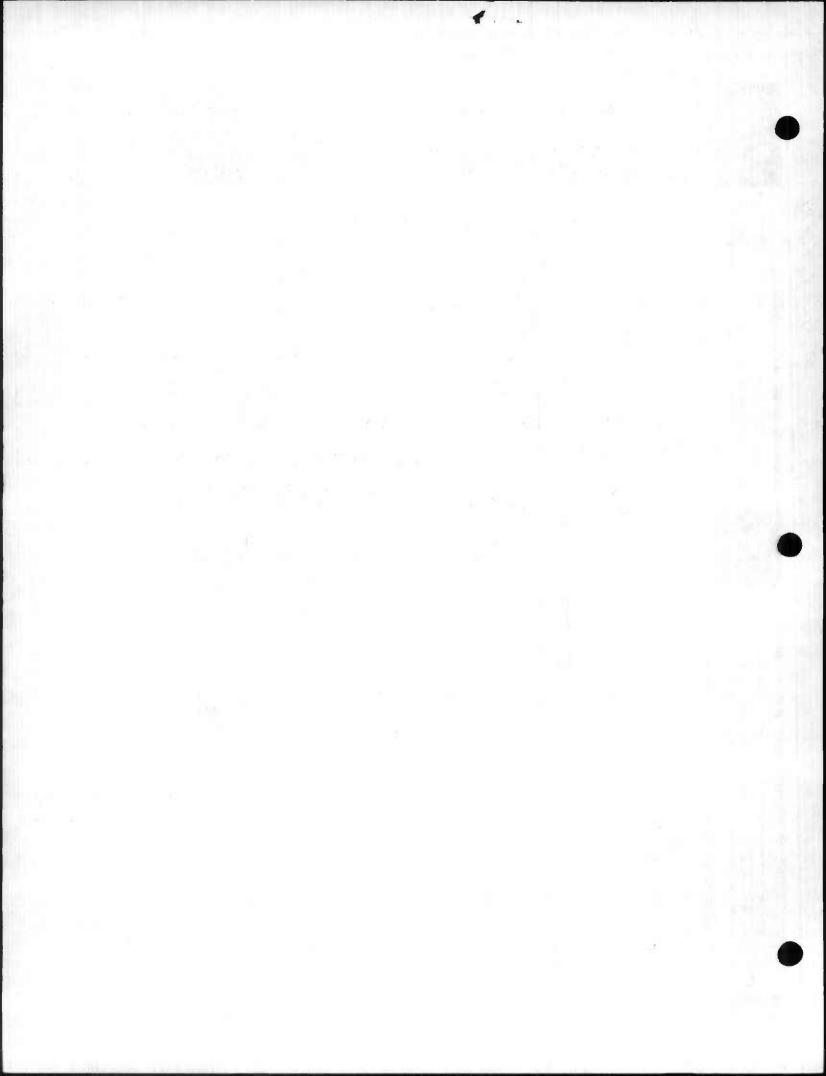
JUN 3 0 1998 32. Registrar's Signature white Davidson -Randell Registrar

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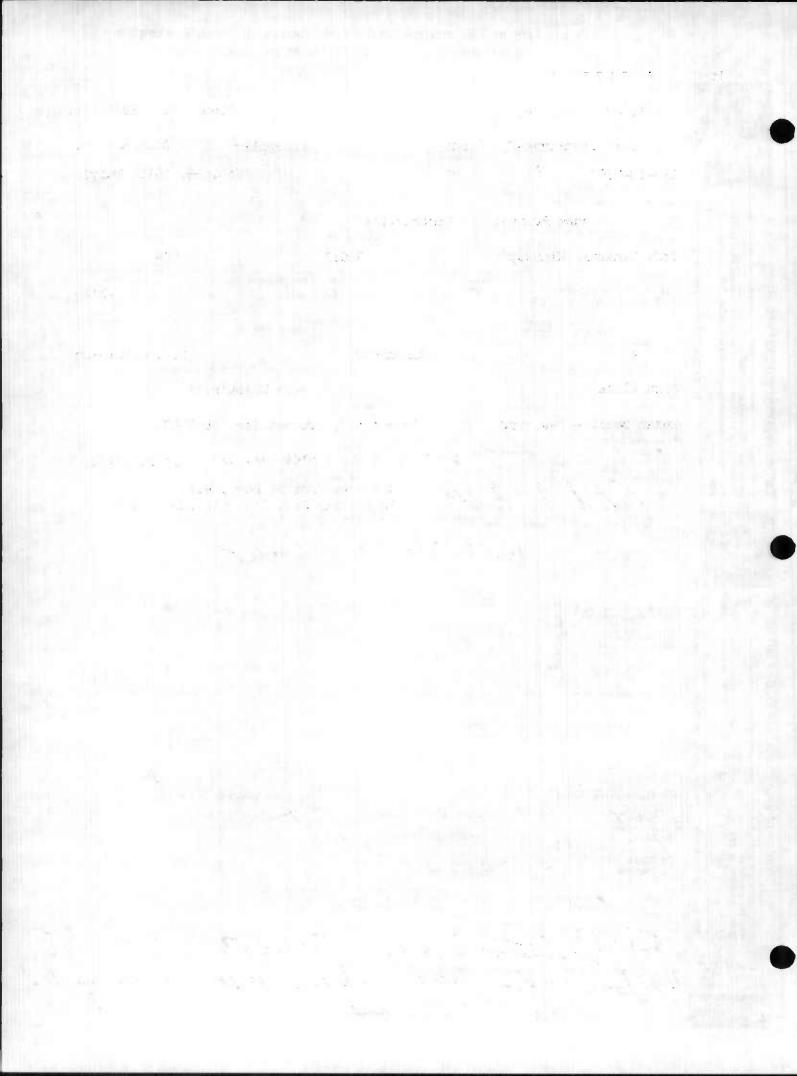


State of Maryland / Department of Health and Mental Hygiene Q

|          |  |                |  |   | •                        | Cert                       | ificate of                             | Death   | F   | Reg. No.                              | 2009  | 1           |
|----------|--|----------------|--|---|--------------------------|----------------------------|--|---|---|---------------------------------------|---|-------------|
|          |  |                | 1. Decedent's Name (First, Middle, Last,   | )   |                          |                            |  |   | 2. Data of Dea                            | ith                                   | 3. Time of E  | Death       |
|          | Physici<br>/Medic  |                | BOBBIE LE  | E STANLE  | ΞΥ                       |                            |  |   | Month                                     |                                       | Year 4:00   | AM          |
|          | Examin   |                | 4a. Facility Nama (If not institution, giva  | street and number)  |                          |                            |  | 4b. City, Town, or L                                |   |                                       |   |             |
|          |  |                | STELLA MARIS H   | OSPITAL   | (MER                     | CY)                        |  | BALTIMOR  | E   | i                                     | N/A   |             |
|          | Funeral<br>Director  |                | 5. Social Sacurity Number 6. Sec. 214-30-445   | x 7. Aga  | (In yrs. las             | st birthday)               | If Under 1 Year<br>Months Days         |   | 8. Data of Birth<br>(Month, Day<br>3/31/3 | Year)                                 | 9. Birthplaca (State or Country) N.C.   | Foreign     |
|          | pur  |                | Usual Residence of Decedent  10a. State 10b. County  |   | 10c City                 | Town or Loca               | ation                                  |   |   |                                       | 10d Inside City   | . I imito   |
|          | sho  | 5              |  |   | Toc. Oity,               |                            |  |   |   |                                       | 10d. Inside City<br>1/□ Yes   |             |
|          | 28a-1  | Director       | MD. N/A  |   |                          | DALI                       | IMORE                                  |   |   |                                       | π   |             |
|          | 23a or   | ai Dir         | 2853 SEAMON AVE  | •   |                          |                            | 10f. Zlp Code 2122                     | 5   |   | 10g. Citizen of WI<br>USA             | nat Country?  |             |
| 2-0020   | 172 hours effer death with the Maryland<br>natural', or flems 23a or 28a-f show<br>incal Examinet must be nothed at  | by Funerai     | 11. Maritai Status  1 ☐ Never Marrlad 2 ∰ Marrled  3 ☐ Widowed 4 ☐ Divorced                                | 12. Was Decedant E<br>Armed Forces?<br>1 ∰Yes 2 □ N<br>If Yes, Give<br>Year or Dates: | 0 151                    | 4                          | as Decedent of<br>Yas, specify Cut     | Hispanic Orlgin? (Span, Mexican, Puerto<br>Specify: | pecify Yas or No-<br>Rican, etc.)         |                                       | - American Indian,<br>, Whita, atc.<br>AFRO AMERIC                            | CAN         |
| -<br>-   | n 72 hours<br>natural',  | Completed      | 15. Decedant's Edu<br>(Specify only highest grad   | cation  |                          | 16a. Decede                | nt's Usual Occu                        | pation<br>during most of work                       | kina                                      | 16b. Kind of Bus                      | iness/industry  |             |
| 7        | within ene.  | npie           | Elemantary/Secondary (0-12)  | Coilega (1-4or 5-   | +)                       | life. DO                   | O NOT use retire                       | ed)   | King                                      |                                       |   |             |
| V        | 77 00 0  | Con            | 12   | 3   |                          | BUREA                      | U OF PU                                | RCHASING  |   | CITY OF                               | BALTIMORE   |             |
| aud      | 0 - 0 >  | Be             | 17. Father's Name (First, Middle, Last)  |   |                          |                            |  | 18. Mother's Nam                                    |   |                                       | )   |             |
| Z<br>Z   |  | ဥ              | JOHNNIE  | STANLEY   |                          |                            |  | MA  |   | OPER                                  |   |             |
| 19       | 2 sh<br>end<br>ls m  |                | 19a. informant's Name/Relationship (Ty   |   |                          |                            |  | t and Number or Ru                                  |   |                                       | itate, Zip Code)  |             |
| a)       | s 1 and 2 should<br>f Health and Mar<br>flem 27 is marke<br>other traumatic  |                |  | THER  | OOL DIE                  |                            | 3 SEAMUI                               | N AVE, BA   |   |                                       |   |             |
| pairimor | Page<br>nent o<br>ant: If i  |                | 20a. Method of Disposition 1 ∰ Burial 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)                 |   | cen                      | RRISON                     | FOREST                                 | V.A.  | Date 6/29/98                              |                                       | MILLS, MD.  |             |
| Da       | permit. Depertr Imports any Inje   |                | 21. Signature of Funeral Sarvice License   | dete  | 7                        |                            | Nama and Addr<br>ESTEP<br>1300         | BROTHERS<br>EUTAW PL.                               | FUNERAL<br>BALTO.                         | HOME P./                              | 17  |             |
|          |  |                | 23a. Part1. Enter the disaasa, or compile shock, or haart failure. List only or                            | cations that caused<br>ne cause on each line  | tha death.               | Do not enter               | the mode of dy                         | ing, such as cardiac                                | or respiratory an                         | rest,                                 | Approximata<br>Interval Between   | een         |
|          | Physician  |                |  | A 0   |                          |                            | A 1                                    |   |   |                                       | Onset and De  | eath        |
|          | /Medical<br>Examiner   |                | Immediata Cause (Final disease or condition resulting in death)  | Me  | trent                    | ndic                       | Adero                                  | curculanu   | 24 L                                      | ung                                   | 1/2 7   | Par .       |
|          |  | <u>.</u>       | resulting in datin)  | [   | Due to (or a             | is a consequ               | ance of):                              |   |   |                                       |   |             |
|          | ted<br>Isit  | nine           |  | )   |                          |                            |  |   |   |                                       |   |             |
| 6        | mand<br>trensit  | Examiner       | Sequentially list conditions, if any, leading to immediate cause. Enter Undarying Cause (Disease or injury | C   | Dua to (or a             | is a conseque              | ence of):                              |   |   |                                       |   |             |
| 00/00    | ing physicians e es the burid  |                | cause. Enter Undarlying Cause (Disease or injury that initiated events                                     |   |                          |                            |  |   |   |                                       |   |             |
| 0        | certificete be<br>ding physich<br>use es the bu  | Medical        | resulting in death) Last   | L   | ue to (or a              | s a conseque               | ence of):                              |   |   |                                       |   |             |
| 200      | nding  | 2              |  | 1   |                          |                            |  |   |   |                                       |   |             |
| Ď        | death<br>e atten   | cia            | Part II. Other significant conditions con  | stributing to death but   | t not considi            | ing in the und             | ladvina saves a                        | uon in Dort I                                       | OSP DIA                                   | abanca usa sant                       | dhuta ta tha asusa at   | of a neth D |
| 5        | at the of  | Physician/     | Patrii. Other significant conditiona con   | inibuting to death bu   | t not result             | ng in the und              | enying causa gi                        | ven in Part I.                                      | 100                                       |                                       | ribute to the cause of<br>3 ☐ Probably 4 ☐ U                                  |             |
| ń        | es the   | by             |  |   |                          |                            |  |   |   |                                       |   |             |
| Spicos   | lew requires that the death cer<br>es been signed by the attendin<br>s 2 should be deteched for use  | Completed      |  |   |                          |                            |  |   | 24a. Was a                                | an autopsy<br>med?                    | 24b. Were autopsy fin<br>available prior to<br>complation of car<br>of death? |             |
| Ē        | The I  | E O            |  |   |                          |                            |  |   | 1 🗆 Y                                     | as 2 No                               | 1   Yes 2   N   | lo          |
| 0        | lan:<br>rtiflica<br>ctor, I  | Be             | 25. Was case referred to madical   |   |                          |                            |  | 26. Place of Dea                                    | th (Check only or                         | ne StELLA IV                          | PARIS AT MER  | ZCY         |
| 5        | nysle  | To             | examiner? 1 Yes 2 No   | lospitai:<br>1 ☐ inpatier   | nt 2 EF                  | R/Outpatient               | 3□ DOA Ot                              | her: 4 Nursing H                                    | ome 5 ☐ Resid                             | ence 8 DOthai                         | (Specify) Hospi   | CE          |
| =        | neral  |                | 27. Manyar of Death  1 ☐ Natural 5 ☐ Panding   | 28a. Date of injung<br>(Month, Day  | Year) 2                  | 8b. Time of<br>Injury      | 28c. Inju                              | ry at   | 28d. Describe h                           | ow injury occurre                     | d   |             |
| NISIO    | ending<br>bath.<br>br: A   | atic           | 2 Accident investigation   |   |                          |                            |  | Yas 2□No  |   |                                       |   |             |
|          | after de<br>Direct<br>d in by  | Certification: | 3 Suicida 6 Could not be detarmined  | 28e. Place of inju-<br>building, etc.   | ry - At hom<br>(Specify) | e, farm, stree             | et, factory, office                    |   | 28f. Location (S<br>City or Tow           |                                       | r or Rural Route Number   | er,         |
|          | To the Hospital or Attending Physician: The lew within 24 hours after death.  To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2   | edicai C       | 29a. Cartifier (Check only one) Certifying Physical Examination  | nician: To the best of<br>nar: On the basis of a<br>and manner stat                   | axamination              | edge, death on and/or inva | occurred at the ti<br>stigation, in my | me, date and place,<br>opinion, daath occur         | and due to the orred at tha tima, o       | ause(s) and man<br>lata and piace, ar | ner as stated.  nd due to the causa(s)  |             |
|          | of the of the office of the of | Me             | 29b. Signatura and title of certifier  |   | -                        |                            | 29c. Licen                             | se number   | - 4                                       | 29d. Data sig/led                     | (Month, Day, Year)  |             |
|          | - > - 0  |                | All 11 Plan  | $\sim$  |                          |                            | D                                      | 40854   |   | 6/2                                   | 4/48  |             |
|          | d  | ŀ              | 30. Name and address of person who per   |   | ath /itom ?              | 3a) /Tunn Pr               | ·-n                                    |   |   | , -                                   | 7   |             |
|          | 0  |                |  | usches  | といて                      |                            | ol SI Pr                               | IL Pl   | Buldner                                   | 212                                   | vz  |             |
|          | Sta  | te             | 31. Data filed (Month, Day, Year)  | 32. Registra  | 'n Signatur              | e 2                        |  |   |   |                                       |   |             |
|          | Registra   |                | 11 IN 3 0 100  | 8 190   | in Dair                  | day-ho                     | ndsille                                |   |   |                                       |   |             |



| sician                |                  | er FH G76<br>Decedant's Nan  |                        |  |  |   | 061  | illicate t                        | of Death   | 2. Data of D   | Reg. No.  |   | 3. Time of Death   |
|-----------------------|------------------|--|------------------------|--|--|---|--|-----------------------------------|--|--|---|---|--|
|                       | "                |  |                        |  |  |   |  |                                   |  | Month  | Day   | Year  |  |
| ical<br>ner           | 48               | Facility Nama  | m Siwa                 |  |  | )   |  |                                   | 4b. City, Town, or   | June<br>Location of Dea  |   |   | 1:20 pm  |
| iiiei                 |                  |  |                        |  | -Spa Cr  |   |  | M Lladay 1 V                      | Annapo<br>aar II Undar 24 Hr                                       | lis  |   | Arunde  | 2]   |
| al<br>or              | 2                | Social Security I  | 5195                   | 6. Sax<br>10X M  |  | ga (In yrs.<br>85                             | last birthday)<br>Yrs.   | If Undar 1 Ya<br>Months Da        |  | . (Month, D  | lay, Year)  | 9. Birthplac<br>Country<br>Mary   | a (Stata or Fora<br>Land   |
|                       | -                | ual Residance d<br>a. Stata  | 10b. Count             | у  |  | 10c. Cit                                      | y, Town or Lo  | cation                            |  |  |   | 10d.  | Insida City Limi   |
| tor                   | N                | ID   | Ann                    | e Aru  | nde1   | Cro   | ownsvi   | lle                               |  |  |   |   | 1 ☐ Yas 2 🕅  |
| Directo               | 10               | e. Street and Nu   | mber                   |  |  |   |  | 10f. Zip Coo                      | a  | -  | 10g. Citizen of V   | What Country  | ?  |
| all                   | 1                | 407 Ger  | nerals                 | Highwa   | ay   |   |  | 2103                              | 2  |  | USA   |   |  |
| by Funeral            |                  | Marital Status 1 ☐ Nevar Mar 3 🛣 Widowed   | _                      | rried 1  | Was Decedant<br>Armed Forces<br>I ☐ Yas 2 ☐<br>f Yas, Giva<br>Yaar or Datas:   | Evar in U<br>No                               |  | Vas Decedant<br>Yas, specify (    | of Hispanic Orlgin? (<br>Cuban, Maxican, Pua<br>No <i>Specify:</i> | Specify Yas or N<br>rto Rican, atc.)   | o- 14. Rac<br>Blac<br>Specify   | e-Amarican<br>ck, Whita, etc<br>w: Whit   |  |
| o Be Completed        |                  | (Spe   | cify only high         |  | n<br>m <i>plated)</i><br>Collega (1-4or  | 5+)   | (Give  | OO NOT usa ra                     | na during most of w  | orking   | 16b. Kind of Bu   |   |  |
| 8                     | 17               | 8<br>Father's Nama   | /Final Adidate         | Local  |  |   | Carper   | iter                              | 10 Mathada N   | omo (Eirot Middell   | U.S. Go   |   | ent  |
| Be                    | 17               | ohn Siw  | ,                      | i, LaSI)   |  |   |  |                                   |  |  | a, Maldan Sumam   | ret/  |  |
| T                     |                  | a. Informant's N   |                        | ship (Type   | Print)   |   | 19b. Mailir  | o Addrass (Str                    | ANNA H   | olewinsk<br>Ru <i>ral Rou</i> ta <i>Num</i>  |   | Stata, Zio Co   | oda)   |
|                       |                  | aren Ba  |                        |  |  |   |  |                                   | Crownsvi   |  |   |   |  |
|                       | -                | a. Mathod of Dis<br>1X Burial 2<br>4 Donation  | sposition<br>Cremation | 3 □Ramo  |  |   | laca of Dispo<br>ematary, cran   | sition (Nama o<br>natory or othar | 1  | Data   | 20c. Location -   |   |  |
|                       |                  | . Signature of F   | uperal/Gervio          | Licensee   | 1  | 111   | 22<br>Ha   | Nama and Ac                       | Idrass of Facility   | Home P   | Millers   | sviiie,   | , PID  |
|                       |                  | Da   | tech                   | A.   | Monde  | 11  | 12   | Ridge                             | 1y Ave. Au<br>dying, such as cardi                                 | nnapolis   | MD 214  | 101   |  |
| Examiner              | dis              | mediata Causa<br>saasa or conditi<br>sulting in daath)   | on                     | a  | Me-  | Due to (d                                     | r es a consequences a consequence a c | uence of):                        | Cana   | av .   |   |   |  |
| edicai                | Ca<br>tha<br>ra: | quantially list c<br>tny, leading to i<br>usa. Entar Und<br>usa (Diseasa o<br>at initiated avant<br>sulting In daath)      | IS                     | c  |  |   | r as a conseq  |                                   |  |  |   |   |  |
| Se J                  |                  |  |                        | - U  |  |   |  |                                   |  |  |   | 1   |  |
| 63                    |                  | 4 44 Chat - 1 - 1  |                        |  |  |   |  |                                   |  |  |   | <u> </u>  |  |
| / Physic              | Pa               | rt II. Other signi   | ificant condit         | lons contribu  | iting to death   | but not res                                   | ulting In the u  | nderlying cause                   | given in Pert I.   | 1  | d tobacco uss co  | ntribute to th  |  |
| pleted by Physician/M | Pa               | rii. Other signi   | ificant condit         | lons contribu  | uting to death   | but not res                                   | ulting In the u  | nderlying cause                   | e given In Pert I.   | 1 [<br>24a. Wa   | - Commission Commission   | 3 ☐ Probal  | autopsy finding  |
| completed by Physic   | Pa               | rii. Otner signi   | ificant condit         | tons contribu  | uting to death   | but not res                                   | ulting In the u  | nderlying cause                   | e given In Pert I.   | 1 C 24a. Wa  | Yss 2 No  | 3 Probal  24b. Wara availe comp of da   | autopsy finding  |
| Completed             | _                | Was casa rafa  |                        |  | ating to death   | but not res                                   | ulting In the u  | nderlying cause                   |  | 1 C 24a. Wa  | Yss 2□ No ss an autopsy formed?   | 3 Probal  24b. Wara availe comp of da   | autopsy finding<br>able prior to<br>sletion of cause<br>eth?                                 |
| Be Completed          | _                | . Was casa rafa<br>axaminar?   |                        | al Hosp  | ital: 1 □ Inpat  | iant 2  | ulting In the un   | t 3□ DOA                          | 26. Placa of D<br>Other: 4 Aursing                                 | 24a. Wa per  | Yss 2□ No ss an autopsy formed?   | 3 Probal  24b. Wara availe comp of da   | autopsy finding<br>able prior to<br>sletion of cause<br>eth?                                 |
| To Be Completed       | 25               | Was casa rafa<br>axaminar?<br>1  | irrad to medic         | Hosp 2   | ital: 1 □ Inpat<br>8a. Data of In<br>(Month, D   | iant 2 □<br>ury<br>a <i>y Year)</i>           | ER/Outpatien<br>28b. Tima of<br>Injury   | t 3□ DOA   28c.                   | 26. Placa of D Othar: 4 Nursing njury at Work? 1 □ Yas 2 □ No      | 24a. Wa per 1 Check only Home 5 Rai 28d. Dascribe                                  | Yss 2 No  is an autopsy formed?  Yas 2 No  ona)  sidanca 6 Oth a how injury occur   | 3 Probal  24b. Wara availe comp of dat 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | autopsy finding<br>able prior to<br>oletion of cause<br>eth?                                 |
| To Be Completed       | 25               | Was casa rafa<br>axaminar?<br>I ☐ Yas ← E<br>Mannar of Dea   | arrad to medic         | Hosping 2  | ital: 1 □ Inpat<br>8a. Data of In<br>(Month, D   | iant 2 □<br>ury<br>a <i>y Year)</i>           | ER/Outpatien<br>28b. Tima of<br>Injury   | t 3 DOA 28c.                      | 26. Placa of D Othar: 4 Nursing njury at Work? 1 □ Yas 2 □ No      | 24a. Wa per 1 Check only Home 5 Ra. 28d. Dascribe 28f. Location                    | yss 2 No ss an autopsy formed?  Yas 2 No yona)  sidanca 6 Oth   | 3 Probal  24b. Wara availe comp of dat 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | autopsy finding<br>able prior to<br>oletion of cause<br>eth?                                 |
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| Be Completed          | 25 27 29         | Was casa rafa axaminar?  I \ Yas \ 25  Mannar of Dea 1 Deaturai 2 Accidant 3 Suicida 4 Homicida  a. Certifier (Check only) | irrad to medic         | Hosp ing tigation d not be mined 2 ing Physicia if Examiner: | ital: 1 ☐ Inpat<br>8a. Data of Inj<br>(Month, D<br>8a. Placa of In<br>building, a<br>n: To tha besis<br>On tha besis | iant 2 ury ay Year) sjury - At h. tc. (Specif | ER/Outpatien 28b. Tima of Injury oma, farm, str  | t 3 DOA 28c. M aat, factory, off  | 26. Placa of D Othar: 4 Oursing injury at Work? 1                  | 24a. Wa per 1 = eath (Check only Home 5 = Ra 28d. Dascribe 28f. Location City or T | Yas 2 No  Is an autopsy formed?  Yas 2 No  Yona)  Sidanca 6 Oth Is how injury occur  (Street and Numbown, Stata)  a causa(s) and ma | 3 Probal  24b. Wara availe comp of day and the comp of day are (Specify) are dependent of the comp of | autopsy finding able prior to letton of cause eth?  Yas 2 No  Routa Number,  ed. he ceuse(s) |



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Ber No 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Dey **Physician** 25,1998 JUNE 10;17 PM MARY COOKE SANDS /Medical 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner GAMBRILLS 752 Annapolis Road Anne Arundel If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) If Under 1 Yeer Birthplace (State or Foreign Country) 5. Sociel Security Number 7. Age (In vrs. last birthday) **Funeral** Months Deys 10 M 20 F Oct. 14, 1920 Director 213-22-1343 New Jersey Usual Residence of Deceden with the Maryland 10c City Town or Location 10d. Inside City Limits 10e Stete 10h County r than "natural", or items 23s or 28s-f show the Modical Examiner must be notified at 1 Yes 2 No Director Anne Arundel Gambrills 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 752 Annapolis Road 21054 USA Funeral death 14. Race - American Indian, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritei Stetus filed within 72 hours after 1 ☐ Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: Specify: WHITE py 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed withit Department of Health and Mental Hygiane. Important: If Item 27 is marked other than any injury or other trainment. Etementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 18. Mother's Name (First, Middle, Malden Sumeme) 17 Fether's Neme (First, Middle, Last) Be Henry Becker-Cooke Carolyn Robins 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Charles S. Sands, Jr. - Son 752 Annapolis Road, Gambrills, MD 21054 20e. Method of Disposition
1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 20b. Plece of Disposition (Neme of cemetery, cremetery or other place) Date 20c. Location - City or Town, Stete 6/30/98 Crownsville, MD 4 Donation 5 Other (Specify) St. Stephens Cemetery 22. Name end Address of Facility 21. Signature of Fugerof Service HARDESTY FUNERAL HOME P.A. 851 ANNAPOLIS RD GAMBRILLS MD 21054 23a. Pert1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or hear feilure. List only one ceuse on each line. Approximete tnterval Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel diseese or condition resulting in death) Examiner Due to (or as a consequenca of): Examiner 0 10 Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury lhat initieted events resulting in deeth) Last and burial-tran Due to (or es e consequence of) that the death certificate be axecu Records, P.O. Box 68760 physician Physician/Medical the Due to (or es e consequença of) 60 signed by tha ar Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed 24a. Wes en eutopsy peen paga 2 1 Yes 2 No 1 TYes 2 No Aftar this cartificata Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this cartifice Be 25. Wes case referred to medical 26. Place of Death (Check only one) examiner Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA funaral 27. Manner of Deeth Dale of Injury (Month, Dey Year) 28b. Time of injury 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) in by t 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 T Homicide 24 hours a 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end pleca, and due to the ceuse(s) and menner es stated.

2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end placa, end due to the cause(s) end menner steted. 29a. Certifier Medical

29b. Signature and title of certain

Koher

31. Date filed (Month, Dev.

30. Neme end eddress of person who co

JUN 3 0 1998

32. Registrar's Signature

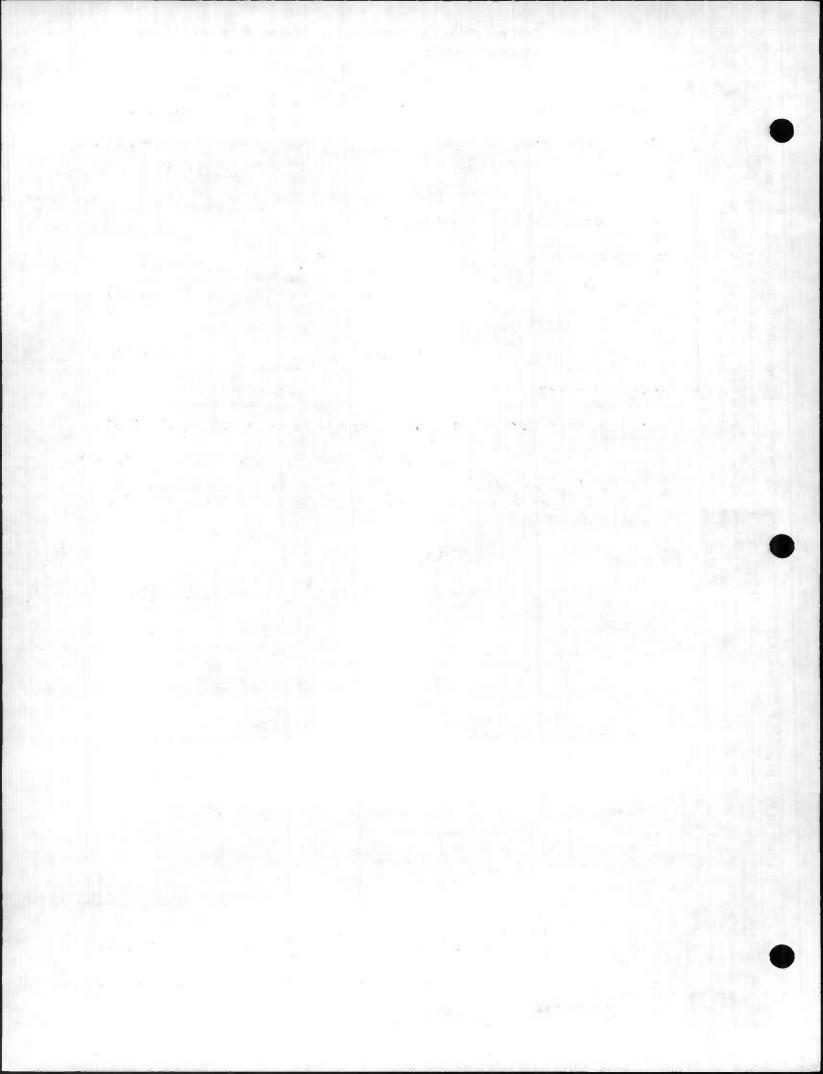
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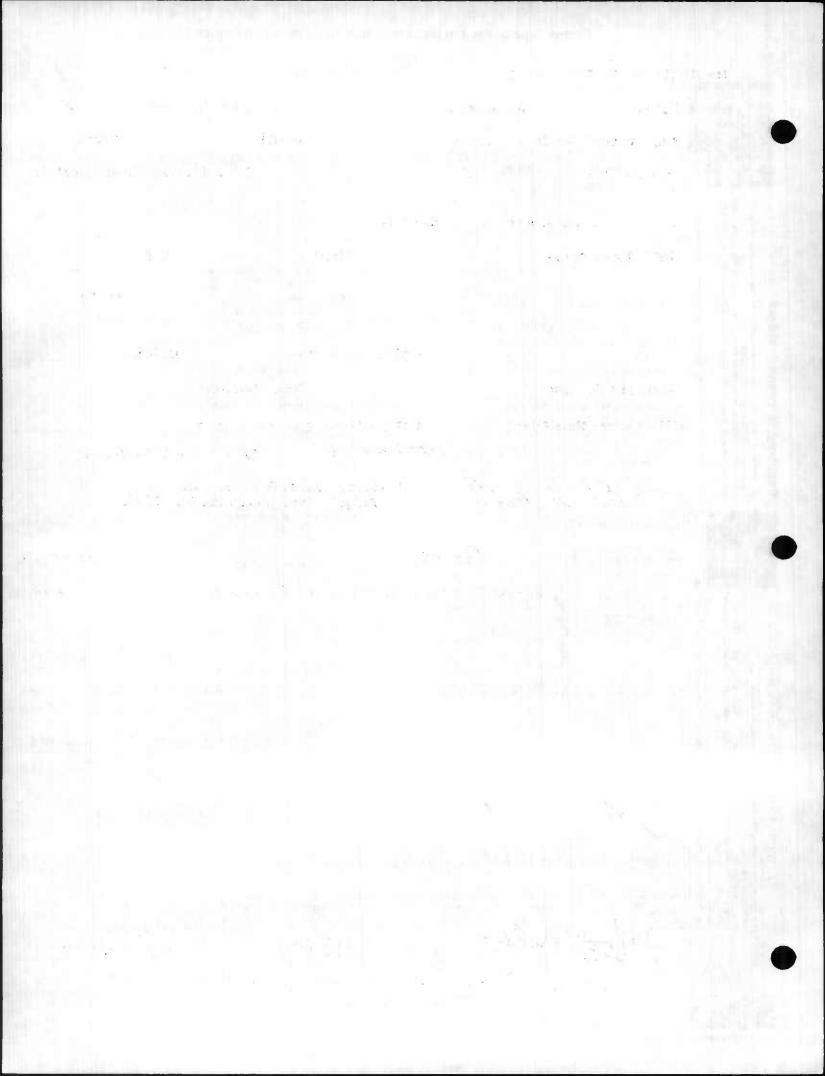
State Registrar

29d. Date signed (Month, Day, Year) 29c. License number

1438 Defense Hwy Gampulls



| Item#1  | 9a,19b per FH G760 6/30   | State of Marylan   |  | tificate of                                |                       |                     | Reg. No.               | 2009   | 4                       |
|---|---|--|--|--|-----------------------|---------------------|------------------------|--|-------------------------|
| Physician<br>/Medical   | Decedent's Name (First, Middle, Last Helen  | Spigelmyer   |  |  |                       | June 25             | , 1998                 | Year 3. Tima of 1930   | Death                   |
| Examiner Funeral Director   | 4a Facility Nama (If not Institution, giva  Anne Arundel Medi  5. Social Security Number  578-38-5302   | cal Center   | lest birthdey)<br>Yrs.   | If Under 1 Year<br>Months Days             | Annapoli              | s. 8. Date of Birt  | Anne                   | of Death  Arundel  9. Birthplace (Stata or Country) West Virgin          | <i>r Foreign</i><br>nia |
|   | Usuel Residence of Decedent  10a. State 10b. County   |  | y, Town or Loc   | eation                                     |                       |                     | , , , , , ,            | 10d. Inside Cit  |                         |
| iten 27 is marked other than "netural", or items 23s or 28s4 show other traumatic event, the Medical Examiner must be notified at To Be Completed by Funeral Director | MD Anne Ar  |  | dgewat   |  |                       |                     |                        | 1 ☐ Yes  |                         |
| Direc   | 10e. Street and Number  |  |  | 10f. Zip Code                              |                       |                     | 10g. Citizen of V      | Vhet Country?  |                         |
| erail   | 1601 Shore Drive  | 12. Wes Decedent Evar in U.  | C 12 W   | 2103                                       |                       | Specify Yas or No   | USA<br>14 Bac          | e - American Indien,   |                         |
| Completed by Funeral Director   | 11. Maritel Status  1 Never Merriad 2 Married  3 X Widowad 4 Divorced   | Armed Forces?  1 Yes 2 No If Yas, Give Yeer or Detes:  | lf If  | Yes, specify Cub                           | Specify:              | rto Rican, etc.)    | Bied                   | k, White, etc. White   |                         |
| npleted   | 15. Decedent's Edu<br>(Specify only highast grad<br>Eiamantary/Secondary (0-12)   |  | (Give I<br>life. D   | O NOT use retire                           | during most of world) | orking              |                        | usinass/Industry   |                         |
| S   | 12<br>17. Fether's Neme (First, Middle, Last)   | 3  | Regis  | tered Nu                                   |                       | eme (First, Middle, | Medici<br>Maiden Sumam |  |                         |
| To Be   | Franklin S. Zinn  |  |  |  | Pansy                 | Hoffman             |                        |  |                         |
| μī  | 19a. Informent's Name/Reletionship (T   | ype, Print)  | 19b. Mailin  | g Addrass (Strea                           | t end Number or F     | Rurel Route Number  | er, City or Town,      | State, Zip Code)   |                         |
| 5   | William Spicer(Close F  20e. Method of Disposition  1 Burlai 2XC Cremation 3 DI  4 Donetion 5 Other (Specify,   | Removei from State 20b. P  | lece of Dispos   | oreley Rd<br>sition (Name of<br>EMATORY 16 |                       | Data 6/27           |                        | City or Town, Stete  |                         |
| any injury or other traumatic event, the Ma<br>pace.<br>To Be Compi   | 21. Signature of Funegal Service Licens   | Mall   | Ha   | -  | Funeral               | Home, P.            |                        | 01   |                         |
| be detached for use as the burie-transit  and a physician/Medical Examiner  | Immediate Ceuse (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceusa. Enter Undarlying Ceusa (Disease or Injury that initiated avents resulting in death) Lest | b. Cerebr<br>Due to (o   | r es e consequences e | ASCU C                                     | ar Ac                 | cid ent             |                        | 2 W ed   | EKS                     |
| Physician/M   | Pert II. Other algnificant conditions co  | ntributing to death but not resi   | ulting in the un   | darlying ceuse g                           | ven In Pert I.        | 23b. Did            | tobacco use co         | ntribute to the cause of   | of death?               |
| by  |   |  |  |  |                       | 1 🗆                 | Yes 2□ No              | 3 □ Probably 4 ℚ   |                         |
| Completed   |   |  |  |  |                       | perfo               | an autopsy<br>prmed?   | 24b. Were eutopsy f<br>available prior t<br>complation of c<br>of deeth? | eusa                    |
| or, page  | 25. Wes cese referrad to medical  |  |  |  | 26 Place of D         | eath (Check only o  |                        | 1 ☐ Yes 2 ☐  | No                      |
| To Be   | axeminer?   | Hospital:  | ER/Outpatien   | 3□ DOA OI                                  | her:                  | Home 5 ☐ Resid      |                        | ar (Specify)   |                         |
| completely filled in by the funeral Medical Certification:  | 27. Manne of Death  1 Naturel 5 Pending 2 Accidant Investigation 3 Suicide 6 Could not be   | 28a. Data of Injury<br>(Month, Dey Year)   | 28b. Tima of<br>Injury   |  | Yes 2 No              |                     | how injury occur       | red<br>per or Rural Routa Num  |                         |
| y mileo in o  | 4 Homicida datarminad   | 28e. Piece of Injury - At he building, etc. (Spacifications: To the best of my known accions: To the best of my known accions to the best of my known ac | v)<br>wledga, daeth  | occurred et tha t                          | ima, data end plac    | City or Tou         | wn, Stete)             | enner as stated.   |                         |
| completely filled in by the   | one)  | nar: On the besis of axaminal end menner stated.   | non and/or inv   |  |                       | curred at tha tima, |                        |  | )                       |
| 3 1   | 29b. Signature and title of camples   | elter  | 9  | D5   | se number (           |                     | 29d. Data signe        | 26/98  |                         |
| ~   | 30. Neme end eddress of person who c  | omplated causa of daeth (Item  | 23a) (Type, I  | Print)                                     | mapo)i                | am c                | 21                     | 401  |                         |
| State<br>Registrar  | 31. Deta filed (Month, Day, Year)   | 32. Regist   | widson 7   | Pandalle                                   |                       |                     |                        |  |                         |

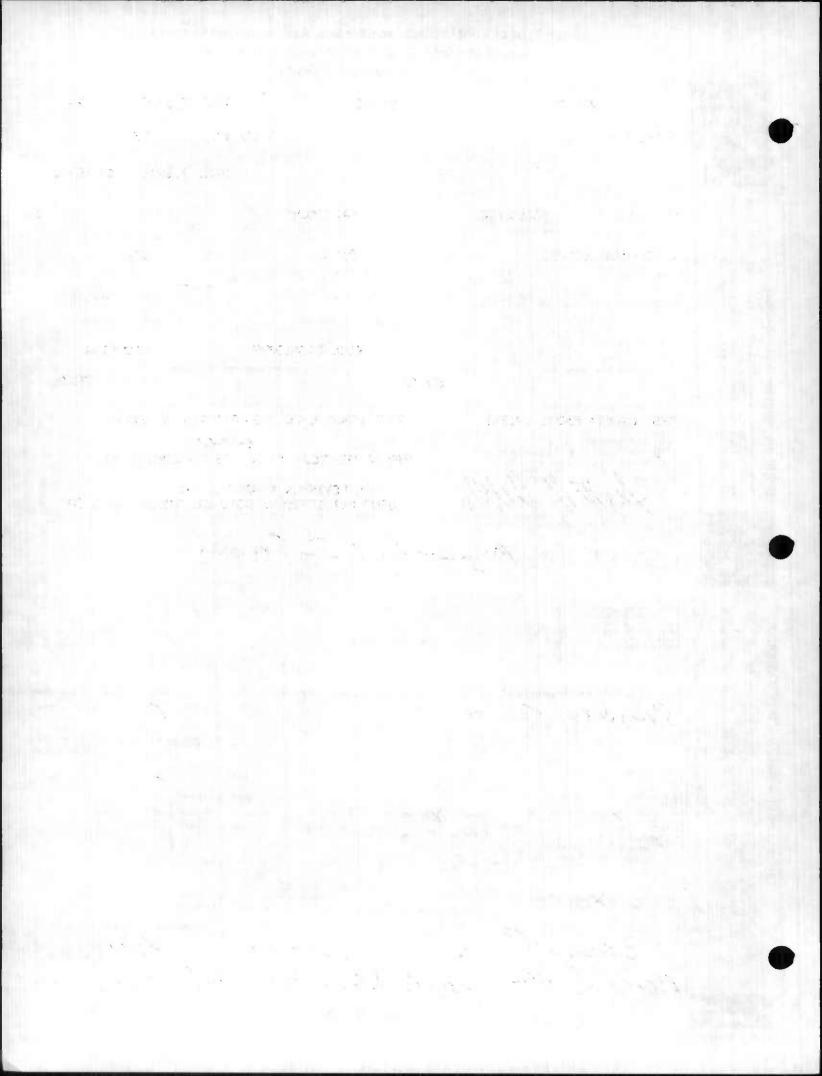


State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Tima of Death **Physician** JUNE 23, 1998 JEROME J SACKS 2am /Medical 4a Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** SINAI HOSPITAL BALTIMORE 8. Dete of Birth (Month, Day, Year) TAN. 7,1919 If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign
Country) 6. Sex **Funeral** 10XM 2□ F Months Days Hours 240-05-0565 Yrs. 79 MARYLAND Director Usual Residence of Decedent with the Maryland 10d. Inside City Limits 10a. State 10b. County 10c. City, Town or Location show 7 is marked other than "natural", or items 23s or 28s-f show treumstic event, the Wedical Examiner must be notified at BALTIMORE MARYLAND BALTIMORE 1 ☐ Yes 2X No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2502 OZARK CIRCLE 21209 USA permit. Pages 1 and 2 should be filed within 72 hours after death Department of Haalth and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23s any Injury or other treumatic event. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 □ ₩es 2 □ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian. 11. Maritel Status Black, White, etc. 1 ☐ Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: WHITE Specify. by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) VICE PRESIDENT CLOTHING 10 18 Mother's Neme (First, Middle, Maiden Surname) 17. Father's Neme (First, Middle, Last) Be SACKS MAX KALIN FRETDA 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 2502 OZARK CIRCLE BALTIMORE, MD 21209 MRS. SYLVIA SACKS (WIFE) 20b. Placa of Disposition (Name of cometery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, Steta 6-25-98 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) BETH EL MEMORIAL PARK - RANDALLSTOWN, MD 22. Name end Address of Facility 21. Signeture of Juneral Service Lie SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD BALTIMORE, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest shock, or heart feilure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** Interation /Medical Immediate Cause (Final diseese or condition resulting in death) Examiner Examiner the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initieted events resulting in death) Last Due to (or as a consequenca of): and Box 68760, physician Physician/Medical Due to (or as a consequence of): 88 US6 signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uea contribute to the cause of death? P.0. 2 SNO 3 Probably 4 Unknown 1 Yes Can ith Records, þ 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 s 2 3 No 1 ☐ Yes 2 No 1 Yes certificate Division of Vital or Attending Physicien: funeral director, 25. Wes case referred to medical Be 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 2 ER/Outpatient 3□ DOA 1 Innation this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: After 1 Neturel 2 Accident 5 Pending s after death. 1 Tyes 2 No Investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 24 hours a Funeral D Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated. 29e. Certifie Medical pletaly (Check only one) within 2 the 29d. Date signed (Month. Day, Year) 29b. Signature and title of cartifier 29c. License number 0 MD LAve Be (dun-vema 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) J. Md/FV 31. Date filed (Month, Day, Year) 32. Registrar's Sunatura ulia Davidson

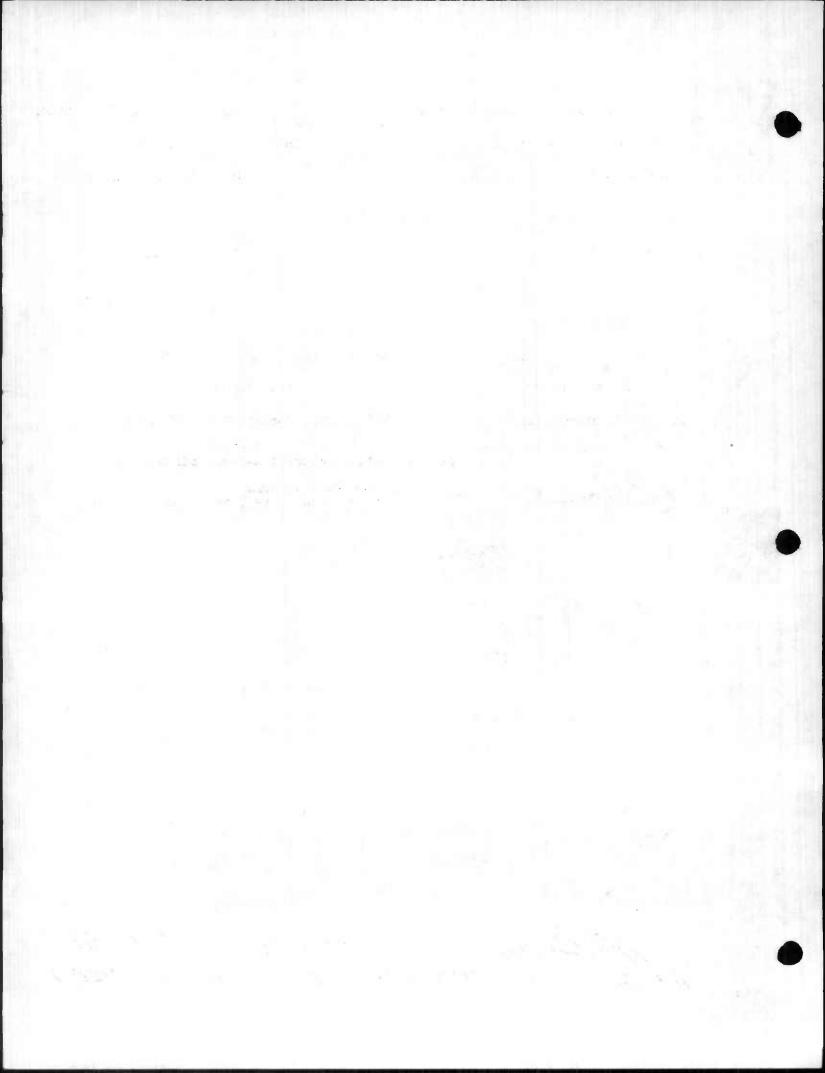
State Registrar

JUN 3 0 1998



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|  |                  | 1. Decedant's Nama (First, Middla, La   | st)  | Certin                                      | cate of                                      | Dealli   | 2. Data of Da                   |                      |                                 | Tima of Death  |
|--|------------------|---|--|---|--|--|---------------------------------|----------------------|---------------------------------|--|
|  | dical            | Frances 4a. Facility Name (If not institution, giv  |  | nomas                                       |  | 4b. City, Town, or L   | June ocation of Deat            | Day 25 4c. County    |                                 | :20 PM   |
| Exam<br>Funera<br>Directo  | al               | Manor Care - Cha 5. Social Sacurity Number 212-62-8099  | rles St.   |   | Undar 1 Year<br>onths Days                   | Towson If Undar 24 Hrs. Hours Min.   | 8. Data of Bir<br>(Month, Da    | Balti                | more                            | (Stata or Foreig                                     |
| yland<br>m   |                  | Usual Rasidance of Decedant  10a. Stata 10b. County   | 10c. Ci  | ty, Town or Locatio                         | n  |  |                                 |                      |                                 | nsida City Llmits                                    |
| Ba-f st  | Director         | MD Baltim   | ore  | Cockeysv                                    | ille   |  |                                 |                      | 1                               | ☐ Yas 2 XN   |
| death with the Maryland<br>ms 23a or 28a-f show  | i Dire           | 10e. Street end Numbar  3 Reldas Ct.  |  | 10  | of. Zip Coda<br>21                           | 030  |                                 | 10g. Citizen of US   |                                 |  |
| urs after death  | by Funeral       |   | 12. Was Decedent Ever in U<br>Armed Forcas?<br>1 ☐ Yas 2 ☒ No<br>If Yas, Giva<br>Yaar or Datas:                            |   | Dacedant of H<br>s, specify Cube<br>(as 2 No | ispenic Origin? (Sp<br>n, Maxican, Puerto<br>Specify:  | ecify Yes or No<br>Rican, atc.) |                      | ea - American Inck, White, atc. |  |
| be filed within 72 hours after death with the Manylan tall Hygiene. d other than "natural", or Hems 23s or 28s-f show event, the Medical Examiner must be notified at  | Completed        | 15. Decedant's Ec<br>(Specify only highast gra  | lucation da complated)  College (1-4or 5+)  n/a  | 16a. Decedant's<br>(Giva kind<br>life. DO N | of work dona d<br>IOT usa ratired            | ation<br>during most of work<br>f)   | ing                             | 16b. Kind of B       | usiness/industry                | у  |
| be filed<br>tal Hygid<br>d other<br>event, to  | Be               | 17. Fathar's Nama (First, Middla, Last)   | •  | пошеша                                      | RCI  | 18. Mothar's Nem   |                                 |                      |                                 |  |
| 2 should be to and Mental I is marked of   | 10               | John Elwood Kenn  19a. Informant's Name/Ralationship (  |  | 19h Mailing Ad                              | Idraes (Straat                               | Anna<br>and Number or Rui  | Niemi                           | ar Cibrar Town       | State Zin Cod                   | la l   |
| alth an 27 is  |                  | William E. Thomas   |  | )   |  | t., Cocke  |                                 |                      |                                 | a)   |
| permit. Pages 1 and 2 should<br>Depertment of Haalth and Mer<br>Important: If Item 27 Is marks<br>any Injury or other traumstic  |                  | 20a. Mathod of Disposition<br>1 □ Burial 2 □ Cramation 3 □  | Ramoval from State   | Placa of Disposition<br>comatary, cramator  | y or other plac                              | ,  | /29/98                          |                      | City or Town, S                 | Stata  |
| nit. Perentente  | ni l             | 4 Donation 5 Other (Specifical Signature of Funeral Service Licen   |  | laney Va                                    | 11ey Me                                      | The state of the s | ardens                          | Timoni               | um, MD                          |  |
| Depending any Ir   | 900              | 23a Parti Enter the disaasa, or com   | Emmon  |   |  | neral Hom  |                                 |                      |                                 |  |
| Physiciar<br>/Medica<br>Examine  | nt<br>r          | Immediata Causa (Final<br>diseesa or condition<br>rasulting In death)   | a. STROK   | E<br>or as a consequence                    | e of):                                       |  |                                 |                      | Ons                             | ays.   |
| tificete be axecuted<br>g physicien end<br>as the burial-transit   | Examiner         | Sequantially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated evants | b. Dua to (c   | or as a consequanc                          | e of):                                       |  |                                 |                      | 1                               |  |
| certificate be<br>iding physici  | /Medical         | Cause (Disease or Injury<br>that Initieted evants<br>rasulting in death) Last   | Dua to (o  | or as a consequance                         | e of):                                       |  |                                 |                      |                                 |  |
| death<br>e etten   | Physiclan/N      | Part II. Other significant conditions or  | ontributing to death but not ras   | ulting in the underly                       | /Ing cause giv                               | an In Part I.  | 23b. Did                        | tobacco use co       | ntributs to the                 | cause of death                                       |
| that the<br>ned by the<br>detache  | by Phys          | DIABETES  | MELLI  | TUS   |  |  |                                 | Yes 2 No             |                                 | N 40   |
| tending Physician: The law requires that the death centeath.  Tor: After this certificate has been signed by the ettendin the funeral director, page 2 should be detached for use  | ompieted b       | ATHEROSC  | LEROSIS  | í   |  |  | 24a. Was<br>perio               | an autopsy<br>med?   | available                       | utopsy findings<br>a prior to<br>tion of cause<br>1? |
| n: The<br>ficate h   | O                |   |  |   |  |  | 10                              | /~                   | 1 🗆 Yas                         | 2 □ No   |
| s certif   | o Be             | 25. Wes case refarred to medical axaminer?  1  Yas 2  Yo  | Hospitat: 1 ☐ Inpatiant 2 ☐  | ER/Outpatient 30                            | DOA Oth                                      | 28. Place of Deat  |                                 | one)<br>dance 8 □Oth | ar (Specify)                    |  |
| To the Hospital or Attending Physician: The law requires that the death certificate be assocuted within 24 hours aftar death.  To the Funeral Director: After this certificate has been signed by the ettending physicien end complately filled in by the funeral director, page 2 should be detached for use as the bunal-transit | Certification: T | 27. Mannar of Deeth  1 Natural 5 Pending 2 Accident invastigation 3 Suicida 6 Could not be  | 28e. Date of Injury<br>(Month, Day Year)   | 28b. Tima of<br>Injury                      | 28c. Injun<br>Worl                           |  | 28d. Describe I                 | now Injury occur     | red                             | to Mumbas  |
| To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by   | edical Certif    | 4 Homicida daterminad  29a. Cartifier 1 Certifying Phy (Check only 2 Medical Exam   | 28e. Place of Injury - At he<br>building, atc. (Spacify<br>valcian: To tha best of my kno<br>iner: On the basis of exemina | y)<br>wladga, deeth occu                    | urred at the tim                             | ia, data and place,  | City or Tov                     | vn, Stata)           | inner as stated.                |  |
| To the H<br>within 24<br>To the F<br>complete  | Medi             | one) 29b. Signatura end titla of certifiar  | and mannar stated.   |   | 29c. Licanse                                 | number   |                                 | 29d. Date signe      | d (Month, Day,                  | Yaar)  |
| ^  |                  | 30. Nama end address of person who of A H GHUAD 31. Data filled (Month, Day, Year)  | omplated cause of deeth (Item  | n 23a) (Type, Print)                        |  |  |                                 |                      |                                 |  |



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Data of Death 1 Decedeni's Name (First Middle Last) June **Physician** 25 1998 5:30pm Clara Alma Thomas /Medical 4b. City, Town, or Location of Death 4e Fecility Nama (If not Institution, giva street and number) 4c. County of Death Examiner Harford 2423 Rocks Road Forest Hill If Under 1 Yeer | If Under 24 Hrs. Dala of Birth (Month, Day, Year) Jan 2,1906 5. Sociel Security Number Birthplaca (Stata or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** Months Days Hours Min 1□ M **X**XF Yrs. 92 213-74-2945 Maryland **Director** Usual Rasidance of Decedent the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limita Item 27 is marked other than "natural", or items 23s or 28s-f show other traumetic event, the Medical Examinar must be notified at 1 Yas 2 No Forest Hill HArford Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21050 USA 2423 Rocks Road permit. Peges 1 and 2 should be filed within 72 hours efter death v Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23. Funeral Wes Decedani of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, atc.) 14. Race - American Indian. 12. Was Decedant Evar in U,S. Armad Forces? 11 Marital Stalus Bleck, White, atc. 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 ☐ Naver Married 27 Married White altimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: 6 3 Widowed 4 Divorced Completed 16a. Dacedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grada completed) Elementery/Secondary (0-12) Collega (1-4or 5+) Self-employed Radio-Record Shop 6th 18. Mothar's Neme (First, Middle, Maidan Sumama) 17. Fathar's Nama (First, Middla, Last) Charles Katherine Jones Bryant 19b. Meiling Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Henrietta Comes / daughter 2423 Rocks Road Forest Hill Maryland 21050 20b. Place of Disposition (Nama of compatary, cramatory or other piece)
Oak Lawn Cemetery 20a. Mathod of Disposition Data 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) 6/29/98 Baltimore Md. iny injury or 22. Nama and Addrass of Facility
Connelly Funeral Home of Essex 21. Signatura of Funaral Sarvica Licensas 23a. Part 1. Enter the disease, or complications their caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallura. List only one cause on each line. Approximate Interval Batween Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition rasulting in death) essue Examiner Due o (or as a consequanca of) Examiner the burial-trensit Sequentially list conditions, if any, laading to Immadiata causa. Enter Underlying Cause (Diseasa or injury that initiated events rasulting in daeth) Lest Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, attending physician Physician/Medical Dua to (or as a consequence of) 98 950 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings aveilebla prior to completion of cause of death? 24a. Was an autopsy performed? Completed hes 1 Yas 2 No 1 Yas 2 No certificate cerebr or Attending Physician: 25. Was casa referred to medical axeminar? Be 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) P 1□ Yes 2□ No 1 Inpatient 2 ER/Outpatient 3 DOA After this 28a. Date of Injury (Month, Day Year) funeral 28d. Dascribe how injury occurred 27. Manner of Deeth 28b Time of 28c. Injury at Work? Certification: 5 Panding invastigation 1 Natural ie Hospital or Attending n 24 hours after deeth. ne Funeral Director: Aft 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicida Could not be detarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) Placa of Injury - At homa, farm, streat, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end plece, end due to the cause(s) and manner stated. Medical 29a. Cartifier (Check only one) To the To the To the I 29d. Data signed (Month, Day, Year) 29b. Signature and titla of certifier 29c. Licansa number ence 26, 1959 0322

State Registrar

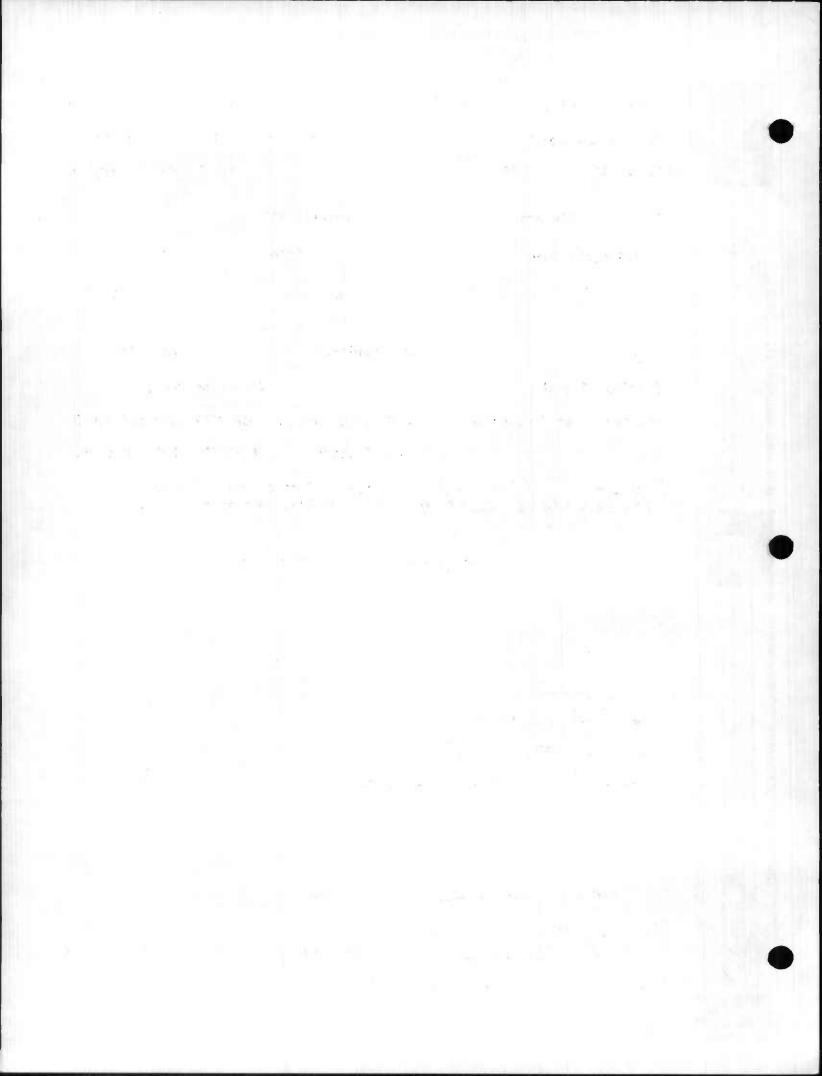
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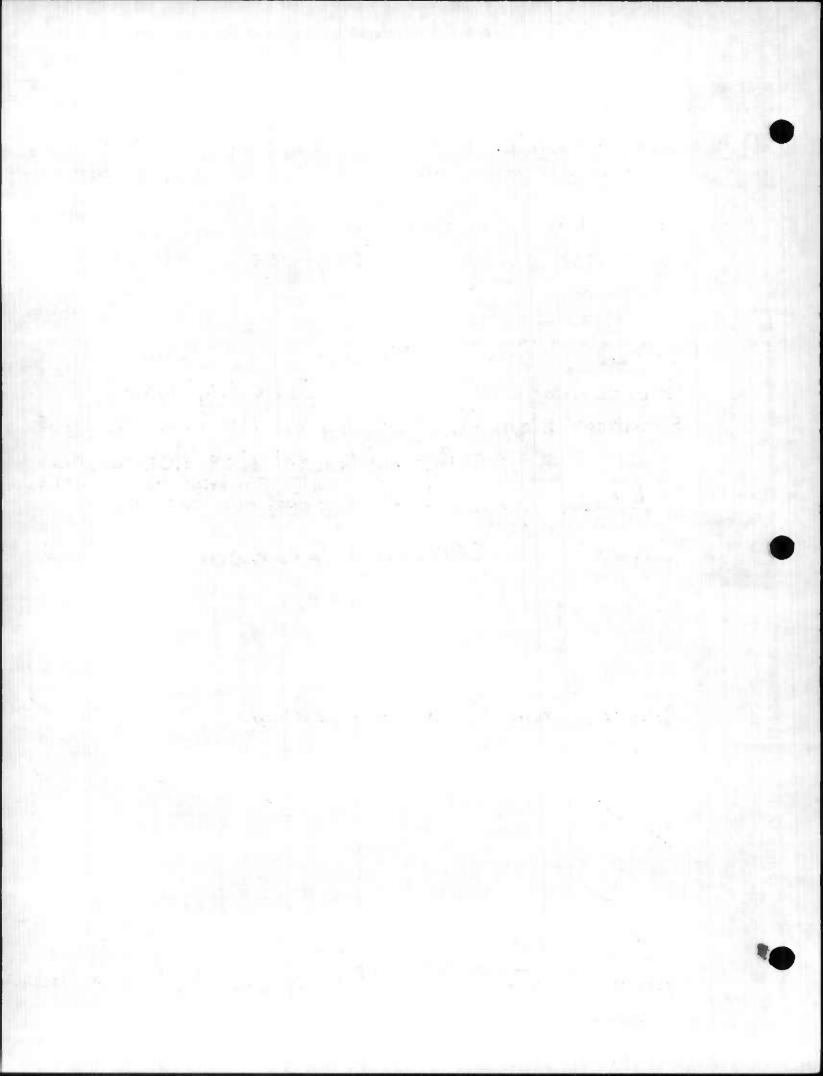


30. Nama and addrass of person who complated causa of death (Item 23e) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene 98 2000

|            |   |             |   |  | Certifica   | ate of Dea  | ath                              | Reg                                | J. No.                            | .0090                                      |
|------------|---|-------------|---|--|---|---|----------------------------------|------------------------------------|-----------------------------------|--|
|            | Dhysia  | lon         | 1. Decedent's Name (First, Middle, Last)  |  |   |   |                                  | 2. Dete of Deeth<br>Month          | Dey Yeer                          | 3. Time of Death                           |
|            | Physic<br>/Medi   |             | John -  | Tilghman   |   |   |                                  | June                               | 26 1998                           | 8:35 PA                                    |
|            | Exami   | ner I       | 4e Facility Name (If not institution, give s  | street and number)                               | 7.1   | 4b. Ci  | ty, Town, or Loc                 |                                    | 4c. County of Death               |  |
| L          |   |             | VILLA ST Mick   | IAEL N.  |   | der 1 Year III U  | 9 TIMC                           | 390                                | NA                                | - 1 (Ct-1 F                                |
|            | Funeral<br>Director   |             | 5. Social Security Number 6. Sex 214-20-9373  | 7. Age (in                                       | yrs. lest birthday) If Un<br>8 9 Yrs. Month           |   | ours Min.                        | 8. Dete of Birth<br>(Month, Dey, ) | (ear) 9 Coul                      | plece (Stete or Foreign                    |
|            | Mend Mend   |             | 10a. Stete 10b. County  | 10c  | c. City, Town or Location                             |   |                                  |                                    |                                   | 10d. Inside City Limits                    |
|            | Man H   | tor         | MD NA   |  | Baltimoe  | 2   |                                  |                                    |                                   | XYes 2□No                                  |
|            | h the   | Director    | 10e. Street and Number  | 0  |   | Zip Code  |                                  | 100                                | g. Citizen of What Cou            | ntry?                                      |
|            | th wif  |             | 3305 SEQU   | oin Au   | E '!  | SAltim  | BROPE                            |                                    | 11.S.A                            |  |
|            | ome<br>ome  | Funeral     | 11. Maritel Stetus  | 12. Wes Decedent Ever<br>Armed Forces?           | in U,S. 13. Wes De                                    | cedent of Hispen<br>pecify Cuben, Me  | ic Origin? (Specexican, Puerto F | cify Yes or No-<br>licen, etc.)    | 14. Race - Ameri<br>Black, White, |  |
| 21215-0020 | within 72 hours after death with the Marylend<br>ene.<br>than "natural", or Items 23e or 28e-f show<br>the Medical Examiner must be notified at | by          | 1 Never Merried 25 Merried 3 Widowed 4 Divorced   | 1 ☐ Yes 2 ☐ No<br>If Yes, Give<br>Yeer or Detes: |   | 4-  | ecify:                           |                                    | Specify: B                        | lack                                       |
| 2-0        | within 72 hours<br>jiena.<br>r than "netural",<br>the Medical Exe   | Completed   | 15. Decedent's Educ<br>(Specify only highest grade  | cetion<br>completed)                             | 16a. Decedent's U<br>(Give kind of                    | suel Occupation<br>work done during<br>use retired)   | most of working                  | 9 16                               | 6b. Kind of Business/In           | dustry                                     |
| 7          | within<br>ena.<br>then  | шb          | Elementery/Secondary (0-12)   | College (1-4or 5+)                               |   | 1   |                                  | 1                                  | 2-14                              | 2 4  |
|            | 73 'Co. b. and  |             | 12 +H G-ende  | 4 4es  | IEA   |   | Mother's Neme                    | (First, Middle, Ma                 | JA 110 (                          | 114  |
| and        | od of   | o Be        | Hanner T.   | hanne  |   | 7   | 0 + + 0                          | TIL                                | loo O · · · ·                     |  |
| Maryland   | d 2 should be filed<br>th and Mental Hyg<br>7 is marked othe<br>treumetic event,  | ř           | 19e. Informant's Name/Reletionship (Tyr   | nman<br>pe. Print) wife                          | 19b Meiling Addr                                      | ess (Street and N   | Vumber or Bural                  | Route Number                       | City or Town, State, Zi           | c Code)                                    |
| S<br>S     |   |             | Elizabeth To  | lahman   | 3306  | Scall   | nia A                            | UE, BA                             | It ND                             | 21215                                      |
| re,        | 一工当中  |             | 20a. Method of Disposition  |  | Ob. Plece of Disposition (I                           |   |                                  |                                    | c. Location - City or T           |  |
| Baltimore, | 0 0 - 2   |             | 1 Burlal 2 Cremetion 3 ☐R 4 ☐ Donetion 5 ☐ Other (Specify)  | emoval from Stete                                | Aph. Hus  | Memor   | 10/1/1                           | 20/98/                             | tehitus                           | MD   |
| alt        | orte  |             | 21. Signeture of Funeral Service License  | 96   | , 22. Name  | end Address of  | Fecility —                       | 2010                               | Hams                              | WESTIN                                     |
| ñ          | Dep<br>per<br>per<br>per<br>per<br>per<br>per<br>per<br>per<br>per<br>p   |             | DA 0.1  |  |   |   |                                  |                                    | It- ND                            |  |
|            | 200   |             | 23a. Part1. Enter the disease, or complishock, or heart failure. List only on                               | cations that caused the                          | death. Do not enter the m                             | node of dying, su   |                                  |                                    |                                   | 21215<br>Approximate                       |
|            | Physician   |             | snock, or heart failure. List only on   |  |   |   |                                  |                                    |                                   | Interval Between<br>Onset end Death        |
| ш          | /Medical  |             | Immediate Cause (Final disease or condition   | CE   | REBRAC  | TIL   | ROMB                             | A CLC                              |                                   | Treek                                      |
|            | Examiner  |             | resulting in deeth)   |  | to (or as a consequence                               |   |                                  |                                    |                                   | V  |
|            | be sit  | Examiner    |   | ),   |   |   |                                  |                                    |                                   |  |
| _          | icete be executed<br>physicien and<br>s the buriel-transit  | хап         | Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury | Due  | to (or as e consequence                               | of):  |                                  |                                    |                                   |  |
| 68760,     | be e<br>licien<br>burie   | S E         | ceuse. Enter Underlying<br>Cause (Diseese or Injury<br>that initieted events                                | ·  |   |   |                                  |                                    | i                                 |  |
| 687        | tificete<br>ng phys<br>es the   | edical      | resulting in death) Lest  | Due t  | to (or es e consequence o                             | of):  |                                  |                                    |                                   |  |
| Box        | eath certi  | 2           | d   | l  |   |   |                                  |                                    |                                   |  |
|            | death certificate be executed<br>e attanding physicien and<br>ed for use es the buriel-transit  | lcia        | Pert II. Other significant conditions con   | tributing to death but no                        | t resulting in the underlyin                          | a ceuse aiven In  | Pert I                           | 23b. Did tob                       | acco uea contributa 1             | to the cause of death?                     |
| 0          | the ty  | Physician/M | ATHEROSCLERI  | 0  | ROVASCE   |   | 2                                |                                    | 2 No 3 Pro                        |  |
| Ś          | 9 66  | by F        | 1) MENO SCIENCE   | THE CAT  | COVATE  | UAR   | DISTRIB                          | =                                  |                                   |  |
| Record     | v require<br>been sig   |             |   |  |   |   |                                  | 24a. Was en<br>perform             | eutopsy 24b. W                    | /ere autopsy findings<br>veileble prior to |
| ပ္ပ        | has be  | Completed   |   |  |   |   |                                  |                                    | of of                             | ompletion of cause<br>deeth?               |
| <u> </u>   |   | Con         |   |  |   |   |                                  | 1 ☐ Yes                            | 20No 1                            | □Yes 2□No                                  |
| Vital      | Physician: The this certificata ral director, pag   | Be          | 25. Wes cese referred to medical examiner?  | lea-Mal  |   | 1   | Plece of Deeth                   | (Check only one                    | )                                 |  |
| ō          | Physicla<br>this cert<br>al direct  | 5           | 1 Yes 2 No  |  |   |   |                                  | e 5 Residen                        | ce 6 Other (Speci                 | (fy)                                       |
|            | After<br>After<br>funer   | cation:     | Naturel 5 Pending   | 28a. Dete of Injury<br>(Month, Dey Yea           | Injury M  | 28c. Injury et<br>Work?<br>1 \( \triangle |                                  | od. Describe nov                   | injury occurred                   |  |
| Division   | r Attending<br>for death.<br>Gector: After<br>Aby the fune  | Icat        | 2 ☐ Accident Investigation 3 ☐ Suicide 6 ☐ Could not be   | 28e Place of Injury                              |   |   |                                  | 8f. Location (Stre                 | et and Number or Rur              | ral Route Number.                          |
| 2          | SEBE!   | Certifi     | 4 ☐ Homicide determined   | building, etc. (Sp                               | At home, ferm, street, fac<br>pecify)                 | iory, omoo  |                                  | City or Town,                      | Stete)                            |  |
| 1          | Hospital<br>Funeral   | edical C    |   | ner: On the basis of exam                        | knowledge, death occurr<br>mination and/or investigat |   |                                  |                                    |                                   |  |
|            | a in a  | Me          | 29b. Signature end title of certifier   | end menner stated.                               |   | 29c. License nun  | mber                             | 29                                 | d. Dete signed (Month)            | Dey, Year)                                 |
|            | To vitt   |             | 250. Signature on Contine   | 011404   |   | 1)28  |                                  | 20                                 | 6/2/ac                            | 2  |
|            |   | -           | A constant  |  | (Ham 22a) (Time Brief)                                |   |                                  |                                    | 0 1 18                            |  |
| 18         |   |             | 30. Name end eddress of person who co   | 1KHANI   | 7220 (Type, Print)                                    | ARK H   | EICOH                            | 7 A                                | BAL                               | 10 MB 21201                                |
| È          | St  | ate         | 31. Date filed (Month, Day, Year)   | 32. Registrar's S                                | Signeture   | 1)  | 27.71                            | - / / /                            | , - ,                             |  |
|            | Regist  |             | JUN 3 0 1998  | July David                                       | son- Product  |   |                                  |                                    |                                   |  |



#### Please Ty

| Please Type or Print in Black Indelible Ink. Assure | All Copies Are Legible.                                |  |
|---|--|--|
| State of Maryland / Department of Health and        | d Mental Hygiene 98 20099                              |  |
| Certificate of Death                                | Reg. No.   |  |
| Name (First, Middle, Last) Concetta Lucy Trickett   | 2. Dete of Deeth Month Dey Yeer June 28, 1998 7:57 a.1 |  |

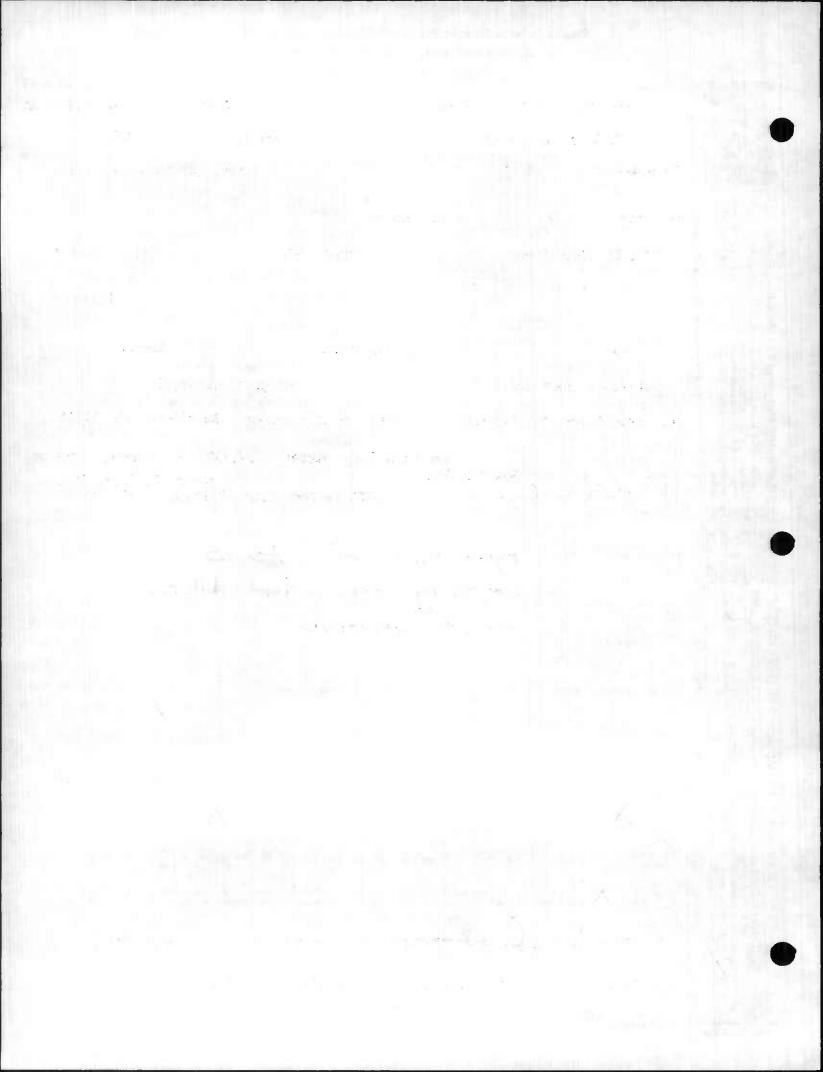
**Physician** /Medical Examiner

1. Decedent's Name (First, Middle, Last)

4a Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Baltimore N/A 3815 Echodale Avenue 8. Dete of Birth (Month, Day, Year) NOV. 24, 1928 If Undar 24 Hrs. If Undar 1 Yaar 5. Social Sacurify Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** Deys 10 M 2 F Months Mary Land Hours 217-24-2052 69 Director Usuei Residence of Decedent with the Maryland 10s State 10b. County 10c. City, Town or Location 10d. Inside City Limits Pages 1 and 2 should be filed within 72 hours after death with the Marylan ment of Health and Mental Hygiene.
ant: If item 27 is marked other than "naturel", or itema 23a or 28a-f show ury or other traumatic event, the Medical Examines must be notified as 1 X Yas 2 No N/A Baltimore Directo Maryland 10e Street and Number 10f. Zip Code 10g. Citizen of What Counfry? United States 3815 Echodale Avenue 21206 Funeral 14. Race - American Indian, Black, White, etc. 12. Wes Decedenf Evar in U.S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Never Married 2 X Merried 1 Yes 2 X No If Yas, Give Yeer or Detes: altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: à White 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Own Home Homemaker 12 17. Fafhar's Neme (First, Middla, Last) 18. Mother's Neme (First, Middla, Maidan Sumama) Be Brigida Carnaggio Salvatore Lamartina 2 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. fnformenf's Name/Reletionship (Type, Print) 3815 Echodale Avenue Baltimore, MD Mr. Leroy Trickett / Husband 20b. Place of Disposition (Name of cematery, crematory or other place) 20c. Location - City or Town, Stata 20e. Method of Disposition Dete 1 XBuriai 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Department of Important: If any Injury or 7/2/98 Baltimore, Maryland New Cathedral Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee Michael E. Canapp 22. Nama and Addrass of Fecility Leonard J. Ruck, Inc. 21214 5305 Harford Road Baltimore, MD 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or haert failure. List only one cause on each line. Approximete intervel Between Onset and Death **Physician** /Medicai Immediete Ceuse (Finel . Hyper Lension disease or condition resulting in deeth) **Examiner** Due to (or es a consequence of): Examiner The law requires that the death certificate ba executed physician and is the burial trans Sequentially list condiflons, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, Depunion consequence of): Due to for es e Physician/Medical USB BS 0 signed by the a Pert if. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 20 No 1 Yee 3 Probably 4 Unknown à 24b. Wera autopsy findings aveilable prior fo completion of ceusa of death? 24e. Wes en eutopsy Completed peen page 2 1 ☐ Yas 2 No 1 □ Yes 2 No certificate Attending Physician: 25. Wes cese referred to medical examinar? director. Be 26. Piece of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify)

njury et | 28d. Describe how injury occurred 1 Yes 2 No Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 this 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of Certification: After Neturel Accident 5 Pending investigation il or Attending s after death. 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide To the Hospital o within 24 hours aff To the Funerel DI completely filled in Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) and menner as steled.

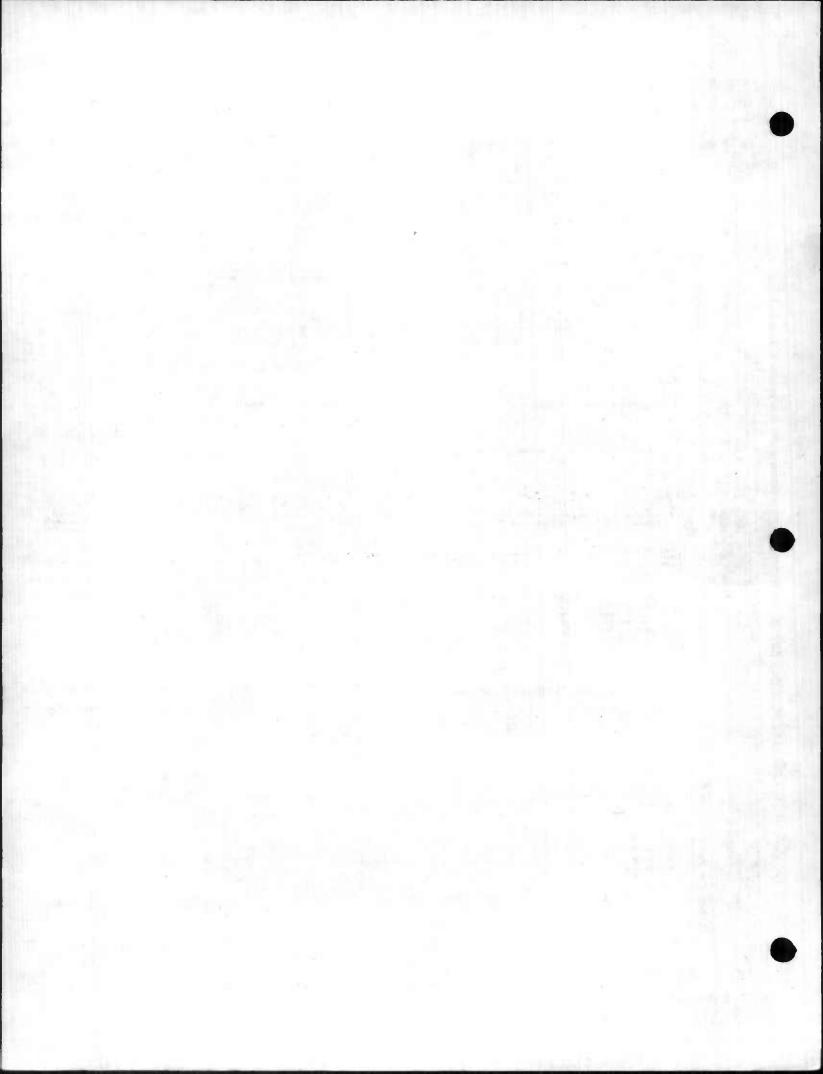
Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner steled. Medical 29e. Certifian (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certifian 93 30. Name and eddress of person who completed cause of deeth (Item 23e) (Typa, Print) 1576 Merritt Blvd. Dundalk, MD 21222 Mukesh Luhar M.D. 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State JUN 3 0 1998 Registrar



State of Maryland / Department of Health and Mental Hygiene Q Q O O O O O

|  |   |   | Certificate of   | Death   | Reg. I  | No.                                     | 20100  |
|--|---|---|--|---|---|---|--|
| Dhuaisian  | Decedent's Name (First, Middle, Last)   |   |  | 2   | . Date of Death<br>Month                      | Dey Yeer                                | 3. Time of Death   |
| Physician<br>/Medical  | GRACE   |   | V  | OYCE  |   | 7 1998                                  | 11:10 AM   |
| Examiner   | 4a Facility Name (If not institution, give street a   | and number)   |  | 4b. City, Town, or Loca                           | ition of Death                                | 4c. County of Deet                      | h  |
| <u> </u>   | SAINT JOSEPH MEI  | DICAL CENT  |  | TOWSON  |   |   | E, MARYLAN   |
| Funeral<br>Director  | 5. Social Security Number 6. Sex 1 M 2  | 7. Age (In yrs. last  | birthday) If Under 1 Year<br>Months Days                             | Hours Min   | Date of Birth<br>(Month, Day, Yea<br>PRIL 12, | 9. Birth<br>Co<br>1915 VIR              | hplece (State or Foreign<br>untry)<br>.GINIA                           |
| 2 2  | Usual Residence of Decedent  10s. State 10b. County   | 10c City T  | own or Location  |   |   |   | 10d, Inside City Limits  |
| aryla aho  |   | 100. 0119, 11   |  |   |   |   | 1 Yes 2 No   |
| or 28e-f a   | MARYLAND N/A  |   | BALTIMORE  |   | T 40- /                                       | 020                                     |  |
| er death with the Marylen<br>theme 23s or 28s-1 show<br>cer mest be notified at<br>tuneral Director  | 10e. Street and Number 4311 GLENARM AVENUE  |   | 10f. Zip Code  | 21206   | 109.  | Citizen of What Co<br>U.S.              |  |
| finer death v  | 11. Marital Status 12. We   | s Decedent Ever in U,S.   | 13. Was Decedent of I  | dispanic Origin? (Speci<br>an, Mexican, Puerto Ri | fy Yes or No-                                 | 14. Rece - Ame                          | rican Indian,  |
| 020<br>ura ed  | 1 Never Married 2 Married 1 Hr  | ned Forces?<br>] Yes 2]() No<br>es, Give<br>ar or Dates:            | If Yes, specify Cub  |   | can, etc.)                                    | Specify:                                | e, etc.<br>VHITE   |
| 1 21215-002<br>ed within 72 hours<br>ygiene, and historial,<br>it, the little and<br>Completed by  | 15. Decedent's Education<br>(Specify only highest grade comp  |   | 6a. Decedent's Usuel Occu<br>(Give kind of work done                 | pation<br>during most of working                  | 16b.  | Kind of Business/                       | Industry   |
| within then then then then then then then the  |   | lege (1-4or 5+)   | life. DO NOT use retire  | d)  |   |   |  |
| d 21   | 8 TH GRADE  |   | SEAMSTRESS   |   |   |   | NUFACTURER   |
| Maryland 2 d 2 should be filed th end Mentel hygi th end Mentel hygi the word other treumatic event, I   | 17. Father's Name (First, Middle, Last)   |   |  | 18. Mother's Name (                               |   | en Sumame)                              |  |
| Aaryjand<br>2 should be to and Mentel H<br>Is marked of<br>reumatic eve  | UNKNOWN   |   |  | AGNES   | EHOFF   |   |  |
| Agrand and and and and and and and and and   | 19a. Informant's Name/Relationship (Type, Pri   | nt) 1   | 19b. Mailing Address (Stree  | and Number or Flural                              | Route Number, Cit                             | y or Town, State, 2                     | (ip Code)  |
|  |   |   | 4311 GLENARM   | AVENUE, BA  |   |   |  |
| OH OH OH   | 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)   | from Stete  | o of Disposition (Name of<br>otery, crematory or other ple<br>RKWOOD |   |   | Location - City or                      |  |
| Baltimo  | 21. Signature of Funeral Service Licensee   |   |  | ess of Facility  TEUNERAL H  HMS LANE, B          |   | V4 DV7 4                                | m 01010  |
| Examiner   | b.  | Due to (or es   | a consequence of):   |   |   | 1                                       |  |
| 68760  | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  d | Due to (or es   | e consequence of):   |   |   | 1                                       |  |
| death cer death cer attendir de for use  | Part II. Other significant conditions contributing  | g to death but not resulting  | a in the underlying cause of   | ven in Part I.                                    | 23b. Did tobec                                | co use contribute                       | to the cause of Seath?   |
| requires that the dasth centrequires that the dasth centred by the attending hould be datached for use   | ATRIAL FIBRILLAT  |   |  |   |   | 2 No 3 P                                |  |
|  |   |   |  |   | 24a. Wes an eu                                | 7                                       | Were autopsy findings available prior to completion of cause of death? |
| The law rate has to page 2 s   |   |   |  |   | 1 🗆 Yes                                       | No                                      | 1 □ Yes 30 No  |
| Vital I  | 25. Was case referred to medical examiner?  |   |  | 26. Place of Deeth (                              | Check only one)                               |   |  |
| - K = 5  | 1 Yes 25 No Hospital  | 1 hpatient 2 ER   | Outpatient 3 DOA   | her: 4 Nursing Home                               | 5 Residence                                   | 6 ☐Other (Spe                           | city)  |
| Division of black of the function of the funct | 1 Attatural 5 Pending 2 Accident investigation  | Date of Injury<br>(Month, Day Year)                                 | b. Time of lnjury M 1  | Yes 2□No  | d. Describe how in                            |   |  |
| DIVI<br>Belor An<br>Bi Direct<br>ed in by  | 3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined 28e  | Place of Injury - At home building, etc. (Specify)                  | , ferm, street, fectory, office                                      | 28  | f. Location (Street<br>City or Town, St       | end Number or Ru<br>ate)                | ural Route Number,   |
| DIVI To the Hospital or All within 24 hours after of To the Funeral Direct completely filled in by Medical Certiff   | (Check only 2 Medical Examiner: Or  | To the best of my knowled the basis of examination d manner steted. | dge, death occurred et the ti<br>and/or investigation, in my         | me, date and place, an<br>opinion, death occurred | d due to the cause<br>at the time, date       | (s) end manner es<br>and place, and due | stated.<br>to the cause(s)   |
| withir<br>To th<br>comp  | 29b. Signature and little of certifier  | 1   | 29c. Licen   | se number   | 29d. l  | Date signed (Mont                       | h, Day, Year)  |
|  | · Chr   | on apas   |  | 7254  |   | 5-27.                                   | 98   |
| 6  | 30. Name and address of person who complete   |   | a) (Type, Print)   | 7.254   |   | 1                                       |  |
| State  | BOON P. LIM, M. ]  31. Date filed (Month, Day, Year)  | #2, Registrar's Signature   | YORK ROAD,   | TOWSON M  | ARYLAND                                       | , 2                                     | 21204  |
| Registrar  |   | The Davidson-17   | andell   |   |   |   |  |

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygien

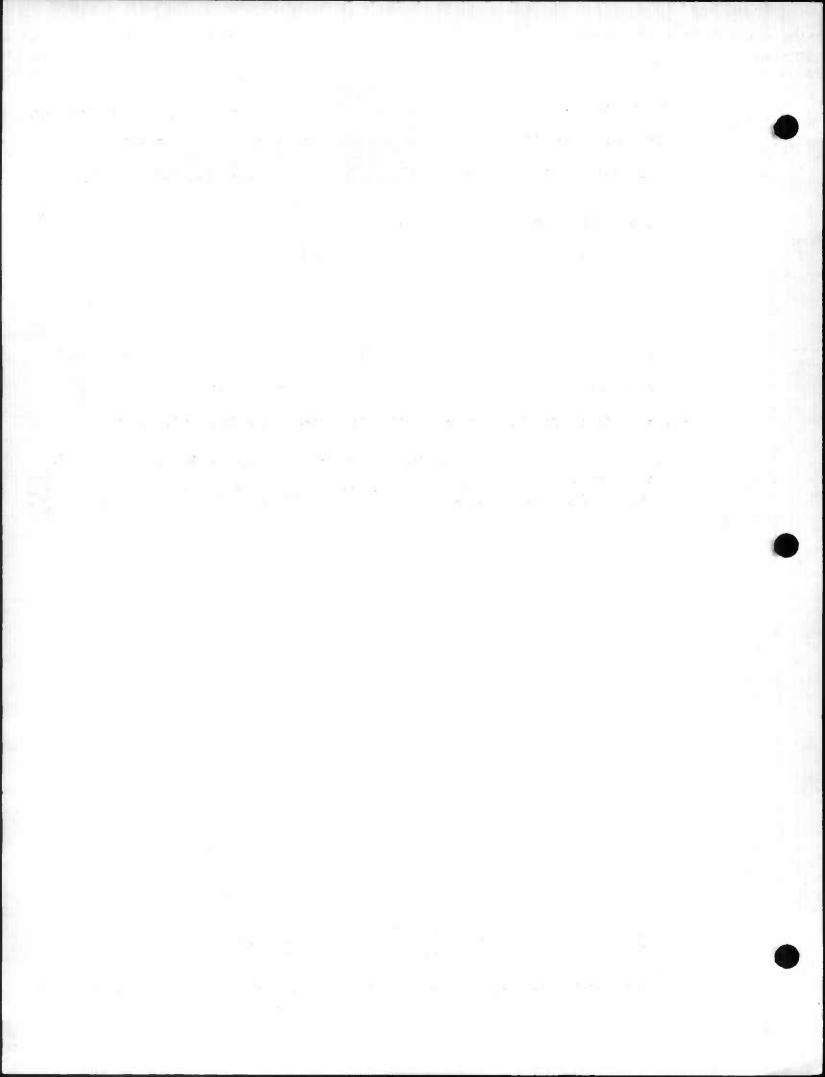
| ie | 98 | 20  | 10 |
|----|----|-----|----|
|    | 20 | (m) | 10 |

|                     |   |                     | Decedent's Name (First   | , Middle. La:  | st)  |  | Cel                              | tificate of   | Dealli   | 2. Date of De                         | Reg. No.<br>eth                    | 3.1                                   | Tima of Death                                      |
|---------------------|---|---------------------|--|--|--|--|----------------------------------|---|--|---------------------------------------|------------------------------------|---------------------------------------|--|
|                     | Physici   |                     | Ferdinand  |  | *  |  |                                  |   |  | Month                                 | Dey                                | Yaar                                  |  |
|                     | /Medi<br>Examir   | -                   | 4a. Fecility Name (If not in   | stitution, giv   | a s <i>treet</i> end nu                                      | m <i>ber</i> )   |                                  |   | 4b. City, Town, or I                               | June ocation of Death                 |                                    |                                       | 25 am  |
| 7                   | LAGITIII  | 101                 | Manor Care   | Rossv  | ille   |  |                                  |   | Rosedale   | е                                     | Bal                                | timore                                |  |
|                     | Funeral<br>Director   |                     | 5. Social Security Number 216 03 0901  |  | ex<br>√⊋M2□F   | 7. Age (In yrs.<br>90  | lest birthday)<br>Yrs.           | If Under 1 Year<br>Months Deys                          |  | (Month, De                            | th<br>by, Year)<br>1907            |                                       | Steta or Foreign                                   |
|                     | pus   |                     | Usuel Residence of Deced<br>10e. Steta 10b.  | lent<br>County   |  | 10c Cit  | y, Town or Lo                    | cation  |  |                                       | •                                  |                                       | side City Limits                                   |
|                     | with the Maryland<br>a or 28a-f show<br>Lbs notified at   | or                  |  | altimo   | ro   |  | Essex                            | Jan 1997  |  |                                       |                                    |                                       | Yes 2 2 No   |
|                     | the Mar<br>28a-f st<br>notified   | rect                | 10e. Street and Number   | LICINO   | 16   |  | DSSEX                            | 10f. Zlp Code   |  |                                       | 10g. Citizen of \                  | What Country?                         |  |
|                     | Sa or   | D I                 | 2028 Tred Av   | on Rd  | •  |  |                                  | 21  | 1221   |                                       | U.S                                | .A.                                   |  |
| Maryland 21215-0020 | ours after deat<br>al', or items 3<br>Exeminer mu   | by Funeral Director | 11. Marital Stetus  1 Never Married 2  3 XWidowed 4 D  |  | 12. Was Dec<br>Armad Fo<br>1 Tes<br>If Yas, Gir<br>Year or D | 2 <b>⊠</b> No<br>⁄a  |                                  | Vas Decedent of<br>i Yes, specify Cut<br>i ☐ Yes 2 ☑ No | Hispanic Origin? (Span, Mexican, Puert<br>Specify: | pecify Yas or No<br>o Rican, etc.)    | 14. Rac<br>Ble<br>Specify          | e - Amarican Inck, White, atc.  White |  |
| 5-0                 | 72 h<br>natur<br>dical  | Completed           | 15. Do   | ecedant's Ec   | lucetion<br>de completed)                                    | ed) 16a. Decedent's Usual Occupa<br>(Give kind of work done d<br>life. DO NOT use retired) |                                  |   | pation<br>during most of wor                       | king                                  | 18b. Kind of B                     | usiness/Industry                      | ,  |
| 121                 | arithin<br>then<br>the Me   | mpl                 | Etementery/Secondery   |  | College (  | 1-4or 5+)  |                                  | ipefitte  |  |                                       | Connor                             | Refine                                | 2017   |
| d 2                 | Hygie<br>Sher<br>ent, II  | ပိ                  | 8<br>17. Fether's Name (First, I   | Middle, Last)  |  |  | 1                                | Iperice   | 18. Mother's Nan                                   | ne (First, Middle,                    |                                    |                                       | тĂ   |
| lan                 | Mental<br>Mental<br>arkad o   | To Be               | Frank Willis   | 5  |  |  |                                  |   | Annie  | Glossne                               | er                                 |                                       |  |
| lary                | and A<br>and A<br>a man   |                     | 19e. Informant's Name/Retationship (Type, Pnht)  19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State  |  |  |  |                                  |   |  |                                       |                                    |                                       | 9)   |
|                     | and<br>sealth<br>m 27<br>her tr   |                     |  | Marie A. White (Daughter In Law) 2028 Tred Avon Rd. Balto., Md. 21221  20a. Method of Disposition 20b. Plece of Disposition (Name of Campatany Company of other place) 20c. Location - City of Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place (Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place (Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place (Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place (Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place (Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place (Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place (Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place (Campatany Company of Other place) 20c. Location - City of Campatany Company of Other place (Campatany Company of Other place) 20c. Location - City of Campatany Other place (Campatany Company of Other place) 20c. Location - City of Campatany Other place (Campatany Company of Other place) 20c. Location - City of Campatany Other place (Campatany Other place) 20c. Location - City of Campatany Other place (Campatany Other place) 20c. Location - City of Campatany Other place (Campatany Other place (Campata |  |  |                                  |   |  |                                       |                                    |                                       |  |
| Baltimore,          | P S S S S S S S S S S S S S S S S S S S   |                     | The state of the s | a. Method of Disposition  1  |  |  |                                  |   |  |                                       |                                    |                                       |  |
| 莊                   | artmer<br>ortant:<br>injury   |                     | 4 Donation 5 O   |  |  | Oal  |                                  | Cemeter  Name end Addr                                  |  | /1/1998                               | Baltimo                            | re Co.,                               | Md.  |
| Ba                  | Dept<br>fmpo<br>any i   |                     |  | )  | ( ) -  | 1  | Br                               | uzdzinek  | ri Funoral   | L Home P                              | .A.                                |                                       |  |
|                     |   |                     | 23a. Part Enter the dise   | ASP OF COM   | licetions that o   | eused the deet   | 14                               | 07 old F  | Castern Av   | venue Es                              | sex, Md                            | . 21221                               | roximate   |
| 4                   | Physician   |                     | anock, or haert feilur   | e. List only   | ne cause on e  | ech line.  | n. Bonot ont                     | or the mode or dy                                       | ing, addit ad out office                           | or respiratory s                      | 11001,                             | Inter                                 | vat Between<br>et and Death                        |
| ä                   | /Medical  |                     | Immediate Cause (Final disease or condition  |  | Cere   | ebral '  | Vascu.                           | lar Acc   | ident  |                                       |                                    | i                                     |  |
| ı                   | Examiner  | Į.                  | resulting in deeth)  |  | a  |  | r as e conseq                    |   |  |                                       |                                    |                                       | -  |
|                     | pe #s   | lner                |  |  | b  |  |                                  |   |  |                                       |                                    | i                                     |  |
|                     | tificata be axecuted g physician and es the bunel-transit   | Examiner            | Sequentielly list conditions if eny, leading to immedie  | s,<br>te   |  | Due to (o  | r as a conseq                    | uence of):  |  |                                       |                                    |                                       |  |
| 68760,              | cata be axecu<br>physician and<br>the buriel-tra  | edical              | Sequentially list conditions<br>if any, leading to immedia<br>causa. Enter Underlying<br>Cause (Disease or Injury<br>that initiated events   | ~  | c  | Due to (o  | r es a conseq                    | uence of):  | i  |                                       |                                    |                                       |  |
| 68                  | o b   | led                 | resulting In deeth) Lest   |  |  | D00 10 (0  | i es a consequ                   | delice of).   |  |                                       |                                    | ì                                     |  |
| Box                 | daath cert<br>a attendin<br>d for usa   | by Physician/M      |  |  | d  |  |                                  |   |  |                                       |                                    | İ                                     |  |
| O.E                 | 0 00 2  | sici                | Pert II. Other significant of  | onditions of   | ontributing to de  | eath but not res   | ulting in the ur                 | ndarlying cause g                                       | ivan In Pert I.                                    | 23b. Dld                              | tobacco uee co                     | ntribute to the                       | cause of death?                                    |
| σ.                  | that the<br>led by th<br>deteche  | Phy                 | Multible   | e Mye  | loma   |  |                                  |   |  | 1 🗆                                   | Yes 2□ No                          | 3 Probably                            | 4 Nnknow   |
| Records,            | s been sign   | Completed by        |  |  |  |  |                                  |   |  | 24a. Was                              | en eutopsy<br>ormed?               | evaileble                             | utopsy findings<br>e prior to<br>ion of cause<br>? |
| R                   | The ata h   | Con                 |  |  |  |  |                                  |   |  | 10                                    | Yes 2 No                           | 1 🗆 Yas                               | 2□ No  |
| Vital               | Physician: The this cartificata ral director, pag   | Be                  | 25. Was case referred to reseminer?  | nedicel  | Manatal  |  |                                  |   | 26. Place of Des                                   |                                       |                                    |                                       |  |
| of                  | 0 0   | T.                  | 1 ☐ Yes 2 ☐ No   |  |  |  | ER/Outpatien                     | T 3LI DUA   |  |                                       | dence 6 Oth                        |                                       |  |
| no                  | ding F<br>h.<br>Aftar<br>funer  | tion                | 1 ØNeturel 5 □   | Pending<br>Investigetion   |  | th, Dey Year)  | 28b. Time of<br>Injury           | 28c. Inju<br>Wo<br>M 1[                                 | uryet<br>ork?<br>]Yes 2 ☐ No                       | 28d. Describe                         | how injury occur                   | red                                   |  |
| Division            | or Attenation after deat Director:  | Certification:      | Z L MODIGOTIL  | Could not be determined  | 28e. Ptace   | of Injury - At he  | ome, farm, stre                  | eet, factory, office                                    |  | 28f. Location (<br>City or To         | Street end Numl<br>wn, Stete)      | per or Rurel Rou                      | ite Number,  |
|                     | To the Hospital or Attending Ph<br>within 24 hours after death.<br>To the Funeral Director: After th<br>complately filled in by the funeral | edical              | 29e. Certifier 1 C<br>(Check only one) 1 M   | ertifying Ph<br>edical Exam  | ilner: On the b  | bast of my kno-<br>asis of exemine<br>ner stated.  | wledge, death<br>tion and/or Inv | occurred at the t<br>restlgation, in my                 | ime, dete end place<br>opinion, death occu         | , end due to the<br>rred et the time, | ceuse(s) end mo<br>date end ptace, | enner es steted.<br>and due to the o  | ceuse(s)   |
|                     | To the To the Comp  | X                   | 29b. Signeture and titla of  | certifier  | Phi  | mer-   | 1                                | 29c. Licen  | se number  | - 0                                   | 29d. Data signe                    | d (Month, Day,                        | Year)  |
|                     | ,   |                     | Kar  | 100  | 3/00   | 1  | MD                               | A   | 523  | 77                                    | 6/                                 | 30 198                                | 3  |
|                     | 5   |                     | 30. Name end eddress of  | erson who  | completed caus   | e of death (Item   | 1 23a) (Type,                    | Print)  |  |                                       | 1                                  | 1                                     |  |

State Registrar 31. Data filed (Month, Dey, Year)

JUN 3 0 1998

22. Registrar's Signeture



State of Maryland / Department of Health and Mental Hygiene | Q

|             |  |                   |  |  |                                   | Certific  | ate of                  | Death  |                                      | Reg. No.                      | 0 2                             | 0102  |
|-------------|--|-------------------|--|--|-----------------------------------|---|-------------------------|--|--------------------------------------|-------------------------------|---------------------------------|---|
| 100         | Physici  | an                | 1. Decedent's Name (First, Middle, Las   | ,  |                                   |   |                         |  | 2. Date of Do                        | eth                           | -Year                           | 3. Time of Deeth  |
|             | /Medic   |                   | MILDRED E.   | WACHTER  |                                   |   |                         |  |                                      | 27 <sup>Dey</sup> 19          | 98                              | 3:07pm  |
|             | Examir   | ner               | 4a. Facility Name (If not institution, given Franklin Squ  |  | tal C                             | enter   |                         | 4b. City, Town, or I                                   |                                      |                               | of Death<br>1 tim               | ore   |
|             | Funeral<br>Director                                    |                   | 5. Social Security Number 6. S 218-05-3994 1   | ex 7. Age (li  | n <i>yrs. l</i> est birtl<br>79 v | hday) If Ur<br>Mont                                   | der 1 Yea<br>hs Deys    |  | 8. Date of Bi<br>(Month, Di<br>May 5 | ey, Year)                     | 9. Birthp<br>Coun<br>MAr        | lace (State or Foreign<br>try)<br>Vland                                 |
|             | 9  |                   | Usual Residenca of Decedent  |  |                                   |   |                         |  |                                      | , 1515                        |                                 | Jiana   |
|             | The Marylar<br>28a-f show<br>notified at               | ctor              | Md .   | Baltimore 10   | 0c. City, Town                    | or Location   |                         | R  | Rosedale                             | 9                             | 1                               | 0d. Inside Clty Limits 1 ☐ Yes ② No                                     |
|             | 3a or 28<br>at be no                                   | ai Director       | 10e. Street and Number<br>8123 Analee Ave  | 2.   |                                   | 10f.  | Zip Code                | 21237  |                                      | 10g. Citizen of USA           | What Coun                       | try?  |
| 17          | urs after deut<br>ur, or flams 3<br>Staminer mu        | by Funeral        | 11. Merital Status  1 ☐ Never Married 2 ☒ Married  3 ☐ Widowed 4 ☐ Divorced  | 12. Was Decedent Eve<br>Armed Forces?<br>1 ☐ Yes 2X No<br>If Yes, Give<br>Year or Dates: | er in U,S.                        |   |                         | Hispanic Origin? (S<br>ban, Mexican, Puert<br>Specify: | pecify Yes or No<br>o Rican, etc.)   | o- 14. Rac<br>Bla<br>Specif   | ce - Americ<br>ck, White,<br>y: |   |
| 1215-0      | within 72 ho<br>ens.<br>than "natura<br>he Medical E   | Completed         | 15. Decedent's Ed<br>(Specify only highest gra   | ucation<br>de completed)<br>College (1-4or 5+)   | 16a. (                            | Decedent's L<br>(Give kind of<br>life. DO NO<br>HOUSE | work done<br>Tuse retin | upation<br>e during most of wor<br>ed)                 | king                                 | 16b. Kind of B                | usiness/ind                     |   |
| 20          | Hygin<br>ther<br>mt, m                                 |                   | 12th<br>17. Father's Name (First, Middle, Last)  |  |                                   | House   | WITE                    | 18. Mother's Nan                                       | ne (First Middle                     |                               |                                 |   |
| lan         | od be<br>ental<br>Ked o                                | To Be             | Alexander Cunn   | ingham   |                                   |   |                         |  | lacKesse                             |                               | ,                               |   |
| Mary        | and 2 shou<br>saith and M<br>n 27 is mar<br>er traumet | T                 | 19a. Informant's Name/Relationship (1<br>Andrew Wachter /  | ype, Print)  |                                   |   |                         | er end Number or Ru                                    | rel Route Numb                       | per, City or Town,            |                                 | Code)   |
| Te,         | se 1 and<br>of Health<br>Item 27<br>r other tr         |                   | 20a. Method of Disposition   |  | 20b. Placa of I                   | Disposition (   | Name of                 |  | Date                                 | 20c. Location                 |                                 | wn, State   |
| De la       | 0 = 0  |                   | 1 □ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify   |  | _                                 | v, cremetory<br>Awn Ce                                |                         |  | 7/3/98                               | Balti                         | more                            | Md.   |
| Mil         | Department Important any injury once.                  |                   | 21. Signeture of Funeral Service Lican   | 1 (  | llu                               | Con   | nelly                   | ress of Facility  Y Funeral  Ave. Ba                   |                                      |                               | 21                              |   |
|             |  |                   | 23a. Part 1. Enter the disease, or comp<br>shock, or heart failure. List only  | olications that caused the   | deeth Do no                       | ot enter the n  | node of dy              | ring, such as cardiac                                  | or respiretory                       | errest,                       |                                 | Approximate<br>Intervel Between   |
|             | hysiclan<br>/Medical<br>Examiner                       |                   | Immediate Cause (Final disease or condition resulting in death)  | Veri   | ticu                              | lar   | Ail                     | willation  | n                                    |                               |                                 | Onset and Deeth   |
| 2/27        |  | lner              | resulting in obality   | b. Ald Due   | e to (or as a co                  | onsequence  | Kal                     | mface  | +                                    |                               |                                 |   |
| A (         | 2 0 0 1  | /Medical Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting In death) Lest | c. Affair<br>Dun   | DULU<br>DO OT ME BOO              | onsequence<br>onsequence                              | Ca                      | edibvas  | cula                                 | dires                         | ш                               |   |
| ). Boy      | e te   | ciar              | Dark II. Other steel II seek and distance  |  |                                   |   |                         |  |                                      |                               |                                 |   |
| P.0         | ed by th   | by Physician      | Part II. Other significant conditions of   | minouting to death out no  | ot resulting in                   | the underlyin   | g cause g               | ven in Part I.   |                                      |                               |                                 | the cause of death?<br>pably 4 Unknow                                   |
| o e         | 1s been s<br>2 should                                  | Completed b       |  |  |                                   |   |                         |  | 24a. Was<br>perfe                    | an autopsy<br>ormed?          | ava                             | ere autopsy findings<br>aileble prior to<br>mpletion of cause<br>death? |
| <u>a</u>    | pa   |                   |  |  |                                   |   |                         |  | 1□                                   | Yes 210 No                    | 10                              | Yes 2[] No  |
| Vit Vit     | this certificate                                       | o Be              | 25. Was case referred to medical examiner? 1 ☐ Yes 2/10 No   | Hospital: ,  | /                                 |   | 0                       | 26. Place of Dea                                       |                                      |                               |                                 |   |
| o to        | rthis  | -                 | 27. Manney of Death  | 1 L.I Inpatient  |                                   |   | DUA                     | 4 LJ Nursing H   |                                      | how injury occur              |                                 | )   |
| Vision      | ith.<br>: After<br>e funei                             | ation             | 1 Natural 5 Pending<br>2 Accident Investigation  | 28a. Date of Injury<br>(Month, Day Ye  | ear) Inj                          | jury<br>M   | 28c. Inju               | ork?<br>]Yes 2[]No                                     |                                      | V                             |                                 |   |
| Division    | 5 분 등  | Certification:    | 3 Suicide 6 Could not be determined  | 28e. Place of Injury building, etc. (5   | At home, fam<br>Specify)          | m, street, fac  |                         |  | 28f. Location (<br>City or To        | Street end Numb<br>wn, Stete) | oer or Rura                     | l Route Number,   |
| iO Solution | hours<br>uneral  | calC              | 29e. Certifier Certifying Pin  | sician: To the best of m   | y knowledge,                      | death occurr  | ed at the t             | ime, date and placa                                    | , and due to the                     | cause(s) and ma               | anner as st                     | eted.   |

State

Registrar

29b. Signature and title of a

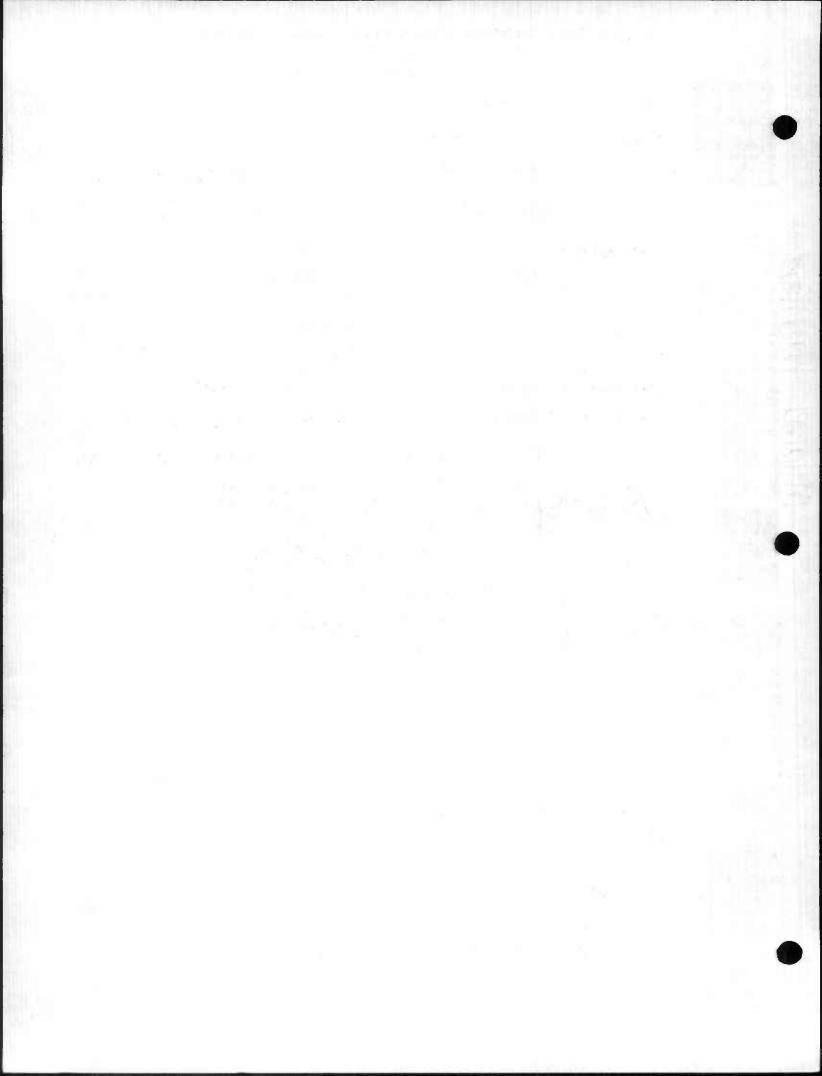
cause of deeth (Item 23a) (Type, Print)

A HOU Eastern Blvd.

10613

29d. Date signed (Month, Dey, Year)

Balto. NO 21221



10f. Zlp Coda

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Deta of Death 4015e leanor Month 19 48 1: (U Aun -ne 4a. Facility Nama (If not institution, giva streat end numbar) 4c. County of Death
By 1 , more 4b. City, Town, or Location of Deeth naturona Catusville 7. Aga (In yrs. last birthday) | If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min.

8. Data of Birth (Month, Day, Year)

04/15/1934

Birthplace (State or Foreign Country)

10d. Inside City Limits

1 ☐ Yes 2X No

Maryland

10g. Citizan of Whet Country?

**Physician** /Medical Examiner

5. Social Security Number

218-28-9920

10b. County

Baltimore

1□ M 3(XF

64

10c. City, Town or Location

Catonsville

**Funeral** Director

the Maryland permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If item 27 is merked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Macural Examined Examined an angle.

Baltimore, Maryland 21215-0020 Physician /Medical Examiner To the Hospital or Attending Physician: The law requires that the death certificate be see within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the attending physician a completely filled in by the funeral director, page 2 should be detached for use as the buriah? Di\si\Bi\Bi\of Vital Records, P.O. Box 68760,

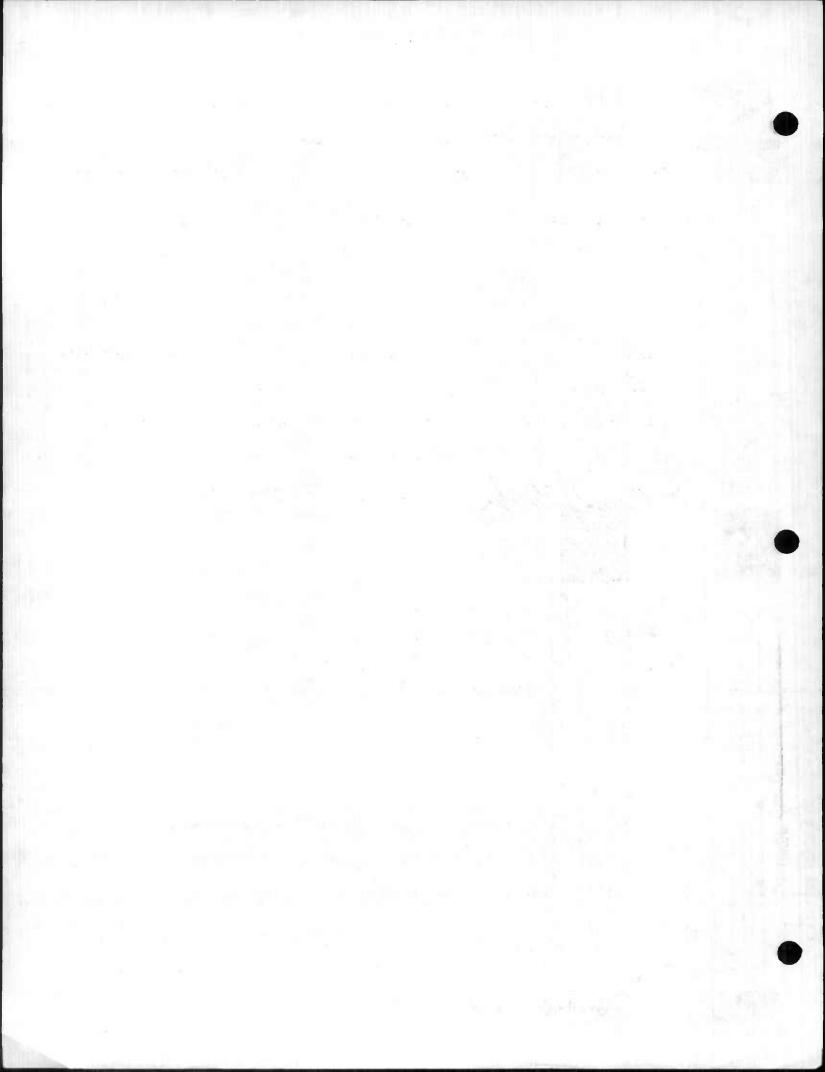
Usual Rasidanca of Decedant 10a State Be Completed by Funeral Director Maryland 10e. Street and Number 601 Stoney Lane 10 Medical Certification: To Be Completed by Physician/Medical Examiner

| 601 Stoney Lane   |  |                            | 21228  | 3  |   | USA                            |  |
|---|--|----------------------------|--|--|---|--------------------------------|--|
| 11. Marital Status  1 □ Navar Married 2 □ Married  3 ➡ Widowed 4 □ Divorced                                 | 12. Was Dacedant Ev<br>Armed Forces?<br>1  Yes 27 No<br>If Yas, Give<br>Yaar or Datas: |                            | 13. Was Dacedant of If Yes, specify Cub                                    | an, Maxican, Pu                          | (Specify Yas or No<br>erto Rican, atc.)   |                                | ce - American Indian,<br>ck, Whita, atc.<br>y: White                                 |
| 15. Decedent's E  | ducation   | 16a.                       | Decedent's Usuel Occu  |  |   | 16b. Kind of B                 | usinass/industry   |
| (Specify only highast grades) Elementery/Secondary (0-12) 12th  | completed) College (1-4or 5+   |                            | (Giva kind of work dona<br>lifa. DO NOT usa ratire                         | od)                                      | vorking                                   | - 1                            |  |
| 17. Fathar's Nama (First, Middla, Last,   | <u> </u>   | AC                         | ministrator  |  | ema (First, Middle                        |                                | Government   |
| John J. Gibbons   |  |                            |  |  | M. Latle                                  |                                |  |
| 19e. informant's Name/Relationship (  | Typa, Print)   | 19b                        | . Mailing Addrass (Stree   |  |   |                                | State Zin Code)  |
| Dorothy Cutter /  | Sister   |                            | )1 Stoney La   |  |   |                                | and 21228  |
| 20a. Mathod of Disposition  |  | 20b. Placa o               | f Disposition (Nama of   |  | Data                                      |                                | - City or Town, Steta  |
| 1XX guriel 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specification)   |  |                            | ry, cramatory or othar pla<br>Lawn Cemeter                                 |  | 6/29/98                                   | Sykesvi                        | lle, Maryland  |
| 21. Signeture of Funaral Sarvice Live  23a. Pert1. Entar tha disea or com shock, or haart failure dist only | miles  | na death. Do               | 22. Nama and Addr<br>David J. V<br>5311 Edmor<br>not anter the mode of dyl | Weber Fundson Ave                        | e. Balt:                                  | imore. M                       | laryland 21229 Approximate Interval Between Onset and Deeth                          |
| Immadiata Cause (Finel disaese or condition rasulting in death)   | M  | fast                       | atic P   | Soin                                     | (ana                                      |                                | menths   |
| Sequantially list conditions, if any, leeding to Immadiata  | b  |                            | consequence of):   |  |   |                                |  |
| cause. Entar Undartying<br>Cause (Diseesa or injury<br>that initieted evants<br>rasulting In daath) Last    | c  | ue to (or as a c           | consequence of):   |  |   |                                |  |
| Part II. Other significant conditions o   | ontributing to death but   | not rasulting in           | n the undarlying causa gi  | ven in Part I.                           |   | tobacco uss co<br>Yss 2□ No    | ontributs to the causs of death  |
|   |  |                            |  |  |   |                                |  |
|   |  |                            |  |  |   | an autopsy<br>ormed?           | 24b. Wara autopsy findings<br>availabla prior to<br>completion of cause<br>of death? |
|   |  |                            |  |  | 10  | Yes 2000                       | 1 ☐ Yes 2 ☐ No   |
| 25. Was case rafarrad to medical  |  |                            |  | 26. Place of D                           | eath (Check only                          | , -                            | 70.00  |
| exeminer?   | Hospital:  | 2 ER/Ou                    | tpatient 3 DOA Ot  | nor .                                    | Homa 5□Rasi                               |                                | nar (Specify)  |
| 27. Manner of Death 1. Alatural 5 Panding 2 Accidant Invastigation  | 28a. Date of Injury<br>(Month, Day )   |                            | Firms of njury Mo  |  |   | how injury occur               |  |
| 3 ☐ Suiclda 6 ☐ Could not be datermined   | 28a. Placa of injury<br>building, atc. (   | - At homa, fa<br>(Specify) | rm, straat, factory, offica  |  | 28f. Location (<br>City or To             |                                | ber or Rural Route Number,   |
| 29a. Cartifiar (Check only one) 1 Certifying Ph   | vsician: To the best of r<br>liner: On the basis of an<br>and mennar state             | kamination and             | , death occurred at the ti<br>d/or invastigation, in my o                  | ma, date end place<br>opinion, daath occ | ca, and dua to tha<br>curred at the time, | causa(s) and modata end place, | anner as stated.<br>and dua to tha causa(s)  |
| 29b. Signature end titla of certilier   | Low  | 1                          | 29c. Licens  | 11                                       | )   |                                | d (Month, Day, Year)   |
| 30. Name and address of passonywho  | complated cause of dee   | th (Item 23e) (            | Type, Print)  Ac i de C  | noice (                                  | are (                                     | Catins                         | 25, 1999<br>VIL  |

32. Registrare Signature

State Registrar

31. Deta filed (Month, Da



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month **Physician** Marie West Naomi 1998 June 28 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Neme (If not institution, give street and number) Examiner Catonsville Baltimore Mariner Nursing Home If Under 1 Year | If Under 24 Hrs. Birthplace (Stete or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) **Funeral** 10 M 20 F Months Days Hours Min Yrs. 90 07/29/1907 MD Director 212-26-8030 Usuel Residence of Decedent the Marylend r 28a-f show a nutified at 10a. Slate 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Directo Baltimore Catonsville MD 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours after death with 1 and for the still and Mendel Hygiene.
Int: If Item 27 is marked other than natural, or Items 23a or 3 may or other transmiss man by the page 1 and 1 21228 USA 98 Smithwood Ave. Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No 14. Race - American Indian. 11. Maritel Stetus Black, White, etc. 1 Never Married 2 Married 1□ Yes 2□ No Baltimore, Maryland 21215-0020 Specify þ White 3 Widowed 4 □ Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16a, Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) Insurance/Health Claims Personnel 10 18. Mother's Name (First, Middle, Melden Sumeme) 17. Father's Name (First, Middle, Last) Hall Hall Marie George 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 9713 Gwynn Park Dr. Ellicott City 21042 Cecilia Albrecht/Daughter 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State permit. Page Department of Important: If any injury or once. 07/01 Baltimore MD 4 ☐ Donetion 5 ☐ Other (Specify) Lorraine Park Cem. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility David J. Weber Funeral Home 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feiture. List only one cause on each line. 21229 Approximate Interval Between Onset and Death **Physician** /Medical Cerebeo Vascular Accident Immediate Cause (Final disease or condition resulting In death) Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequence of): signed by the e 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2€ No 3 Probably 4 Unknown by 24b. Were eutopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy

pege 2 hes certificate shis

or Attending Physician: funeral director, Be Certification: To After efter deeth Director: filled in by

To the Hosp within 24 ho To the Fune completely fi

124 hours 6 • Funeral [ Hospital

edical

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, dete end piece, and due to the cause(s) and manner stated. (Check only one) 29b. Signeture and title of certifier

5 Pending Investigation

6 ☐ Could not be

Kanpinen

28e. Date of Injury (Month, Day Year)

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28h Time of

29c. License number

28c. Injury et Work?

1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and plece, end due to the ceuse(s) end manner as stated.

1 ☐ Yes 2 ☐ No

29d. Date signed (Month, Dev. Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

1 ☐ Yes 2 ☐ No

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 4000 NENI

Hospital:

NAPOLISR MD 2122-

1 Yes

28d. Describe how injury occurred

Other: Nursing Home 5 Residence 6 Other (Specify)

26. Piece of Death (Check only one)

31. Date filed (Month, Day, Year) State Registrar

25. Was case referred to medical examiner?

1 ☐ Yes

27. Manner of Death

2 Accident

3 Suicide

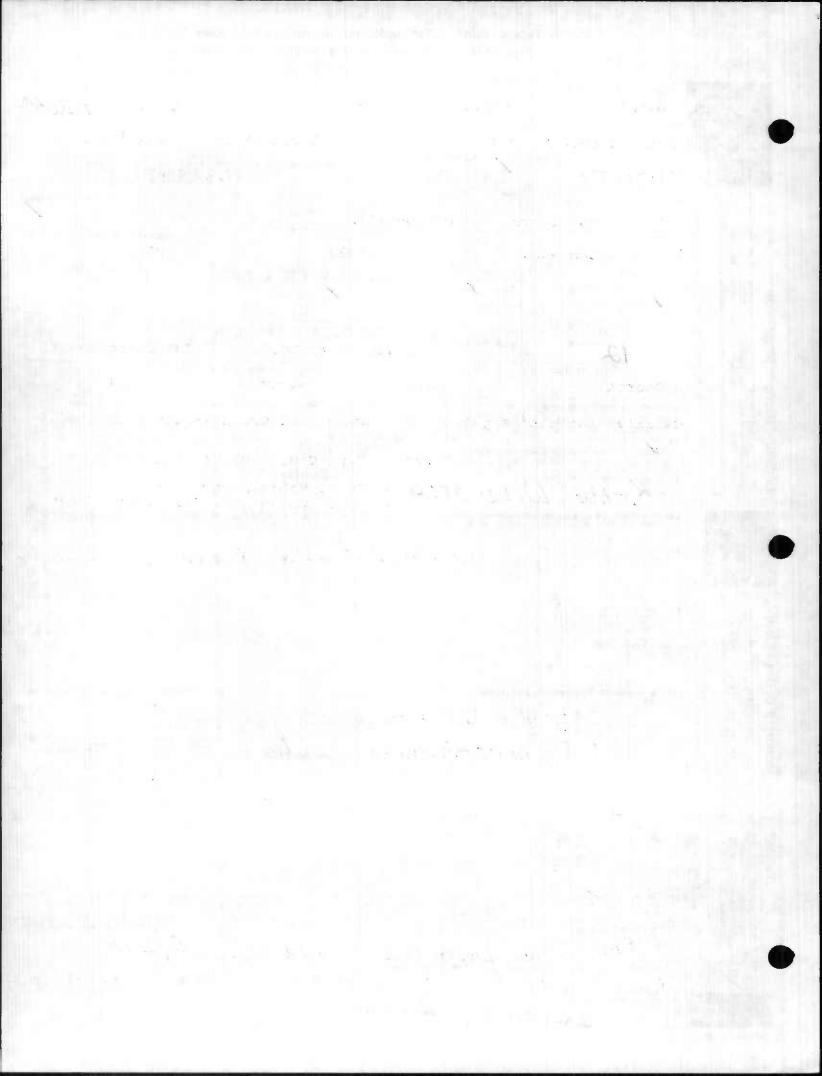
29e. Certifier

4 | Homicide

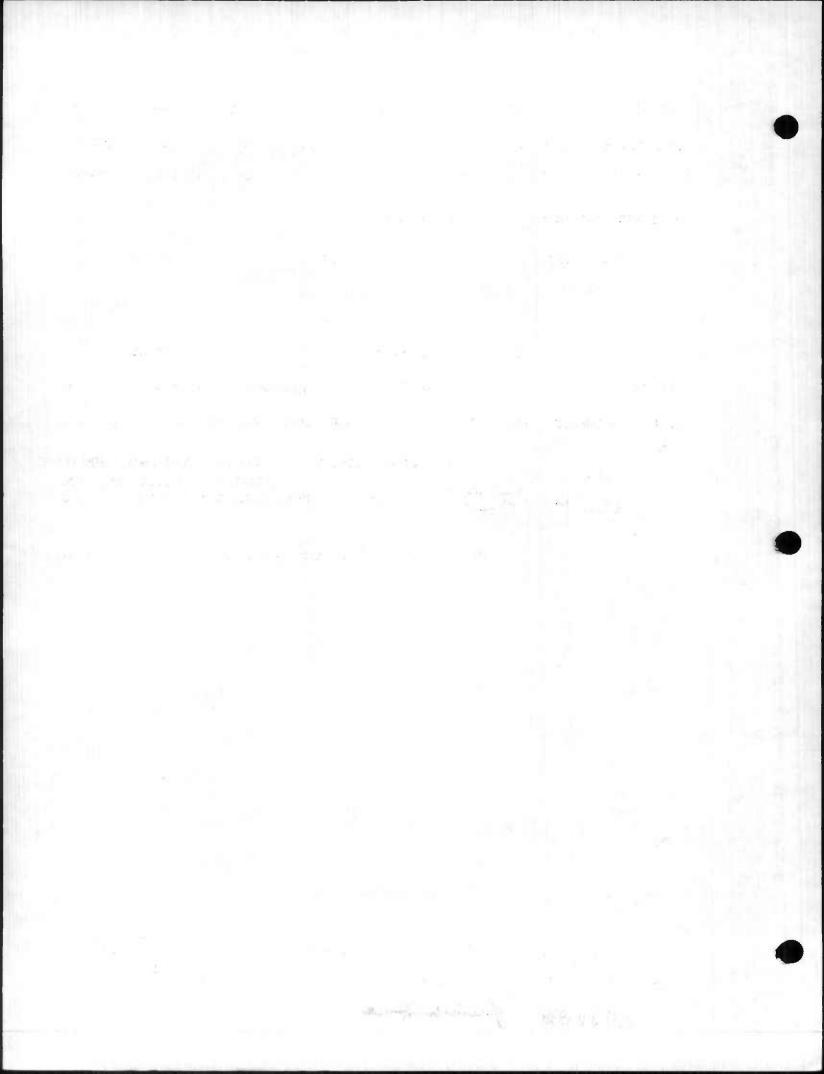
1 Netural

255 No

32. Registrar Signature Davidson Mandall

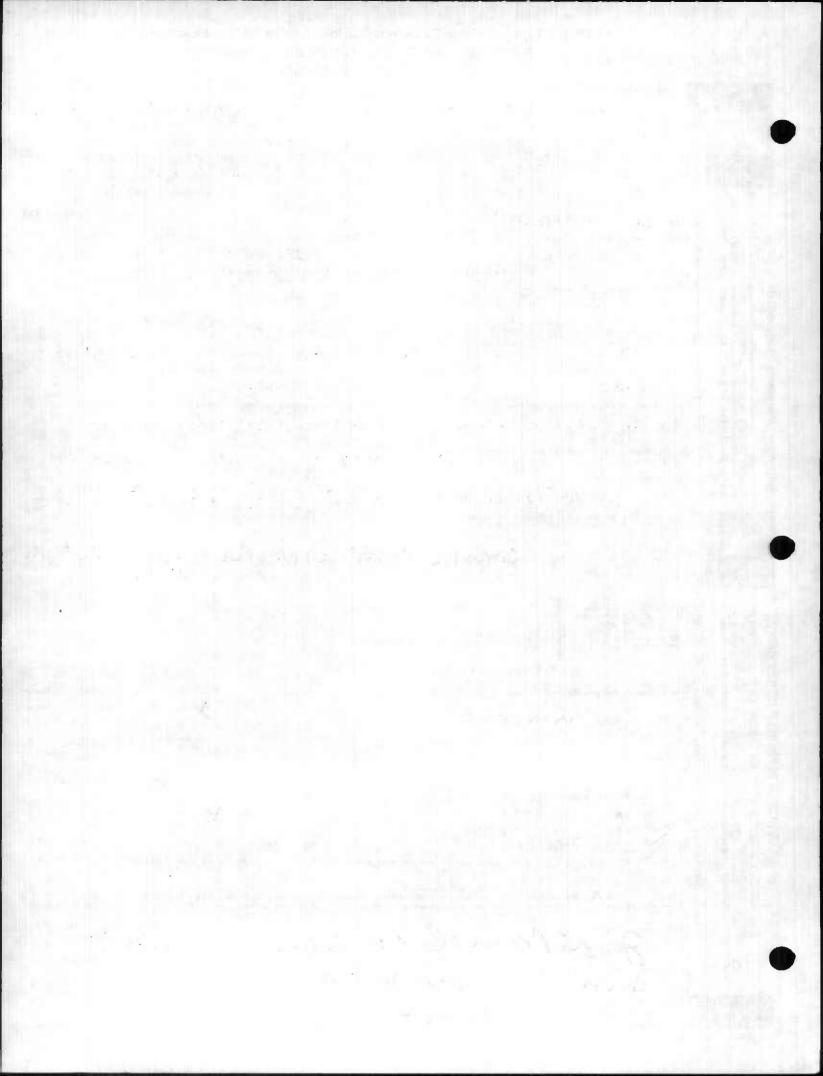


|   |  |                |   | State of iv                                    | iai yiai i                      |  | cate of                            | Death                                     |  | Reg. No.                           | 3 2                          | 0105                                 |
|---|--|----------------|---|--|---------------------------------|--|------------------------------------|---|--|------------------------------------|------------------------------|--------------------------------------|
|   | Physic   |                | Decedent's Neme (First, Middle, L     HILTON  | GARY   |                                 | WATTS                                    | 2                                  |   | 2. Date of Dea<br>Month<br>JUNE 27         | Day                                | Year                         | 3. Time of Death 5:30 AM             |
|   | /Medi<br>Exami   |                | 4e. Facility Name (If not institution, gr   |  | r)                              | MATT                                     |                                    | 4b. City, Town, or I                      |  | 1                                  | of Death                     | J.30 Mg                              |
|   | Exami  | IIEI           |   |  | *                               |  |                                    | LINTHIC                                   | TIM  |                                    | ARUN                         | DET.                                 |
|   | Funeral  |                |   | ICE HOUSE Sex 7. A                             | ge (In yrs. la                  |  | Under 1 Year                       | If Under 24 Hrs.                          | 8. Dete of Birt                            | h                                  | 9. Birthpia                  | ce (Stete or Foreign                 |
| (1.2                                    | Director   |                | 215-09-0331   | 1 🔀 M 2□ F                                     | 84                              | Yrs.                                     | nths Days                          | Hours Min.                                | (Month, Da)                                |                                    | Countr<br>MARY               |                                      |
| 7                                       | 2 .  |                | Usual Residence of Decedent   |  |                                 |  |                                    |   |  |                                    |                              |                                      |
| a vale                                  | d a  | _              | 10a. State 10b. County  |  |                                 | , Town or Locatio                        | n                                  |   |  |                                    | 10                           | d. Inside City Limits                |
| 2                                       | 28a-f show   | Director       | MARYLAND BALTIM   | ORE  | BAL                             | TIMORE                                   |                                    |   |  |                                    |                              | 1 ☐ Yes 2 💢 No                       |
| di di                                   | 20   | P              | 10e. Street and Number  |  |                                 | 10                                       | of. Zip Code                       |   |  | 10g. Citizen of V                  | What Countr                  | y?                                   |
| t d                                     | 23   | rai            | 902 COURTNEY ROA  |  |                                 |  | 21227                              |   |  | U.S.                               | -                            |                                      |
| or of                                   | E L  | Funerai        | 11. Marital Status  | 12. Was Deceden<br>Armed Forces                | ?                               | if Yes                                   | Decedent of H<br>s, specify Cuba   | lispanic Origin? (S<br>an, Mexican, Puert | pecify Yes or No-<br>o Rican, etc.)        | 14. Rac<br>Blac                    | a - America<br>ck, White, et |                                      |
| 20 g                                    | O  | by F           | 1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced  | 1 ☐ Yes 2 K<br>If Yes, Give<br>Year or Dates:  |                                 | 101                                      | es 2X No                           | Specify:                                  |  | Specify                            |                              |                                      |
| 5-0020                                  | iena.<br>r than "natural", or items 23a or 28a-f shov<br>the Medical Examiner must be notified at    | B              | 15. Decedent's E  |  | ·                               | 16a. Decedent's                          | Lisual Occur                       | ation                                     | 1  | 16b. Kind of Br                    | LIHM<br>Page also            |                                      |
|   | The City   | Completed      | (Specify only highest g   | rede completed)                                |                                 | (Give kind                               | of work done                       | during most of wor                        | king                                       | TOD. Raind Or Di                   | 23111033111100               | ratiy                                |
| Z I Z I                                 | the  | EO             | Elementary/Secondery (0-12)   | College (1-4or                                 | 5+)                             | MANAGER                                  | 2                                  |   |  | LAUNDR                             | TAMO                         |                                      |
| DI                                      |  | BeC            | 17. Father's Name (First, Middle, Las   | t)   |                                 |  |                                    | 18. Mother's Nen                          | ne (First, Middle,                         | Maiden Surner                      | 10)                          |                                      |
| ם ב                                     | 0 0  | ToE            | ARTHUR  |  | H                               | ILTON                                    |                                    | MARGAR                                    | ET E                                       | LIZABET                            | H                            | GARY                                 |
| Maryland                                | end N<br>Is me   |                | 19a. Informant's Name/Relationship  | (Type, Print)                                  |                                 | 19b. Mailing Ad                          | idress (Street                     | end Number or Ru                          | rei Route Numbe                            | r, City or Town,                   | State, Zip C                 | Code)                                |
|   | Health<br>em 27 I  |                | JUNE L. ANDERSON  | (DAUGH   | CER)                            | 235 TUE                                  | RNWOOD                             | DRIVE, G                                  | LEN BURN                                   | IIE, MAR                           | YLAND                        | 21061                                |
| or e                                    | 5 = 0  |                | 20a. Method of Disposition 1 X Buriai 2 ☐ Cremetion 3 I   | 70   | 20b. Pla                        | ace of Disposition<br>metery, cremator   | (Name of<br>y or other place       | ca)                                       | Dete                                       | 20c. Location -                    | City or Tow                  | m, Stete                             |
| altimore,                               | ant: If  |                | 4 □ Donation 5 □ Other (Spec  |  | MI                              |  | CEMETER                            | 1   | 7/1/98                                     | ELKRID                             | GE. N                        | MARYLAND                             |
| 2 E                                     | Depertment of Healt<br>important: If Item 21<br>any Injury or other<br>once.                         |                | 21. Signature of Fune of Because Lice   | ensee  |                                 |  | me and Addre                       | 6 mg - 1111                               | NGLETON                                    |                                    | -                            | . PA.                                |
| פ מ                                     | 0 = 2 9  |                | 1/1/2   | lord   | 7                               | 1 SE                                     | COND A                             | VENUE, S                                  |  |                                    |                              |                                      |
|   |  |                | 23a. Part1. Enter the disease, or con<br>shock, or heart famore. List only                                  | nplicetions that cause                         | d the death.                    | . Do not enter the                       | mode of dyir                       | g, such as cardlad                        | or respiretory er                          | rest,                              |                              | Approximate<br>Interval Between      |
|   | nysician   |                |   |  |                                 |  |                                    |   |  |                                    |                              | Onset and Death                      |
|   | Medical xaminer  |                | Immediate Cause (Final disease or condition   |  | 1eta                            | static                                   | Blad                               | der Ca                                    | nus  |                                    |                              | 6 mos                                |
| _                                       | Au   | _              | resulting in death)   |  |                                 | as a consequence                         |                                    |   |  |                                    | -                            |                                      |
| 90                                      | ısit   | nine           |   | b  |                                 |  |                                    |   |  |                                    | 1                            |                                      |
| 00/00,                                  | sicial and<br>bund transit   | Examiner       | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury |  | Due to (or                      | as e consequenc                          | e of):                             |   |  |                                    | i                            |                                      |
| CO / CO,                                | physician<br>the buria   | ai             | cause. Enter Underlying<br>Cause (Disease or Injury<br>thet initieted events                                | c  |                                 |  |                                    |   |  |                                    | i                            |                                      |
| ficate f                                | physis the   | edicai         | resulting in death) Last  |  | Due to (or                      | as a consequenc                          | e of):                             |   |  |                                    |                              |                                      |
|   |  | M              |   | d  |                                 |  |                                    |   |  |                                    |                              |                                      |
|   | ed by the ettendin<br>datached for usa   | Physician/M    | Pert II. Other algnificant conditions   | contributing to death                          | but not recui                   | lting in the under                       | ulna couse an                      | on in Part I                              | 23h Did t                                  | obacco usa co                      | ntribute to t                | the cause of death!                  |
| ) B                                     | 투성   | hys            |   | ooming to doubt                                | Dat Hot 1000                    | ing in the dilderi                       | ying couse giv                     | on all all i.                             |  | res 205-No                         |                              | ably 4 Unknow                        |
| e ===                                   |  | ру Р           |   |  |                                 |  |                                    |   |  | 100 100410                         | 0 🗀                          | on ve on miles                       |
| law requires                            | been sig   |                |   |  |                                 |  |                                    |   | 24e. Was                                   | an autopsy                         | 24b. Wer                     | e autopsy findinga<br>leble prior to |
| N N                                     | has be   | pie            |   |  |                                 |  |                                    |   |  |                                    | com                          | pletion of cause<br>eath?            |
| The                                     | ate ha   | Completed      |   |  |                                 |  |                                    |   | 101  | es 2 No                            | 10                           | Yes 2□ No                            |
|   | s certificate ha<br>director, page   | Bec            | 25. Was case referred to medical  |  |                                 |  |                                    | 26. Plece of Dee                          | eth (Check only o                          | ne)                                |                              |                                      |
| vsic                                    |  | To             | examiner?<br>1 ☐ Yes 2 No   | Hospital: 1 Inpat                              | ient 2 🗆 E                      | R/Outpetient 3                           | □ DOA Oth                          | er: 4 Nursing H                           | lome 5 Resid                               | lenca 6 🗆 Oth                      | er (Specify)                 |                                      |
| or Attending Physicien: The law regulfs | h.<br>Aftar thi<br>funeral   |                | 27. Manner of Death 1 ☑ Naturel 5 ☐ Pending   | 28a. Dete of Inj<br>(Month, De                 | ury<br>ay Year)                 | 28b. Time of<br>Injury                   | 28c. Injur<br>Wor                  | y at<br>k?                                | 28d. Describe h                            | ow injury occur                    | red                          |                                      |
| ondir o                                 | death.   | atic           | 2 Accident investigation  | n  |                                 | N  |                                    | Yes 2 □ No                                |  |                                    |                              |                                      |
| or Aff                                  | efter deat<br>Director:<br>I in by the   | Certification: | 3 ☐ Suicide 8 ☐ Could not I<br>4 ☐ Homicide determined  | 200. Placa of In                               | njury - At hor<br>tc. (Specify) | ne, farm, street, f                      | actory, offica                     |   | 28f. Location (S<br>City or Tox            |                                    | er or Rurai                  | Route Number,                        |
|   | rei Delli  |                |   |  |                                 |  |                                    |   |  |                                    |                              |                                      |
| To the Hospital                         | within 24 hours effer death.  To the Funerel Director: Aftar thi completely filled in by the funeral | edicai         | 29a. Certifier  (Check only one)  1 Certifying P  2 Madical Exa   | hysician: To the best<br>miner: On the basis o | of examination                  | rledge, deeth occi<br>on and/or Investig | urred at the tin<br>atlon, in my o | ne, dete end plece<br>pinion, death occu  | , end due to the or<br>rred et the time, o | cause(s) and ma<br>dete and plece, | anner as sta<br>end due to t | ted.<br>he cause(s)                  |
| the                                     | within To the comple   | ₩<br>W         | 29b. Signature end title of cartifier   | end manner s                                   | tated.                          |  | 29c. Licens                        | e number                                  |  | 29d. Date signe                    | d (Month, D                  | av Year)                             |
| 7                                       | 3 1 8  |                | 1/A 4   | <b>~</b>                                       | 44.0                            |  |                                    |   | '  | , 1                                | 2010                         | 6. 1 12.14                           |
| i                                       | 111  |                | 30. Name and address of person who  | completed dues of                              | M O                             | 23a) (Tyme Drine)                        | 020                                | 108                                       |  | 61                                 | 4119                         | 0                                    |
|   | 10   |                | 7845 Outwoo   | 0 1  | Suite                           |  | run Bu                             | irne M                                    | 0 2106                                     | 1 MI                               | chack                        | nny                                  |
|   | Sta  | ite            | 31. Date filed (Month, Day, Year)   | 32. Regist                                     | rar's Signati                   | ure                                      |                                    | 1   |  |                                    | Pvw                          | 7                                    |
|   | Registr  |                | JUN 3 0 199   | B July   | a David                         | on-Randel                                | L                                  |   |  |                                    |                              |                                      |

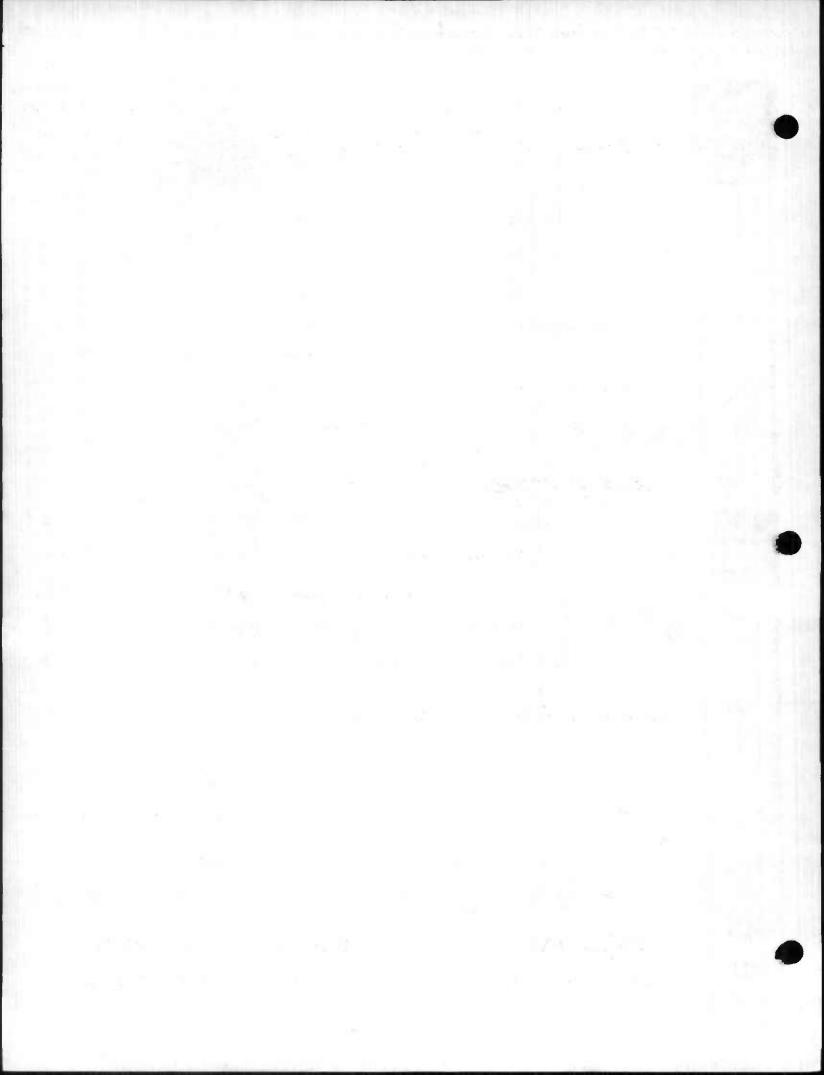


State of Maryland / Department of Health and Mental Hygiene 2 1 16

|  |   | Certificate of  | Death  | Reg  | . No.                         | -0:00  |  |  |
|--|---|---|--|--|-------------------------------|--|--|--|
|  | Decedent's Name (First, Middle, Last)   |   |  | 2. Date of Death<br>Month                    | Day Y                         | 3. Tima of Death   |  |  |
| Physician<br>/Medical  | Maurice E. Willia   | ıms   |  |  | 6, 199                        |  |  |  |
| Examiner   | 4a Facility Name (If not institution, give street and number)   |   | 4b. City, Town, or Loc                           | ation of Deeth                               | 4c. County of                 | Death  |  |  |
| 4  | 2B Glenwood Road  |   | Essex Baltimore                                  |  |                               |  |  |  |
| Funeral<br>Director  | 212-12-7927 1 <sup>™</sup> 2□F 7:   | n yrs. last birthday) If Under 1 Year Months Days   | If Under 24 Hrs. Hours Min.                      | B. Date of Birth<br>Month, Day, Y<br>JUNE 6, | 1925                          | Birthplace (State or Foreig<br>Country)<br>Maryland                                  |  |  |
| P  | Usual Residenca of Decedent  10a. State 10b. County 10  | c. City, Town or Location   |  |  |                               | 10d, Inside City Limit   |  |  |
| Aaryli<br>r eho  |   |   |  |  |                               | 1 ☐ Yes 2 N  |  |  |
| with the Ma<br>nor 28a-f •<br>be notified  | Maryland Baltimore  | Essex<br>10f. Zip Code  | -  | 100  | . Citizen of Whe              | et Country?  |  |  |
| with with  | 2B Glenwood Road 21221 USA  |   |  |  |                               |  |  |  |
| Seath<br>ms 2:   | 12 Was Decedent Eve   |   | Hispenic Origin? (Spec<br>pen, Mexican, Puerto R | ify Yes or No-                               | 14. Rece -                    | American Indian,   |  |  |
| 5-0020 72 hours efter death with the Maryland naturel, or items 23s or 28s-f show order Evantines must be notified at each by Funeral Director   | 1 Never Married 2 Married 4 Married 3 Widowed 4 Divorced Year or Dates:   | if Yes, specify Cut WWII 1□ Yes 21XNo   |  | ican, etc.)                                  | Specify:                      | White, atc.<br>White   |  |  |
| 15-002<br>n 72 hours<br>naturel.   | 15. Decedent's Education<br>(Specify only highest grade completed)  | 16a. Decedent's Usual Occu<br>(Give kind of work done<br>life. DO NOT use retire                              | pation   | 16   | 6b. Kind of Busin             | ness/Industry  |  |  |
| F c ' # -  | Elementary/Secondary (0-12) College (1-4or 5+)  |   |  |  |                               |  |  |  |
| d 21<br>filed w<br>Hygier<br>ther th   | 10  | Truck Driv  |  |  |                               | Delivery   |  |  |
| ire, Maryland 212: stand 2 should be filed within it Health and Mental Hygiens. Item 27 is marked other than other traumatic event, the Maryland To Be Comp  | 17. Father's Name (First, Middle, Last) Unk.  |   | 18. Mother's Name :                              | Name (First, Middle, Maiden Surneme)         |                               |  |  |  |
| Aar<br>and la me   | 19a. Informant's Name/Relationship (Type, Print)  | 19b. Mailing Address (Street  | t and Number or Rural                            | Route Number, (                              | City or Town, Sta             | ate, Zip Code)   |  |  |
| 0 00-  | 1 Ruriai 2 Ocemation 3 Removal from State   | 801 Mace Av 20b. Place of Disposition (Name of cemetery, crematory or other place)                            | aca)   |  |                               | y or Town, State   |  |  |
| Baltimo pemit. Page Department of important: if eny injury or  | 4 Donetion 5 Other (Specify)  21. Signeture of Puneral Service Ligensee   | Metro Crematory I   |  | 121190                                       | Baltim                        | ore, MD  |  |  |
| ecords, P.O. Box 68760, law requires that the death certificate becaused as been signed by the attending physician and positive as the burnel hand projected for use as the burnel hand projected by Physician/Medical Examiner        | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury c.              | e death. Do not enter the mode of dy  OBSTRUE  e to (or as a consequence of):  e to (or as a consequenca of): |  |  |                               | Approximate Intervel Between Onset and Death   |  |  |
| P.O. BOX nat the death ce d by the attendii feteched for use Physician/I   | Part ii. Other significant conditions contributing to death but n   | ot resulting in the underlying cause of   | iven in Part I                                   | 23h Did toh                                  | acco use contr                | buta to the cause of death   |  |  |
| Dy the sche  |   | ot resulting in the directlying sease g   | voit in Fait i.                                  |  | Yes 2 No 3 Probably 4 Unknown |  |  |  |
| IS, P  | MOTTINANI   |   |  |  | A                             |  |  |  |
| All Records, P.O. Box  The law requires that the death center has been signed by the attending page 2 should be deteched for use  Completed by Physician/  |   |   |  | 24a. Was an performe                         |                               | 24b. Were autopsy findings<br>available prior to<br>completion of cause<br>of death? |  |  |
| I Relay  |   |   |  | 1 ☐ Yea                                      | 2 No                          | 1 ☐ Yes 2 No   |  |  |
| Vital Ficials: The certificate rector, pag   | 25. Was case referred to medical  |   | 26. Place of Death                               | (Check only one,                             | )                             |  |  |  |
| Of Vital Physician: T this certificat ral director, p  | examiner? 1   Yes 2   No   Hospital: 1   Inpatient  | 2 ER/Outpatient 3 DOA   | ther: 4 Nursing Hom                              | e 5 Aesiden                                  | ce 6 Other                    | (Specify)  |  |  |
| Division of Vital Re To the Hospital or Attending Physician: The I within 24 hours after deeth. To the Funeral Director: After this certificate he completely filled in by the funeral director, page Medical Certification: To Be Com | 27. Mapner of Death 1 Natural 5 Pending (Month, Day Ye 2 Accident Investigation   |   | Injury Work?                                     |  |                               |  |  |  |
| Division ( tal or Attending P ts after death. at Director: After t led in by the funers Certification:   | 3 ☐ Suicide 6 ☐ Could not be determined 28e. Placa of Injury building, etc. (\$   | <ul> <li>At home, farm, street, factory, office<br/>Specify)</li> </ul>                                       | 21   | Bf. Location (Stre<br>City or Town,          |                               | or Rural Route Number,   |  |  |
| Division To the Hospital or Attending I within 24 hours after deeth. To the Funeral Director: After completely filled in by the funer Medical Certification  | 29a. Certifier (Check only one)  1 Certifying Physician: To the best of machine in the basis of expanding and menner steted | use(s) and mann<br>e and place, and   | er as stated.<br>d due to the cause(s)           |  |                               |  |  |  |
| To the within To the comp  | 29b. Signature and title of cartifier of Connect  | /1//  | 30/33  | 290  | d. Date signed (              | Month, Day, Year)  |  |  |
| 3  | 30. Name and address of person who completed cause of death   | (Item 23a) (Type, Print)  |  |  |                               |  |  |  |
| State<br>Registrar   | 31. Date filed (Month, Day, Year) 32. Registrar's JUN 3 0 1998  | Signature Andose  |  |  |                               |  |  |  |



|  |  |  |  | State of IVI                                    |                             | Certificate of                                  |   | nentai m   | Reg. No.   | 6                   | 0101  |
|--|--|--|--|---|-----------------------------|---|---|--|--|---------------------|---|
|  | 1. Decedent's Nama (First, Middle, Last)   |  |  |   |                             | 2. Data of D                                    | Death   |  | 3. Tima of Death   |                     |   |
|  | Physici<br>/Media  |  | PAULINE W  | ACLAWS  | KI                          |   |   | Month 6  | 27   | 98                  | 7:20 AM                                     |
|  |  | aminer 4e. Facility Nema (If not institution, give streat and number) 4b. City, Town, or |  |   |                             |   |   | and the second second                              |  | of Death            |   |
|  |  |  | HERLY MEDICAL C  | 102E  | ORE BALTIMORE C             |   |   |  |  |                     |   |
| н  | Funeral 5. Sociel Security Number 6. Sax 7. Aga (In yrs. last birthday) If Under 1 Year if Under 24 Hrs. 8 Months Days Hours Min. 8  |  |  |   |                             |   |   |  | of Birth h, Day, Year)  9. Birthplaca (Stata or Foraign Country) |                     |   |
|  | Director   |  | 218-05-9169   Usual Rasidance of Dacedant  | - X   | //                          | 115.  |   | May 2  | 29, 192  | 1_Ma                | ryland                                      |
|  | within 72 hours eiter death with the Merylend<br>ene.<br>than "natural, or items 23e or 28e-f show<br>he Medicel Examiner must be notified at  | Funeral Director   | 10a. Stata 10b. County   |   | 10c. City, Town             | or Location                                     |   |  |  | 1                   | 10d. Inside City Limits                     |
|  |  |  | MD E   | MD Baltimore Essex                              |                             |   |   |  |  |                     | 1 □ Yas 2 No                                |
|  |  |  | 10e. Street and Number   |   |                             | 10f. Zip Coda                                   |   |  | 10g. Citizen of V  | What Cou            | ntry?                                       |
|  |  | rai  | 916 N. Woodwa  | rd Drive  |                             |   | 21221   |  |  | USA                 | 1   |
|  | er des   | nue  | 11. Marital Status   | 12. Was Decedant<br>Armed Forcas?               |                             | 13. Was Decedant of I<br>If Yas, specify Cub    | lispanic Orlgin? (Sp<br>an, Maxican, Puarto                                     | ecity Yes or N<br>Rican, atc.)                     | o- 14. Rac<br>Bled   | e - Amarick, White, | cen Indian,<br>atc.                         |
| 20   | rs eit   | by F   | 1 ☐ Navar Married 2 ☐ Marriad 3 ☑ Widowed 4 ☐ Divorced   | 1 ☐ Yas 2 ☑<br>If Yas, Giva △<br>Yaar or Dates: | No                          | 1 ☐ Yas 2 📉 No                                  | Specify:  |  | Specify  | · TJ                | hite  |
| 21215-0020   | 72 hours<br>"natural",   | To Be Completed t  | 15. Decedant's   |   | 16a.                        | Decedant's Usual Occur                          | nation  |  | 16b. Kind of Bu  |                     |   |
| 215  | within 72 ho<br>iene.<br>than "natur<br>the Medicel  |  | (Specify only highest g<br>Elamantary/Secondary (0-12)   | rada complated) Coltega (1-4or !                |                             | (Give kind of work done life. DO NOT use ratire | duning most of work   | ing  |  |                     | ,   |
| 21   | 77 75 10 10  |  | 1.0  | College (1-401)                                 | 547                         | Seams   | tress   |  | Hospita  | 1/Li                | nen. Dept.                                  |
| pu   | be filed<br>tal Hygid<br>d other<br>svent, ti  |  | 17. Father's Name (First, Middla, La   | st)   |                             |   | 18. Mothar's Nam  | a (First, Middle                                   | a, Ma <i>id</i> an Sumam   | na)                 |   |
| yia  | should<br>and Man<br>s marke<br>surmatic   |  | John Henr  |   |                             |   | Barbar  | а н.   | Seiler   |                     |   |
| Maryiand   |  |  | 19a. Informant's Name/Ralationship   |   |                             | Mailing Addrass (Street                         |   |  |  |                     | Coda)                                       |
|  | Healt<br>Healt   |  | Edward L. Waclaw 20a. Mathod of Disposition  | ski / son                                       |                             | 6 N. Woodwa Disposition (Nama of                | rd Dr. H  | Essex,   | MD 2122<br>20c. Location -                                       |                     | own State                                   |
| no   | 5 0 E  |  | 1 ☐ Burial 2 ☑ Cramation 3 4 ☐ Donation 5 ☐ Other (Spec  | Ramoval from State                              | cematar                     | y, cramatory or othar pla                       |   | 30/98  |  |                     |   |
| Baitimore,   |  |  | 21. Signatura Funaral Service Lic  |   | metro                       | Crematory,                                      |   |  | Baltim   | ore,                | PID   |
| Ba   | permit. Depertuimports any init  |  | seos E   | MAC   |                             | Cremation<br>299 Freder                         |   |  |  | 21                  | 228   |
| F  | Physician<br>/Medical<br>Examiner  |  | George E. M<br>23a. Perti. Enter the disease, or co  | mplications that caused                         | the death. Do r             |   |   |  |  | 21.                 | Approximata                                 |
| A.   |  | -  | shock, or heart failure. List only one cause on each line.  interval Between Onset end Death   |   |                             |   |   |  |  |                     |   |
| 7  |  |  | immediata Causa (Final disease or condition  Bronchopneumoin and B |   |                             |   |   |  |  |                     | 12 hrs.                                     |
| П  |  | _  | Dua to (or as a consequence of):   |   |                             |   |   |  |  |                     |   |
| _  | be executed sician and bunaktrensit  | Examiner   |  | b. Pulmur                                       | my Ai                       | cono Chrino                                     | m , ^   | nt   |  |                     | 6 mos - 14r.                                |
| 6  |  | Exar   | Sequantially list conditions,  If eny, leading to immediate  |   |                             |   |   |  | 1 1  |                     | (   |
| Causa (Disaasa or injury that initiated avants resulting in death) Last              |  |  |  |   |                             | when are puratrocted pose n                     |   |  | ctroposes  | >                   | bros.                                       |
|  |  |  |  |   |                             |   | 6.0   |  |  |                     |   |
| Box  | ettending<br>ettending<br>I for use e  | Physician/M  | d. Left lung metashasis 6 mas.   |   |                             |   |   |  |  |                     |   |
|  | nt the dea<br>by the et<br>reched fo   | sic  | Part II. Other aignificant conditions  | contributing to death b                         | ut not rasulting In         | tha undarfying ceusa giv                        | /an in Part I.  | 23b. Dic   | i tobacco use co   | ntribute t          | o the cause of death?                       |
| P.0  | thet the   |  | Arteriosclerofic Cardiovascular Discose  |   |                             |   | 10  | 1 Yes 2 No 3 Probably 4 Unknown                    |  |                     |   |
| ds,  | 88 G 99  | d by   |  |   |                             |   |   | 24a Wa   | Was an autopsy 24b. Wara   |                     | ara autopsy findings                        |
| COL  |  | lete   |  |   |                             |   |   |  | formed?  | av                  | valtable prior to omplation of cause death? |
| Re   | The law<br>ate hes b<br>page 2 s   | Completed  |  |   |                             |   |   | 100  | Yes 2□No   |                     | 1 -   |
| tal  | siclan:<br>certific<br>irector   | Be Co  | 25. Was cesa rafarred to medical 26. Place of Dec  |   |                             |   |   | 1 Mayes 2 □ No 1 Mayas 2 □ No ath (Chack only ona) |  |                     |   |
| of Vital Records,  |  | ToB  | axaminar?<br>1 ☐ Yas 2 █ No  | Hospital:<br>1 ☐ Inpatie                        | ent 2 ER/Ou                 | tpatient 3 DOA Oth                              |   | Home 5 Rasidance 6 Dethar (Specify) Hospice        |  |                     |   |
|  | ding Phys<br>h.<br>After this<br>funeral d   |  | 27. Mannar of Death 1 Natural 5 □ Panding  | 28a. Data of Inju                               |                             | ima of 28c. injury                              |   |  | how injury occur   |                     |   |
| sio  | Attending<br>or deeth.<br>ector: After<br>by the fune  | catic  | 2  |   |                             |   |   |  |  |                     |   |
| Division   | or Attending the formula of the form | edical Certification:  |  |   |                             |   | 28f. Location (Streat and Number or Rural Routa Number,<br>City or Town, Stata) |  |  |                     |   |
|  | pital<br>oral<br>filled  |  | 29a. Cartifiar  12a Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.   |   |                             |   |   |  |  |                     |   |
|  | To the Nespital or Attending Ph<br>within 24 hours efter deeth.<br>To the Funeral Director: After th<br>completely filled in by the funeral  |  |  |   | axamination and             | for invastigation, in my o                      |   |  |  |                     |   |
| and mannar stated.  29b. Signeture end titla of certifiar  29c. License number       |  |  |  |   |                             |   | se number   | 29d. Date signed (Month, Day, Y                    |  |                     |   |
| N  |  |  | 1  | ク   |                             | De  | 16956   |  | 6-9  | 9-9                 | 8   |
| 30. Nama and addrass of person who complated ceusa of daath (Itam 23a) (Type, Print) |  |  |  |   |                             |   |   |  |  |                     |   |
|  | -1   |  | GLENN A. JOCK  | -   |                             | Paul Place                                      | - Baltiv  | more 1   | MD 0   | 120                 | 2   |
|  | Sta<br>Registr   |  | 31. Data filed (Month, Day, Year)  |   | ar's Signatura<br>doon-Rand | 00-   |   |  |  |                     |   |
|  | Registr  | aı   | JUN 3 0 1998   | Junaman   | ason-Mana                   | Contra  |   |  |  |                     |   |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of the th 2. Dete of Deeth **Physician** ROBERT JUNE 25, 1998 WEINER 12:17 M /Medical 4e Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 4 CHARTWELL COURT OWINGS MILLS BALTIMORE If Under 1 Year 5. Sociei Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (Stete or Foreign Country) **Funeral** 15€M 2□ F Months Deys Hours Min Yrs Director 112-24-5873 OCT.21,1933 NY Usuel Residence of Decedent the Maryland 10a, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow 7 is marked other than "natural", or items 23s or 28s-f shot traumstic event, the Medical Examines must be notified as 1 ☐ Yes 2 No Directo MD BALTIMORE OWINGS MILLS 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street and Number 4 CHARTWELL COURT 21117 U.S.A. filed within 72 hours efter death v Hygiene. ther than "natural", or Items 23: Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No. If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Biack, White, etc. 11. Maritel Status 1 ☐ Yes ZXNo If Yes, Give Yeer or Dates: 1 ☐ Never Merried 2 ☐ Merried WHITE 1 ☐ Yes 2 No Specify: Àq 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usuel Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) OWNER WEINER ASSOCIATES permit. Pages 1 and 2 should be file Department of Health and Mentel Hy, Important: if Item 27 is marked othe may Inlury or other traumatic event, 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) UNKNOWN MORRIS WEINER P CLATRE 19e. Informant'a Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) FLORENCE WEINER (WIFE) 4 CHARTWELL COURT 21117 OWINGS MILLS, MD 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - Cify or Town, State 20e. Method of Disposition Date 1 Buriai 2 Cremetion 3 Removel from Stete
4 Donetion Other (Specify) BETH EL MEMORIAL PARK 6/28/98 RANDALLSTOWN, MD 22. Name and Address of Fecility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD PIKESVILLE, MD 21208 Approximate Interval Between Onset end Deeth aused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest, Acute Physician Myocardial /Medical Immediate Cause (Final Infarction Examiner Hypertension Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury Coronary Artery Disease attending physician The law requires that the death certificate be Physician/Medical thet initieted events resulting in death) Lest Due to as 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Records, P.O. 94 signed by ti 1 Yes 22 No 3 Probably 4 Unknown à 24e. Wes en eutopsy performed? 24b. Were autopsy findings aveilebte prior to Completed peen completion of cause of deeth? certificate hes 2 XN0 1 ☐ Yes 2 ☐ No Physician: director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 28e. Date of injury (Month, Dey Year) 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of 28c. injury et Work? Certification: After or Attending Naturel 5 Pending To the troops after death.

To the Funeral Director: Aft 1 ☐ Yes 2 ☐ No 2 Accident investigation 281. Location (Street and Number or Rurel Route Number, City or Town, Stete) 6 Could not be 3 Suicide 28e. Pieca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide To the Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

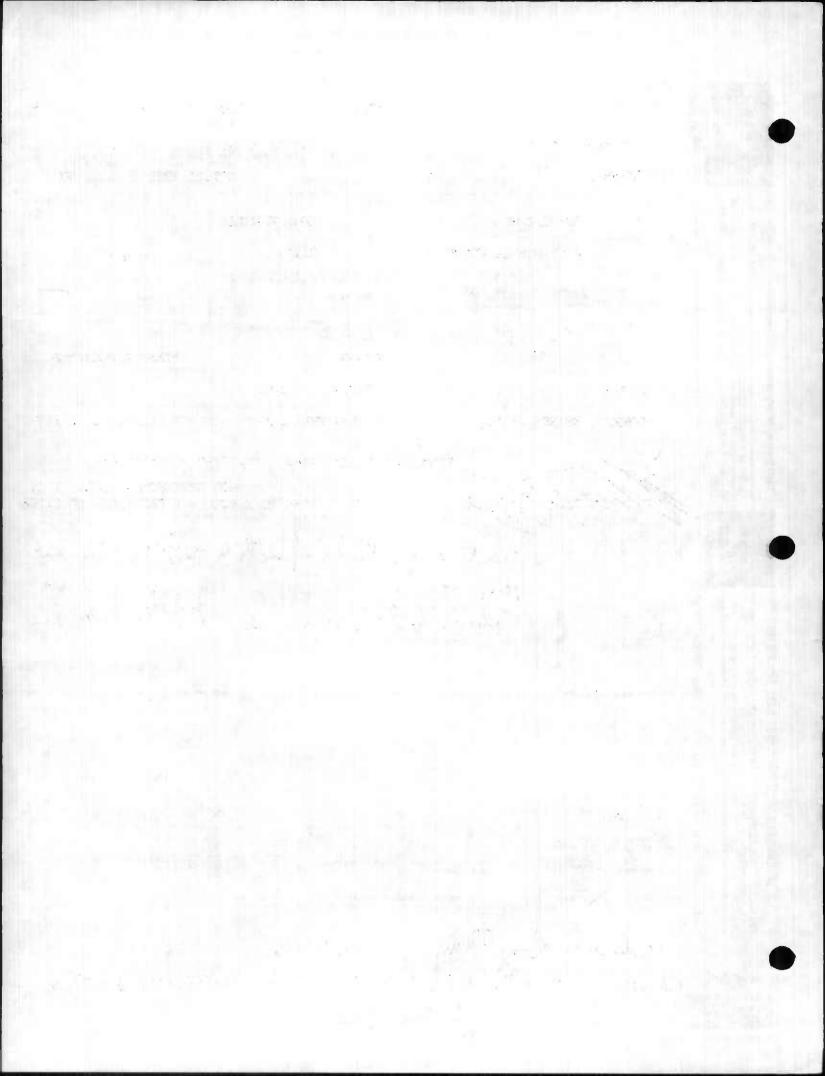
| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29a, Certifie edical (Check only 29b. Signeture and title of certified 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end eddress of person who completed cluse of death (Item 23a) (Type, Print)

Charles S. ANGELL, M.D. (0755)

State Registrar

31. Dete filed (Month, Dey, Year) JUN 3 0 1998 32. Registred whia Davids

10755



State of Maryland / Department of Health and Mental Hygiene 🖺 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** June 14, Seth B. Angel 1998 12:30 AM /Medical 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not institution, give street and number) 4c. County of Death **Examiner** Montgomery General Hospital 01ney Montgomery If Under 24 Hrs. If Under 1 Year Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) May 31, 19 6. Sex **Funeral** Hours 1 € M 2 □ F Months Deys 76 1922 Director 246-14-3616 North Carolina Usual Residence of Deceden death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d, Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, me Wedical Examiner must be nutrified at 1 ☐ Yes 2 No Directo Montgomery Olney 10a. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? USA 17612 Longview Lane 20832 Funeral Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☆Yes 2 ☐ No
If Yes, Give 14. Rece - American Indien, 11. Maritel Stefus Bleck, White, etc. filed withIn 72 hours after 1 ☐ Never Merried 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: by White Hyglena. other than "natural", 3 ☐ Widowed 4 ☐ Divorced 1964 Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) 12 Supervisor Government 18. Mother's Neme (First, Middle, Maiden Surneme) 17. Fether's Neme (First, Middle, Last) Pages 1 and 2 should be fill ment of Health and Mental Hyant: If Item 27 is marked other traumatic even Unknown Angel Nora Unknown 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) (wife) 17612 Longview Lane, Olney, MD Dolores N. Angel 20832 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) permit. Page Department of Important: If any injury or once. Metropolitan Crematory 6/18/98 Alexandria, Virginia 22. Name end Address of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blvd. West 21. Signature of Funeral Service Licensee Home, Inc. Silver Spring, MD 20901 Approximete Interval Between Onset end Deeth 23e. Pend. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shirck, or hear failure. List only one critise on each line. Physician Immediete Ceuse (Finel diseese or condition resulting in deeth) /Medical Condiae **Examiner** Due to (or es e consequence of) Examiner aru syears requires that the death certificate be axecuted physician end s the burial-transit Sequentielly list conditions, it eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to for es e consequença of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): use as t Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 3 Probably 4 → Unknown 1 Yes 2 No signed b à 24b. Were eutopsy findings sveilable prior to 24e. Wes an eutopsy performed? Completed completion of cause of deeth? page 2 has 1 ☐ Yes 2 No 1 Yes 2 No or Attanding Physician: Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 1 Yes 2 No 2 ER/Outpatient 3 DOA this funeral 28b. Time of 28d. Describe how Injury occurred 27. Menner of Deeth 28e. Date of Injury (Month, Dey Year) 28c. Injury at Work? Certification: After 1 Naturel 5 Pending investigation after death. 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide 24 hours a Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examiner: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete end placa, and due to the cause(s) and menner stated. 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Dev. Yeer) + M 10 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) Md

State Registrar 31. Dete filed (Month, Dey, Year)

32. Registrer's Signeture Ship Deviden-Randell

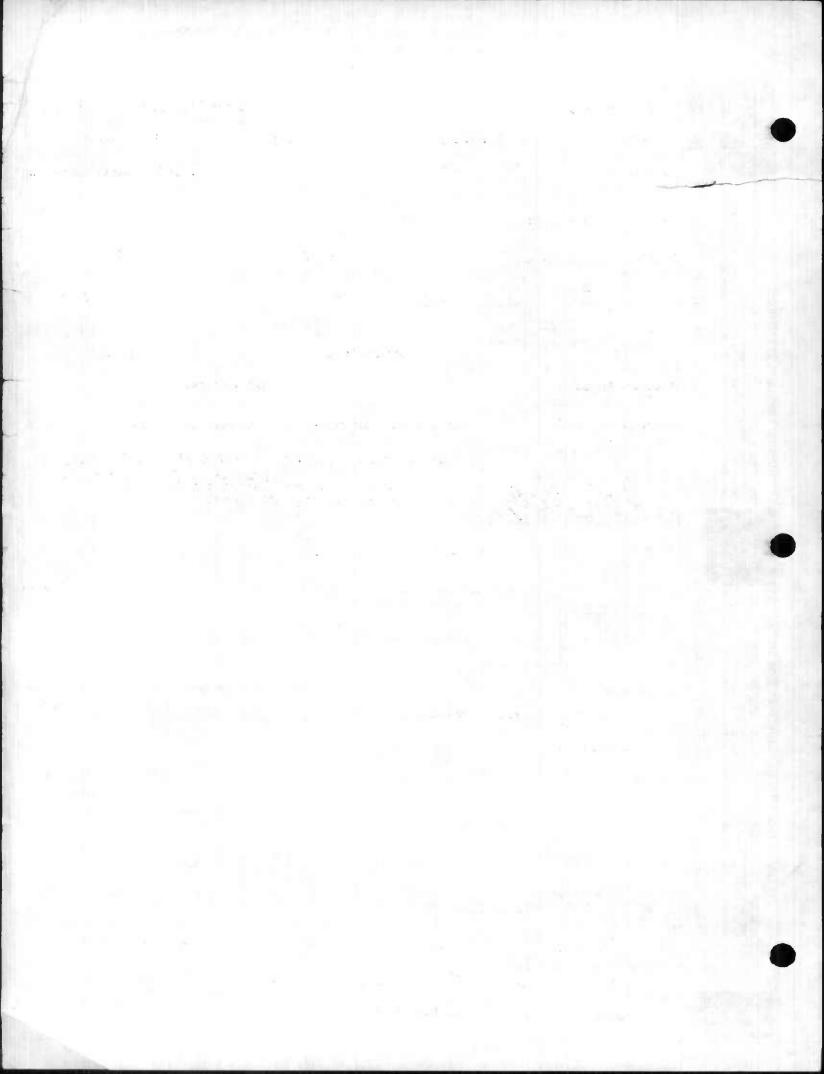
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Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Mary Franklin Anderson 6:00 P.M. June 13, 1998 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Holy Cross Hospital Silver Spring Montgomery | If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth | 9. Birthplace (State or Foreign Months | Days | Hours | Min. | July 14, 1912 | Washington, D.C. 5. Social Security Number 7. Age (In yrs. last birthday) 1 □ M 200 F 85 Months 579-14-7106 Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. inside City Limits Yes 2 No Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20910 10000 Brunswick Avenue United States 13. Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indian. Black White elc. 1 Never Married 2 Merried 1 ☐ Yes 2 ☐ No If Yes, Give 1 ☐ Yes 2XXNo Specify: SpecifAmerican 3 □ Widowed 4 □ Divorcad 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Examiner Bureau of Engraving 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Arthur Mason Georgia Scribner 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 6657 13th Street, N.W., Washington, D.C. Alver Pertilla (daughter) 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 XBurial 2 Cremation 3 Removal from State Gate of Heaven Cemetery 6/19/98 Silver Spring, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licansee 22. Name and Address of Facility McGuire Funeral Service, Inc. 7400 Georgia Ave. N.W., Washington, D.C. 20012 23e. Part1 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximate Interval Between Onset and Deeth Immediate Cause (Final disease or condition resulting in deeth) Candiac Arry Mania Due to (or as a consequence of): Compositive HEART RAILURE 10 years Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings evailable prior to 24e. Wes en autopsy performed? completion of cause of death? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one) Hospitai: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 Pending Investigation 2 Accident

Physician /Medical Examiner Examiner

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the

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signed by a

cate has been signated by page 2 should by

certificate

this

After

efter death.

within 24 hours e To the Funeral D completely filled

director,

filled in by

Physician/Medical

by

Completed

Be

Certification: To

Medical

The law requires that the death certificate be executed

Records, P.O. Box 68760.

Division of Vital

Hospital or Attending Physician:

To the

**Physician** 

/Medicai

Examiner

**Funerai** 

Director

- Phow

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours efter Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural; or ite may lijury or other traumatic event, the Medical Examina and.

Baltimore, Maryland 21215-0020

death

Funeral

à

Completed

Be

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Lest

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

25. Was case referred to medical

NA

1 Yes 2 No

~14

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stele)

29a. Certifier (Check only one)

3 ☐ Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end manner es stated.
2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the ceuse(s) and manner stated. 291 Separature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

30. Nam

nd address of person who completed cause of death (Item 23a) (Type, Print) MA RUCKVILLE PK SALANDER BM 45

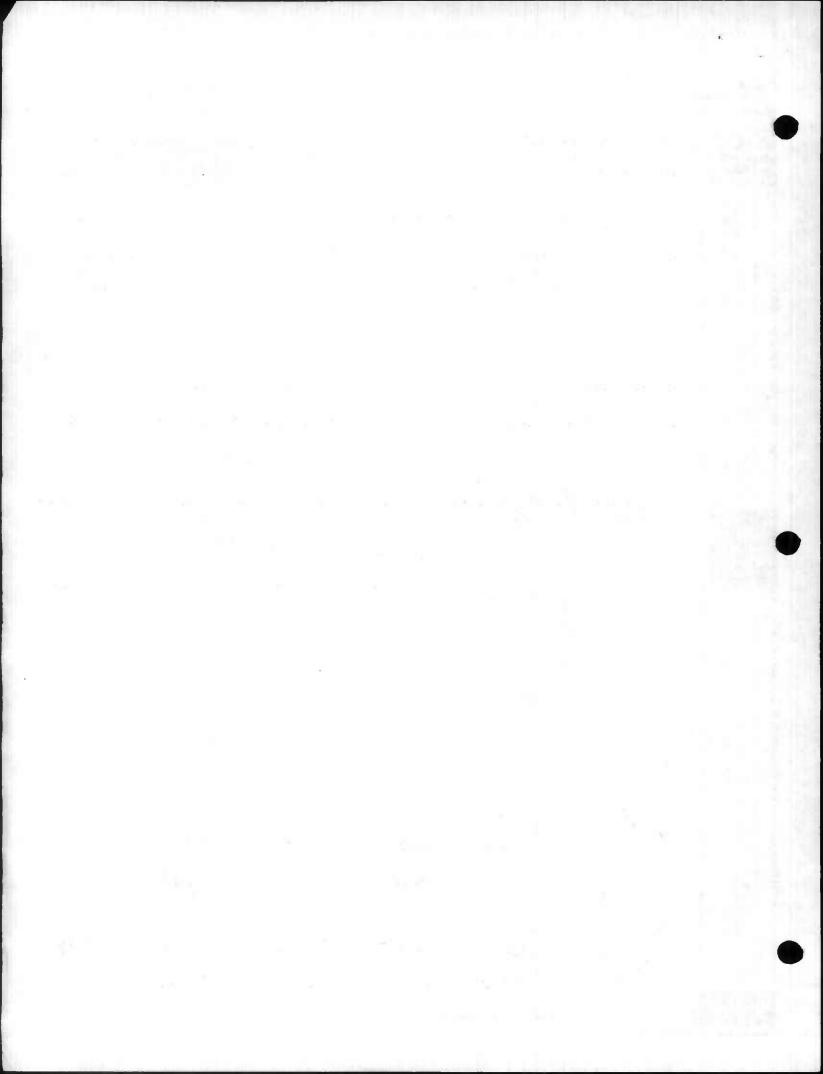
31. Date filed (Month, Day, Year)

**JUN 17** 

6 Could not be determined

32. Registrar's Signature Achie Devidson

State Registrar



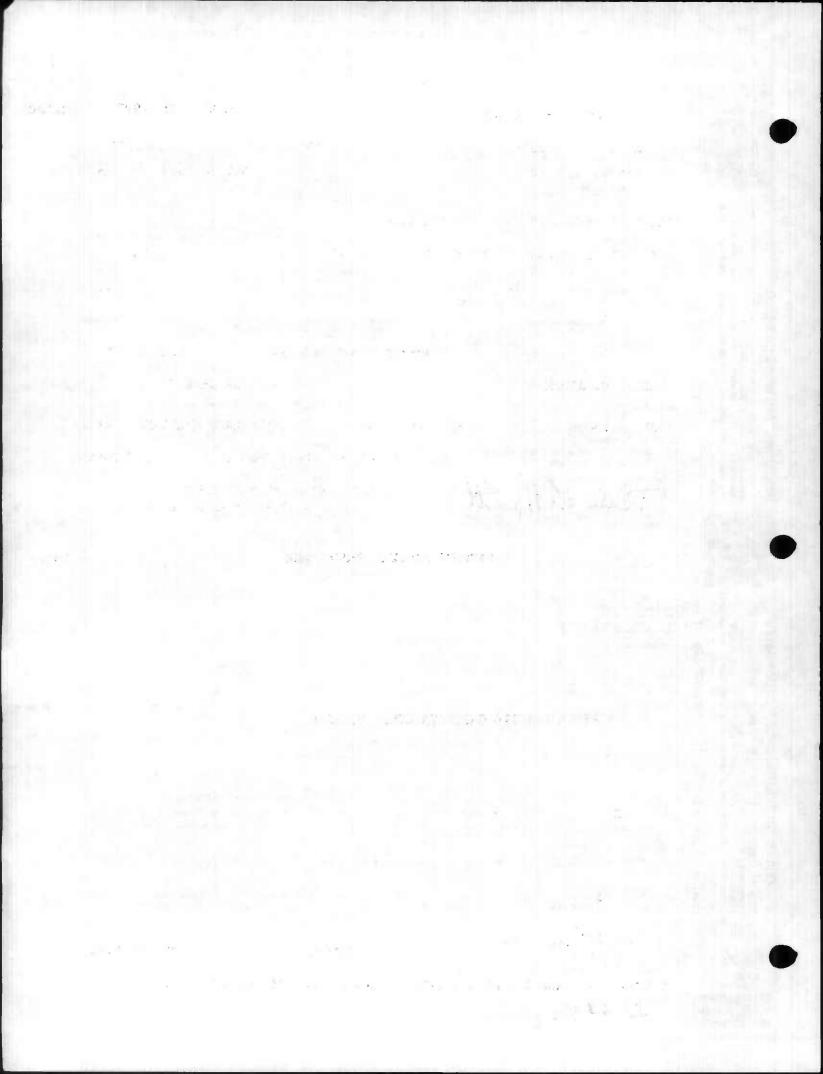
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Deeth 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** JUNE 20 1998 6:05AM WILLIAM RUDOLPH ALMOND
4a Facility Neme (If not Institution, give street end number) /Medical 4b. City, Town, or Location of Death 4c. County of Death Examiner SACRED HEART HOSPITAL CUMBERLAND If Under 24 Hrs. ALLEGANY 8. Date of Birth (Month, Day, Year)
OCT 14 1927 If Under 1 Year Birthplace (Stete or Foreign Country)
 MARYLAND 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** MM 2□F Months Deys Hours 212-24-1203 70 Yrs. Director Usual Residence of Decedent with the Maryland r 28a-f show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No MARYLAND ALLEGANY CUMBERLAND 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code à "natural", or items 23s or 11810 CROCUS AVENUE (POTOMAC PARK) 21502 U.S.A. death . Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. 14 Yes 2 □ No If Yes, Give Yeer or Detes: WW11 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indien, Black, White, etc. 11. Meritel Status Pages 1 and 2 should be filed within 72 hours after anent of Health and Mental Hygiene.
anent of Health and Mental Hygiene.
The marked other than "natural", or ite marked other than "natural", or ite marked other than "natural", or ite man and the factor of the man and the factor in the Mod and East in any process. 1 Never Married 2 AMarried Specify: WHITE 1 ☐ Yes 2X No Specify: by 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) MORRIS MOTOR EXPRESS TRUCK DRIVER 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Name (First, Middle, Lest) MELZIE C. ALMOND WILHELMINA SENKBEIL To 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 21502 11810 CROCUS AVE CUMBERLAND MARYLAND WIFE MARVEL ALMOND 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crametory or other place) 20c. Location - City or Town, State permit, Pages Department of Important: If It any Injury or o 1 Burial 2 Cremetion 3 Removel from State ROCKY GAP VET CEMETERY JUNE 23 1998 FLINTSTONE MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility MERRITT-ADAMS FUNERAL HOME Q 404 DECATUR STREET CUMBERLAND MARYLAND shier the mode of dying, such as cerdiac or respiratory arrest, 23a. Part1. Enter the disease, or complications that caused the death. Do not enter shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical RETROPERITONEAL HEMORRHAGE hours Examiner Due to (or as a consequence of): Examine The law requires that the death certificate be executed physician end the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events Due to (or as a consequence of): Box 68760 Physician/Medical Due to (or as a consequence of) resulting in death) Last 80 for use es 950 by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. o. 2 1 Yes 2 No 3 Probably 4 Unknown 0 signed b ATHEROSCLEROTIC CARDIOVASCULAR DISEASE Division of Vital Records, 2 24b. Were autopsy findings evallable prior to completion of cause of death? been si Completed 24a. Was an autopsy performed? hes he 2 s certificate he 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case referred to medice examiner? director Be 26. Place of Death (Check only one) Hospital: 1 

Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 9 1 Yes 2 No this 28a. Dale of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: After 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No within 24 hours after death To the Funeral Director: completely filled in by the 2 Accident 6 ☐ Could not be 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide edical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

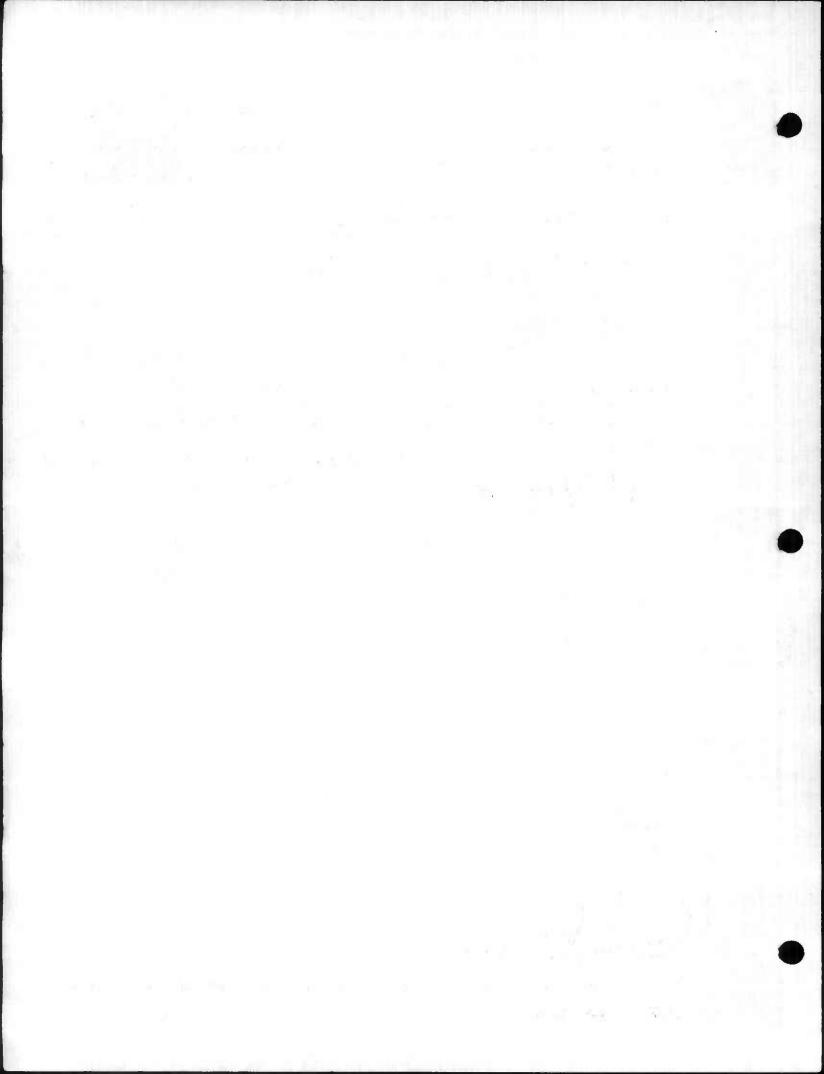
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifie (Check only one) within 2 To the 29b. Signature and of 29c. License number 29d. Date signed (Month, Day, Year) mi D50931 JUNE 22 1998 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Thes VIRGINIA G. MAGBOJOS MD 912 SETON DRIVE CUMBERLAND MARYLAND State

Registra



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|            |   |                |   | State of W   | arylar                     |  | tificate                            |                   | Death  |                                       | Reg. No.                 | 98                              | 20112   |
|------------|---|----------------|---|--|----------------------------|--|-------------------------------------|-------------------|--|---------------------------------------|--------------------------|---------------------------------|---|
|            | Physic  | an             | Decedent's Nama (First, Middle, WANDA LEE AM  | •  |                            |  |                                     |                   |  | 2. Date of De<br>Month                | ath<br>Day               | Year                            | 3. Time of Death  |
| J          | /Medi   | cal            | WANDA LEE AM  |  |                            |  |                                     |                   | h Ciby Town or                                     | JUNE                                  | 17                       | 1998                            | 1:25 AM   |
| 4          | Examir  | ner            |   | TENEDONY INCOME.   |                            |  |                                     | 9                 | b. City, Town, or                                  |                                       | 4C. C                    | County of Deal                  |   |
|            | Funeral<br>Director   |                | 213-24-7312   |  | ga (in yrs.<br>74          | last birthday)<br>Yrs.                     | If Undar<br>Months                  | 1 Yaar<br>Days    | CUMBEI<br>If Undar 24 Hrs.<br>Hours Min.           | 8. Data of Bir<br>(Month, Da          | th<br>ly, Year)<br>1923  |                                 | ANY thplaca (Stata or Foreign buntry) LAND                                      |
|            | and   |                | Usual Residence of Decedent  10a. State 10b. County   |  | 10c. Cit                   | y, Town or Loc                             | ation                               |                   |  |                                       |                          |                                 | 10d. Inside City Limits   |
|            | Maryl   | lor            | MARYLAND ALLEG  | ANY  |                            | UMBERLA                                    |                                     |                   |  |                                       |                          |                                 | 1 ☐ Yes 2(XNo   |
|            | r 28a   | Director       | 10e. Street and Number  |  |                            |  | 10f. Zip                            | Code              |  |                                       | 10g. Citize              | en of What Co                   | ountry?   |
|            | 23a c   |                | 14150 GLEN OAKS   | DRIVE S.W.   |                            |  | 2                                   | 1502              | 2  |                                       | U.5                      | 5.A.                            |   |
| 020        | filed within 72 hours after death with the Manyland<br>hyglene.<br>ther than "natural", or flams 23a or 28a-f show<br>int, the Medical Examiner must be notified at | by Funeral     | 11. Marital Status  1 Nevar Married 2 Married 3 Widowed 4 Divorced  | 12. Was Decedent<br>Armed Forcas?<br>1 Yes 2 7<br>If Yes, Give A<br>Yaar or Dates: |                            | It   | /as Decede<br>Yes, speci<br>☐ Yes 2 |                   | spanic Origin? (S<br>n, Maxican, Puert<br>Specify: | pecify Yas or No<br>o Rican, etc.)    | 14                       | 4. Race - Ame<br>Black, Whit    |   |
| 21215-0020 | within 72 ho<br>one.<br>than "natur<br>ne Medical   | Completed      | 15. Decedent's<br>(Specify only highest of<br>Elementary/Secondary (0-12)   | Education<br>rade completed)<br>Collega (1-4or                                     | 5+)                        |  | ind of worl<br>O NOT use            | dona d<br>retired | luring most of wor<br>)                            | rking                                 |                          | d ot Business/                  |   |
|            | filed with<br>Hygiene.<br>rther than  |                | 17. Fathar's Name (First, Middle, La  | st)  |                            | HOUS                                       | SE KE                               | EPE               | 18. Mother's Nar                                   | ne (First, Middle                     |                          | OUSE KE                         | EEPER   |
| Maryland   | d 2 should be filed<br>th and Mental Hygi<br>7 Is marked other<br>traumetic avant, t  | To Be          | ROMEO BASILIO   |  |                            |  |                                     |                   |  | IE MAE K                              |                          |                                 |   |
| lary       | 2 should<br>and Men<br>is marke   | -              | 19a. Intermant's Name/Relationship  | (Type, Print)  |                            | 19b. Melling                               | Address                             | (Street a         | and Number or Ru                                   | -                                     |                          | Town, State, 2                  | Zip Code)   |
|            | f Health<br>f Health<br>tem 27  |                | SAMUEL RICHARD A  | MAN HUS  | BAND                       |  |                                     |                   | KS DRIVE   | T                                     |                          |                                 |   |
| altimore,  | permit. Pages 1 and<br>Department of Health<br>Important: If Item 27<br>any Injury or other to<br>bacs.   |                | 20a. Method of Disposition<br>1 ☐ Buriai 2 ☐ Cremation 3  | ☐Removal trom State  |                            | Place of Dispos<br>em <i>etery, cre</i> ma |                                     |                   | 1  | Date                                  |                          | ation - City or                 |   |
| Him        | permit. Pages Department of H Important: If Ite any Injury or of  |                | 4 □ Donation 5 □ Other (Special Control of Funeral Service Light  |  | CUM                        |  |                                     |                   | RY JUNE  | 17 1998                               | CUME                     | BERLAND                         | MARYLAND  |
| Ba         | Depa<br>Impo  |                | Dale L.   | Weint  | -                          | MI<br>4(                                   | ERRIT                               | T-AI              | DAMS FUNI<br>JR STREET                             | r CUMBER                              | LAND                     | MARYLA                          |   |
| J          | Dhusisian   |                | 23a. Part1. Enter the diseasa, or co<br>shock, or heart tailure. List on  | mpilcations that cause<br>y one cause or blich i                                   | tha daat                   | h. Do not ente                             | r tha moda                          | of dyin           | g, such as cardiad                                 | or respiratory a                      | rrest,                   |                                 | Approximate<br>interval Between<br>Onsat and Death                              |
| P          | Physician<br>/Medical<br>Examiner   |                | Immediata Cause (Final diseasa or condition   |  | 1                          | rola                                       | 0                                   |                   |  |                                       |                          |                                 | 2 months  |
| В          | LXaiiiiiei  | -              | resulting in death)   | a  | Due to (o                  | r as a consequ                             | ence of):                           |                   |  |                                       |                          |                                 |   |
|            | ned insit   | Examiner       |   | b  | D                          |  | , ,                                 |                   |  |                                       |                          |                                 |   |
| oʻ         | ificate be executed<br>g physician and<br>es the burial-transit   |                | Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events   |  | Due to (o                  | r as a consequ                             | ience orj:                          |                   |  |                                       |                          | į                               |   |
| 68760,     | physici<br>s the bu   | edicai         | that initiated events resulting in death) Last  | C  | Due to (o                  | r as a consequ                             | ence ot):                           |                   |  |                                       |                          |                                 |   |
|            |   |                |   | d  |                            |  |                                     |                   |  |                                       |                          |                                 |   |
| Вох        | death cert<br>e attanding<br>od for use   | cian           | Death Other death   |  |                            |  |                                     |                   |  |                                       |                          |                                 |   |
| s, P.O.    | that the<br>ed by th<br>detache   | by Physician/M | Part II. Other significant conditions   | contributing to death b  | ut not res                 | uiting in the und                          | derlying ca                         | use give          | en in Part I.                                      |                                       | ~ -                      | 1                               | to the causs of death?  robably 4  Unknown                                      |
| Records,   | aw requir<br>is been s<br>2 should  | Completed      |   |  |                            |  |                                     |                   |  | 24a. Was<br>perfo                     | an autops<br>rmed?       |                                 | Were autopsy tindings<br>available prior to<br>completion of cause<br>of death? |
| <u>=</u>   | The ate h   | Con            |   |  |                            |  |                                     |                   |  | 10                                    | Yas 20                   | KNo                             | 1 ☐ Yas 2 ☐ No  |
| Vital      | Physician: The this certificate ral director, pag   | Be             | 25. Wes case reterred to medical axaminar?  | Hospital:  |                            |  |                                     | Oth               | 26. Place of Dea                                   |                                       |                          |                                 |   |
| of         | Phys  | T: T           | 1 ☐ Yes 2 ☐ No  27. Manner of Death   | 1 Inpatia<br>28a. Date of Inju   |                            | ER/Outpatient<br>28b. Time of              |                                     |                   | 414-Nursing H                                      | loma 5 Resi                           |                          |                                 | cify)   |
| on         | Attending Fir death. ector: After by the funer  | tion           | 1 Natural 5 ☐ Pending 2 ☐ Accident Investigati  | (Month, Da   | y Year)                    | Injury                                     | м                                   | c. Injury<br>Work | (?`<br>Yes 2 □ No                                  | 200. 00001100                         | now injury               | 00001100                        |   |
| Division   | al or Attendi<br>s after death<br>il Director: A<br>sd in by the f  | Certification: | 3 Suicide 6 Could not determine   |  | ury - At ho<br>c. (Specify | ome, farm, stree                           | et, factory,                        | office            |  | 28f. Location (<br>City or To         |                          | Number or Re                    | ural Route Number,  |
|            | To the Hospital or / within 24 hours after To the Funeral Dire completely filled in b   | edical (       | 29g. Certifier (Check only Check on | hysician: To the best  | examine                    | wiedge, death o<br>tion end/or inve        | occurred a<br>estigetion,           | t the tim         | e, date and place<br>pinion, death occu            | , and due to the<br>rred at the time, | cause(s) a<br>date and p | and menner as<br>place, end due | s stated.<br>e to the cause(s)  |
|            | To the<br>within 2<br>To the<br>comple  | Me             | 200. Signature and title of certifier   |  |                            |  | 29c.                                | Licanse           | number   |                                       | 29d. Date                | signed (Mont                    | th, Day, Year)  |
|            | 4   |                | time  | vo en  | 1                          | 5  | D                                   | 1277              | 79   |                                       | JUNI                     | E 17 19                         | 998   |
| ١          | 1018  | Ì              | 30. Neme end eddress ot person wh   | completed cause of d   | leath (Item                | 23a) (Type, P                              | rint)                               |                   |  | . 1                                   |                          | 49                              |   |
|            | 7/10  |                | DR GUY FISCUS   | MEMORIAL HO  |                            |  | ICAL_                               | BUII              | LDING CUI  | MBERLANI                              | MARY                     | YLAND                           | 21502   |
|            | Sta<br>Registr  |                | 31. Date filed (Month, Day, Year)   | 32. Registr  | ara Signa                  | ture                                       |                                     |                   |  |                                       |                          |                                 |   |



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** MALCOLM GEORGE ALLEN JUNE 13 1998 10:52 A.M. /Medicai 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner FROSTBURG VILLAGE NURSING HOME FROSTBURG ALLEGANY If Undar 1 Yaar If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days Director 217 10 5629 79 APRIL 24 1919 MARYLAND Usual Residence of Decedent the Maryland 10b. County show 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at MARYLAND ALLEGANY Director FROSTBURG 1 Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 13410 UPPER GEORGES CREEK ROAD, SW 21532 deeth v U.S. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian. Black, White, etc. Peges 1 and 2 should be filed within 72 hours effer nent of Health and Mental Hygiene. 1 Yes 2 No If Yes, Give 1 ☐ Never Married 2 🖾 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by 3 Widowed 4 Divorced Yaar or Dates WHITE Be Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 8 TWISTING DEPARTMENT CELANESE CORP. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) JAMES ALLEN 2 CHRISTINA PATTERSON 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straet and Number or Rural Route Number, City or Town, State, Zip Code) 21532 permit. Peges 1 end 2: Department of Health et Important: If item 27 is any injury or other traugonce. 69 BETTY ALLEN/WIFE 13410 UPPER GEORGES CREEK ROAD, SW, FROSTBURG, MD 20b. Placa of Disposition (Name of cametery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) FROSTBURG MEMORIAL PARK 6/16/98 FROSTBURG, MD 21532 21. Signatura of Funaral Service Licansee 22. Nama and Address of Facility
SOWERS FUNERAL HOME, P.A. 60 W. MAIN ST., FROSTBURG, MD 21532 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medicai fmmediate Cause (Final emmis - papiration 2 weeks diseasa or condition resulting in deeth) Examiner Physician/Medical Examiner The law requires that the death certificate be executed sician end buriel-tran Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury Due to (or es e consequence of) Box 68760, physician s the bune that Initiated events resulting in death) Last Due to (or as a consequenca of) 9 ettending p P.O. ed by the e Part II. Other afgnificant conditions contributing to death but not resulting in the underlying cause given in Part 1. 23b. Did tobacco use contribute to the cause of death? s been signed by the should be detected 1 Yes 2 No 3 Probably 4 Unknown Records, ð 1 Intington's Chorea Were autopsy findings available prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? page 2 has 1 ☐ Yes 2 ☐ The 1 ☐ Yes 2 ☐ No certificate Division of Vital Hospital or Attending Physician: director. Be 25. Was case referred to medical 26. Place of Deeth (Check only one) examiner? Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 45 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes STNo this To the Hospital or Attending Phy within 24 hours efter death. To the Funeral Director: After this completely filled in by the funeral: 28c. Injury et Work? 27. Manner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Naturel 5 Pending investigation 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Sertifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the causa(s) and manner as stated.

Medical Examiner: On the best of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated. cal 29a. Certifier Med 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

6/15/56

D21244

TUS State

Registrar

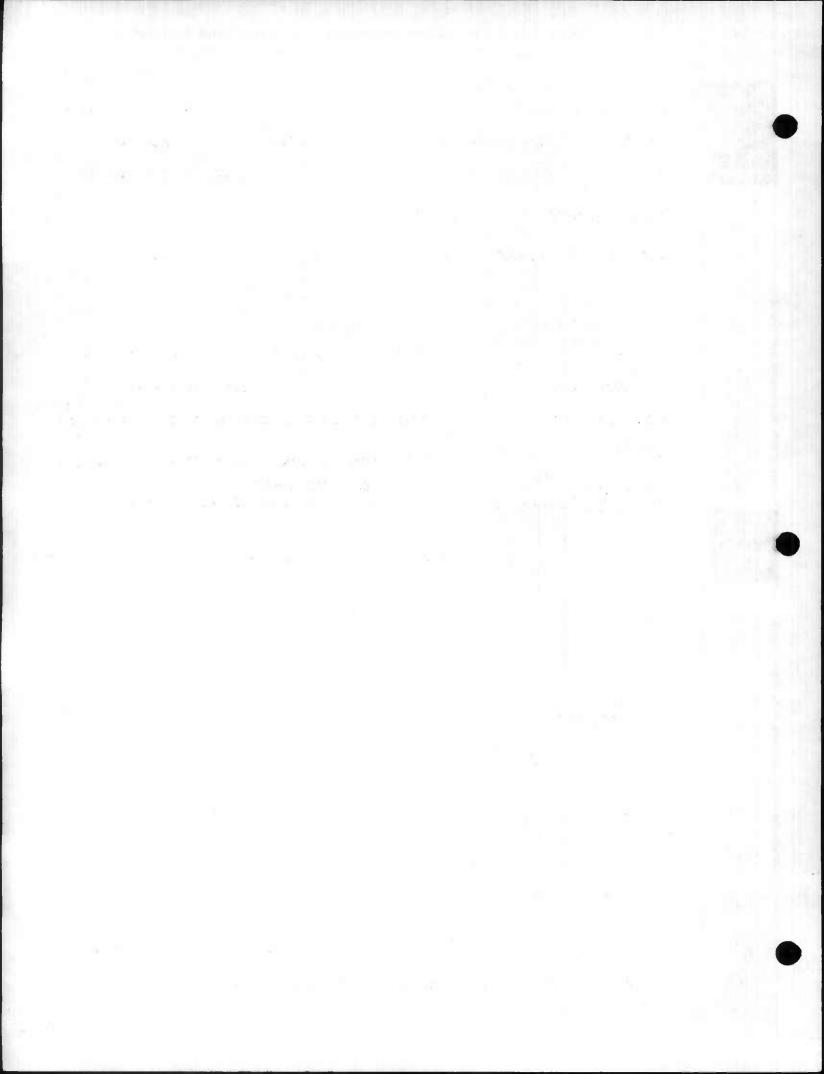
5

JESUS H. TAN, M.D., FROSTBURG PLAZA, FROSTBURG, MD 21532

31. Dete, filed (Month, Day, Year)

32. Registrar's Signature

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)



#### State of Maryland / Department of Health and Mental Hygiene AMEND: #23 PART I, 27, 28A-F PER MEO G762 8-31-98 WPCertificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Deta of Death **Physician** Month 12:10 Am Helen G. Boyle June /Medical 4e. Fecility Neme (If not institution, giva straat and number) 4b. City. Town, or Location of Daath 4c. County of Daeth Examiner Doctors Community Hospital Lanham Prince Georges 8. Date of Birth (Month, Day, Year) Sept. 3, 1 if Under 1 Year If Under 24 Hrs 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplece (Steta or Foreign Country) **Funeral** Deys 1□ M 2X F Months Hours Yrs Director 1926 Pennsylvania 578-40-1746 Usual Residence of Decedent Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show 1 ☐ Yes 2 No Director MD Montgomery Takoma Park GER TRUDE the 10e. Street end Number 10f. Zlp Code 10g Citizan of What Country? tem 27 is marked other than "netural", or items 23s or other traumatic event, the Modical Examiner must be 402 Boston Avenue 20912 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yas or No-lf Yes, specify Cuben, Mexican, Puarto Rican, etc.) 11. Marital Status 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married Yes 2 No f Yes, Give 1 ☐ Yes 2 ☐ No Specify: Specify: by 3 Widowed 4 Divorced White Yeer or Detes: Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Administrative Assistant Federal Government permit. Pages 1 end 2 should be filled Department of Health end Mental Hygie Important: If item 27 Ia marked other i any Injury or other traumatic avent, to 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Be 2 Edward R. Bovle Mary F. McGarvey 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 22304 5500 Holmes Run Parkway, #602, Alexandria, VA Ann M. B. Gallagher (sister) 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Parklawn Memorial Park 6/18/98 Rockville, MD 22. Nama end Address of Fecility Francis J. Collins Funeral 21. Signature OFuneral Service 500 University Blvd. West Home, Inc. Silver Spring, MD 20901 23a. Part./ Enter the dufface or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or hour failure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Examiner Examiner Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initieted events resulting in deeth) Lest buriel-tran Due to (or es e consequence of) RIGHT FEMORAL FRACTURE Box 68760 90 Physician/Medicai Due to (or es e consequence of). for use es P.O. Pert II. Other aignificant conditions contributing to deeth but not rasulting in the underlying ceuse givan in Pert i. deteched 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, ğ 8 24b. Were eutopsy findings available prior to completion of ceuse of death? Completed 24a. Wes en eutopsy certificate hes 1 Yes 1 TYas 2 No Division of Vital 25. Wes cese referred to medice examiner? Be 26. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 2 ER/Outpatient 3 DOA this 28d. Describe how injury occurred E\_To the Hospital or Attending Pt within 24 hours effer death. To the Funeral Director: After th completely filled in by the funera 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? Aftert 5 Pending investigation attilies: SUBJECT FELL 1 ☐ Yes 2 🗖 No 2 Accident JUNE 11, 1998 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 2900 LOTTSEODD V 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) MITCHELLVILLE, MD LOTTSFORD VISTA 4 Homicide VILLA ROSA NURSING HOME Certifying Physicisn: To the best of my knowledge, deeth occurred at the time, date end plece, end due to the cause(s) and manner es stated. Medical Exeminer: On tha basis of exemination end/or invastigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. Medicai 29a. Certifier (Check only

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State Registrar 31. Dete filed (Month, Dey, Year)

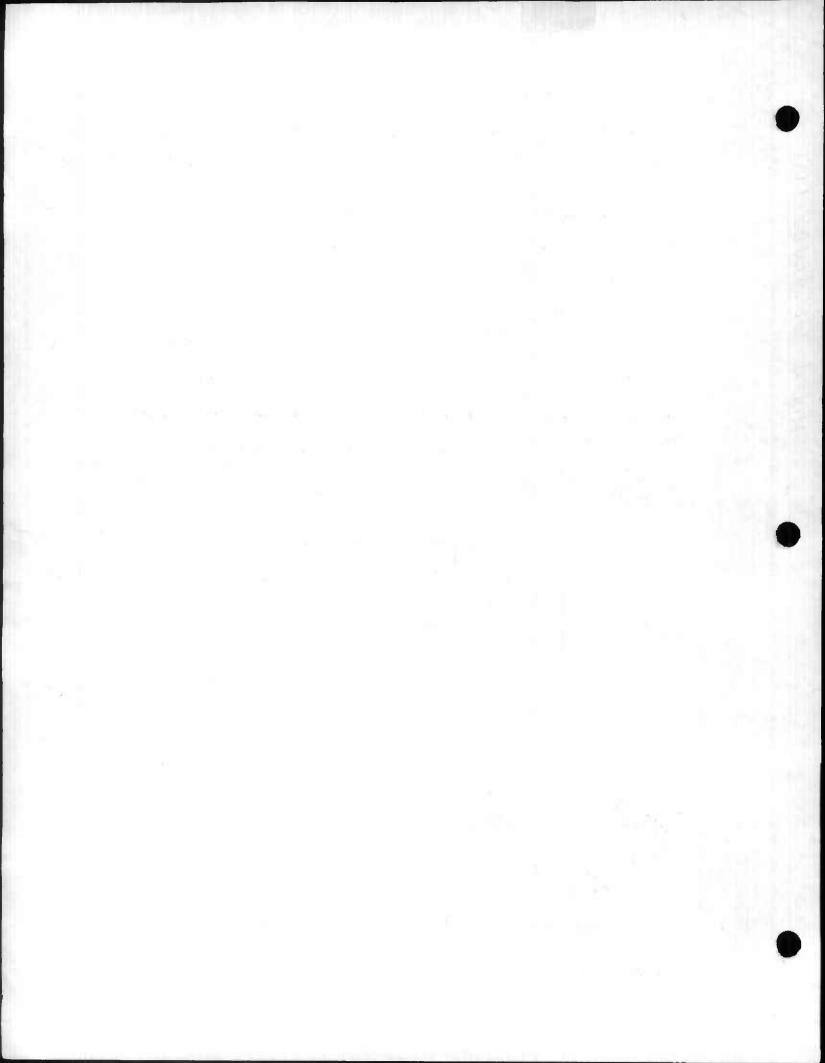
29b. Signeture and title

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

MoBARAK KARIM, 7610 CARROLL AVE, TAKOMA PARK, MAKYLAND 20912 32. Registrer's Signetura Alia Davidson

29c. License number

29d. Date signad (Month, Day, Year) June 16, 1998



# Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|   |  | C   | ertificate of                                 | Death                       | Re   | eg. No.                 | 40110  |
|---|--|---|---|-----------------------------|--|-------------------------|--|
| D1 -1-1-  | Decedent's Neme (First, Middle, Last)  |   |   |                             | 2. Dete of Deet<br>Month                   | Dev Ye                  | 3. Time of Deeth   |
| Physician<br>/Medical   | Joseph F. B  | oyd, Jr.                                  |   |                             | June 23                                    | 3, 1998                 | 7:30 PM  |
| Examiner  | 4e Fecility Neme (If not institution, give street end number   | er)                                       |   | 4b. City, Town, or Lo       |  | 4c. County of I         |  |
| 29  | 8700 Tryal Court   |   |   | Montgomer                   | -  |                         | ontgomery  |
| Funeral<br>Director   | 5. Social Security Number 5.79 32 4107 6. Sex 1 M 2 F 7.   | Age (In yrs. lest birthda<br>69 Yrs.      | Months Davs                                   | If Under 24 Hrs. Hours Min. | 8. Date of Birth<br>(Month, Dey,<br>MAY 28 | ,1929 WAS               | Birthplece (State or Foreign<br>Country)<br>SHINGTON, D.C.                           |
| deeth with the Maryland ms 23s or 28s-f show Livest be notified at neral Director   | 10a. Stete 10b. County MONTGOMERY  | 10c. City, Town or GAIT                   | Location<br>HERSBURG                          |                             |  |                         | 10d. Inside City Limits 1 ☐ Yes 2 ☐ No   |
| Unter deeth with the Martine 23a or 28e-1 source, must be notified funer and Director   | 10e. Street and Number<br>8700 TRYAL COURT   |   | 10f. Zip Code<br>208                          | 86                          |  | 0g. Citizen of Wha      |  |
| heeth w   | 11. Maritel Status 12. Wes Decede  | nf Ever in U.S. 1                         | Wes Decedent of H     If Yes, specify Cub     |                             |  | 14. Rece - /            | American Indien,   |
| 5 2 E   | 1 Never Merried 2 Married 1 Yes 2 I Yes, Give 3 Widowed 4 Divorced Yeer or Date  | □No                                       | If Yes, specify Cub  1 ☐ Yes 2 ☑ No           | en, Mexican, Puerto         | Rican, etc.)                               | Specify:                | White, etc. WHITE  |
| L Z I Z I D-U<br>led within 72 ho<br>bygiene.<br>nt, the Medical<br>nt, the Medical<br>Completed  | 15. Decedent's Education<br>(Specify only highest grade completed)   | (G  | cedent's Usuel Occup<br>ive kind of work done | during most of worki        | ng   | 16b. Kind of Busin      |  |
| y within piene.   | Elementary/Secondary (0-12) College (1-4c  | or 5+)                                    | SALESMAN                                      | d)                          |  | CADDE                   | _  |
| filed within Hygiene. Hygiene. ont, the Man   | 17. Fether's Neme (First, Middle, Last)  | <u> </u>                                  | SALESPIAN                                     | 18. Mother's Name           | (First, Middle, N                          | CARPE<br>Maiden Sumeme) |  |
| id be fill lentel H ked oth ic even   | JOSEPH F. BOYD, SR.  |   |   | EVELYN                      | CRISMO                                     |                         |  |
| Maryland Z1Z15-UUZU ind 2 should be filed within 72 hours at alth and Markell Hygiane. Z7 is marked other than "natural; or z recumatic event, the Mandal Exam TO Be Completed by F | 19e. Informent's Neme/Reletionship (Type, Print) CHRYSTAL C. BOYD, WIFE  |   | eiling Address (Street<br>O TRYAL CO          |                             |  |                         |  |
| D - 2 5 6   | 20a. Method of Disposition  1 Burial 2 Cremetion 3 Removel from Ste 4 Donetion 5 Other (Specify)   | te cemetery, o                            | sposition (Neme of cremetory or other ple     |                             |  | 20c. Location - Cit     | y or Town, State   |
| Dailtimo permit. Pages Department of Important: If any injury or once.  | 21. Signeture of Funeral Service Licensee  Muruil A  | e 0.                                      | MURIEL H.                                     | BARBER F                    | UNERAL H                                   | HOME                    |  |
|   | 23a. Pert1. Enter the disease, or complications that cause   | sed the deeth. Do not                     |   | 5038, LAY                   |  |                         | Approximete  |
| Physician   | <ul> <li>shock, or heert failure. List only one ceuse on each</li> </ul>   | line.                                     |   |                             |  |                         | Interval Between<br>Onset end Deeth  |
| /Medical<br>Examiner  | Immediele Ceuse (Final disease or condition resulting in deeth)  | Due to (or es e con                       | s (e) (J                                      | ng correct                  | nome                                       |                         | 8 months   |
| Entition to second ding proving an article as the bunel-transit   | Sequentially list conditions, if eny, leeding to immediate cause. Einter Underfying Cause (Disease or injury that initieted events resulting in deeth) Lest  | Due to (or es e cons                      |   |                             |  |                         |  |
| death ce ettendi  | Pert II. Other significant conditions contributing to death  | but not resulting in the                  | e underlying cause gi                         | ven in Pert I               | 23h Did to                                 | ibacco use contri       | bute to the causa of death?  |
| requires that the death or<br>requires that the death or<br>een signed by the ettend<br>hould be detached for us  | Total eiginican conditions contibuting to death  | Tout not resulting in the                 | e dideliying codse gi                         | volimit off.                |  |                         | Probably 4 Unknow  |
| ) > D 00 =  |  |   |   |                             | 24e. Wes e<br>perform                      |                         | 24b. Were autopsy findings<br>aveilable prior to<br>completion of cause<br>of death? |
| vicien: The lav   |  |   |   |                             | 1 □ Ye                                     | es 20 No                | 1 ☐ Yes 2 No   |
| ysician:<br>s cartific<br>director,   | 25. Wes case referred to medical examiner?   |   |   | 26. Plece of Deeth          | (Check only on                             | ne)                     |  |
| Physician:<br>this cartific<br>and director,  | Yes 22 No Hospital: 1 Inpa   |   | tient 3LI DOA                                 |                             | me 5 2 Reside                              | ence 6 Other            | (Specify)  |
| ath.<br>r: After<br>re fune   | 27. Menner of Deeth  1 Naturel 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be   |   | y M 1□  | Yes 2 □ No                  |  | ow injury occurred      | as Flura i Pauta Numbas  |
| DIVI<br>Is effect<br>at Direct<br>ed in by  | 4 Homicide determined 28e. Plece of building,  | Injury - At home, farm,<br>etc. (Specify) | sireet, rectory, office                       |                             | City or Town                               |                         | or Rural Route Number,   |
| he Hospl<br>in 24 hou<br>he Funer<br>pletely fill<br>edical   | 29a. Certifier (Check only one)  1 Certifying Physician: To the besisend menner  | of examination end/or                     |   |                             |  |                         |  |
| To the comp   | 29b. Signature end title of certifier  |   | 29c. Licens                                   | se number                   | 2  | 9d. Dete signed (#      |  |
|   | James 9/1  | agayur,                                   | WD D  | 005144                      | 4  | June ;                  | 24,1998  |
| 10  | 30. Name and address of person who completed cause of  | f death (Item 23e) (Typ                   | 601 Nay                                       | th Corolin                  | e Stree                                    | + Baltin                | ore, MD 2128   |
| State<br>Registrar  | The state of the s | strer's Signeture                         | Band. an                                      |                             |  |                         |  |

DHMH 16 Ray 6/95

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Tima of Death Day Month 16, Frances Smith Bobbitt 1998 5:36a.m June 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death 1002 Heron Point Chestertown Kent If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) 1 M 2 F 215-20-4981 93 Yrs. 2,1904 Nov. Marvland Usual Residence of Decedent 10c. City, Town or Location 10b. County 10d. Insida City Limits Maryland Kent Y□ Yas 2 □ No Chestertown 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 1002 Heron Point Chesapeake Wind 21620 USA 12. Was Dacedant Evar in U,S. Armad Forcas? 1 ☐ Yes 2 ☒ No If Yes, Giva Yaar or Dalas: 11 Maritai Status Was Decedent of Hispanic Origin? (Specify Yes or Notif Yas, specify Cuban, Maxican, Puerto Ricen, atc.) 14. Race - American Indian, Bleck, Whita, atc. 1 ☐ Navar Married 2 ☐ Married 1 Yas 2 No Spacify: White 3 BWidowed 4 □ Divorcad 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15 Decedent's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Elamentery/Secondary (0-12) Coilega (1-4or 5+) 12 Teacher/ Elementry Education/Public 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama)

**Physician** /Medical Examiner

pue

certificate

Be

0

Certification:

Medical

al or Attending Physician: The setter death.

I Director: After this certificate of in by the funeral director, pa

24 hours e

To the Hosp within 24 ho To the Fune completely fi

filled in by

The law requires that the death certificate be executed

Box 68760.

Division of Vital Records, P.O.

permit. Page Depertment of Important: If I any Injury or once.

**Physician** 

/Medical

Examiner

10a. Stata

**Funeral** 

Director

"natural", or items 23a or 28a-f show

the Medical

Pages 1 and 2 should be filed within nent of Health end Mental Hygiene. Int: If Item 27 Is marked other than ' Iry or other traumatic event, me Me

Director

Funeral

Completed by

Be

filed within 72 hours efter death with the Marylend

Baltimore, Maryland 21215-0020

Examiner the buriel-transit Sequentielly list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Diseasa or Injury that initioted avants resulting In daath) Last Physician/Medicai Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. DEMENTA Completed by

Charles Edgar Smith

19a. Informent's Name/Ralationship (Type, Print)

1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify)

James Stewart

21. Signatura of Fungral Service Licensee

20a. Mathod of Disposition

Immadiata Cause (Final

disaasa or condition rasulting in daath)

23a. Part . Enter the disease or commications has ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feiture. List only one come on each line. CEREBROVASCULAR ACCIDENT Dua to (or as a consequence of)

22. Nama and Addrass of Facility

20b. Placa of Disposition (Nama of cemetary, cramatory or other place)

Clara Wallace

19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda)

123 East 2nd St. New Castle De. 19920

Church Hill Cemetery 6/19 Church Hill, Md.

Fellows, Helfenbein, & Newnam Funeral

intarval Betwaen Onset and Death WK

Md . 21620

Dua to (or as a consequence of):

Due to (or as a consequence of)

23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

20c. Locetion - City or Town, Stata

24a. Was an eutopsy performad?

24b. Were eutopsy findings available prior to completion of ceuse of death?

28d. Describe how injury occurred

26. Pleca of Daath (Check only ona)

1 Yas ANO

| axaminer?<br>1 ☐ Yas 2 No | Hospital:  |
|---------------------------|------------|
| 27 Mannas of Death        | 29a Data a |

patlant 2 ER/Outpatiant 3 DOA Deta of Injury (Month, Day Year) 28b. Time of 5 Panding

Other: Mursing Home 5 ☐ Rasidance 6 ☐ Other (Specify) 28c. Injury et Work?

1 ☐ Yas 2 ☐ No

28f. Location (Straat and Number or Rural Route Number, City or Town, Stata)

29a. Cartifian (Check only one)

Natural

2 Accidant

3 ☐ Suicida

4 Homicide

Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated.

29b. Signatura and titla of certifier

25 Was case referred to medical

29c. Licansa number

29d. Data signed (Month, Day, Year)

invastigation 6 Could not be datarmined

D41587

30. Neme and address of person who completed causa of deeth (Item 23e) (Type, Print)

State Registrar

31. Data filad (Month, Day, Year)

JUN 16'98



28a. Place of Injury - At homa, farm, street, factory, offica building, atc. (Spacify)

John Wallette

Marin Joseph Com

84, º T 1819

| 3  | Type of Print in Black indelible ink. Assure |                  |            |
|----|--|------------------|------------|
|    | State of Maryland / Department of Health and | Mental Hygiene   | 2011       |
|    | Certificate of Death                         | Reg. No.         |            |
| as | 1)   | 2. Data of Death | 3. Time of |

Physicia /Medic Examin

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Heath and Mental Hygiene.
Important: If item 27 is marked other than "naturel", or items 23s or 28s-f show any injury or other traumatic event, the Mexical Examiner must be notified at other. Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physicien: The lew requires that the death certificate be executed within 24 hours effer death.

To the Funerel Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit 1401

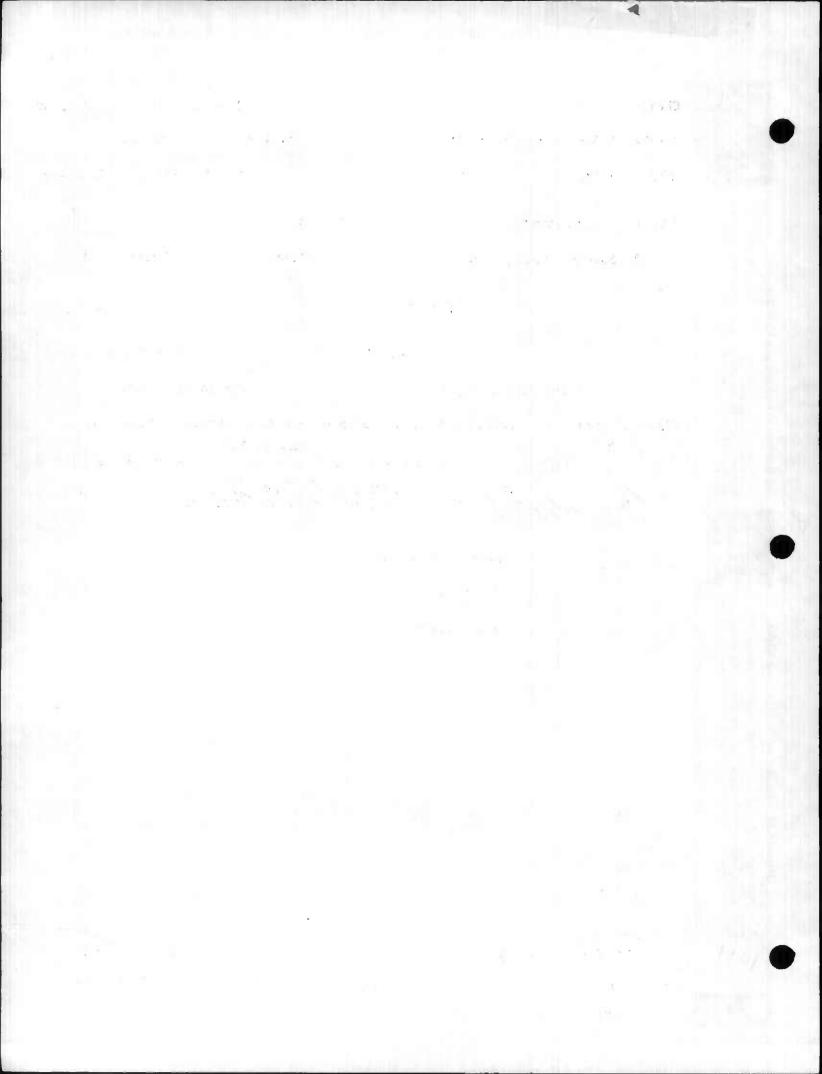
Division of Vital Records, P.O. Box 68760,

| . Decedent's Name  | (First, Middl  | e, Last)  |  |  |  |  |   |                      | 2. Data of De<br>Month   | D  | ay   | Year  | 3. Time of Death   |
|--|--|---|--|--|--|--|---|----------------------|--|--|--|---|--|
| Charles  | A  |   | Bre  | ewer   |  |  |   |                      | June 1   | 0,   | 1998   |   | 9:25 AM  |
|  |  | n, give street and n  |  |  |  |  | *   |                      | ocation of Deat  | h 4  | c. County  | of Death  | 1  |
| Potomac V  | alley  | Nursing   | Center   |  |  |  | Rockv   |                      |  |  | Mont   | gome  | ry   |
| . Social Security No   | umber  | 6. Sex<br>1 → 2 □ F   | 7. Age (In yr  | s. last birthday)  | If Under<br>Months   | 1 Yaar<br>Days   | If Undar<br>Hours   | 24 Hrs.<br>Min.      | 8. Date of Bit<br>(Month, Da   | th<br>ay, Yea  | r)   | 9. Birth  | placa (State or Foreigntry)  |
| 579-12-6   |  | IUM ZUF   | 86   | Yrs.   |  |  |   |                      | May 15   | , 1  | 912  | 1   | Maryland   |
| Isual Residence of<br>0a. Stata  | Decedent<br>10b. County  |   | 100 (  | City, Town or Lo   | cetion   |  |   |                      |  |  |  |   | 10d. fnside City Limit   |
| oa. Stata  | 100. County  |   | 100. (   | Jay, Town of Lo  | CallOri  |  |   |                      |  |  |  |   | 1 X Yas 2 □ N  |
| Maryland   |  | gomery  |  |  |  |  | kvi11   | е                    |  |  |  |   |  |
| 0e. Street and Num   | nber   |   |  |  | 10f. Zip   | Code   |   |                      |  | 10g. C   | Citizan of 1   | What Cou  | intry?   |
| 1235 P   | otomac   | Valley  |  |  |  |  | 2085  | -                    |  |  |  |   | tates  |
| 1. Marital Status  |  | Armed F   |  | U,S. 13. \   | Nas Deced<br>f Yes, spec   | dent of I-<br>cify Cub   | łispanic Orl<br>an, Mexicar   | gin? (Sp<br>, Puerto | ecify Yes or No<br>Rican, etc.)  | )-   |  | ck, White   | ican Indian,<br>i, etc.  |
| 1 Never Marrie   |  | If Yes G  | 2 □ No<br>live   |  | 1□ Yes   | 2 🕅 No   | Specity:  |                      |  |  | Specify  | y:  |  |
| 3 Widowed  |  |   | Dates: 1941  |  | 1 1  | .1.0   | - 11 -  |                      |  |  | Min 1 1 C  | -   | hite   |
| (Speci   | <ol><li>Deceden<br/>ify only higha:</li></ol>  | t's Education<br>st grada completed   | )  | 16a. Deced   | lent's Usue<br>kind of wo<br>DO NOT us   | nk dona  | during mos  | t of work            | ing  | 16b.   | Kind of B  | usiness/i   | naustry  |
| Elementary/Secon   | ndary (0-12)   |   | (1-4or 5+)   |  | ral's  |  | *   |                      |  | 77   | 14.3   |   |  |
| 7. Father's Name (   | First Middle   | Last)   |  | Gene   | Lal S  | ATC  |   | r's Nam              | e (First, Middle   | _  |  |   | es Army  |
| r. r autor s INatité (   |  |   |  |  |  |  | TO. MOTHE   |                      |  |  |  |   |  |
| On Inf   |  | es A. Br  | ewer, S  |  |  | 10.  | and the s   |                      | Amelia   |  |  |   | in Code'   |
| 9a. Informant's Na   |  |   | , -  |  |  |  |   |                      | al Route Numb  |  |  |   |  |
| Ellen G.  Oa. Method of Disp   |  | ie/Sister   |  | Diego of Diego   | cition /Alan   | ma of  |   |                      | a Potom  |  |  |   | ZU854<br>Fown, Stata   |
| 1 ☐ Burial 2 B   | Cremation  | 3 Removal from  |  | cametery, crer   | natory or o  | other pla  | ∞)June  | 12,                  | 1998   | 200.   | Foodini .  | Oily of 1   | own, Stata   |
| 4 Donation   |  |   | M  | lontgome   |  |  |   |                      |  |  |  |   | Maryland   |
| 1. Signature of Full   | heral Service  | Licensee  |  | Ro   | Name an  | Addre  | Pumph   | rey                  | Funeral  | L_Hc   | me/  |   | sin Avenu  |
| 1/   |  | V //  | 1  | Be   | thece  | $d \circ -C$   | howir   | Chas                 | a Inc  | 755  | 7 W1   | scon  | sin Avenu  |
| 1 10   | - /  | 1.01.0  | MOO  | 1335 Re  | these  | da-U   | Mary1   | and                  | ንስልነፈ-   | 3501   | , ,,   | .0001   |  |
| 23a. Part1. Enter p  | disease or   | complications that  | MO(  | 0335 Be  | theso  | da,<br>de of dyle  | Maryl<br>ng, such as  | and                  | 20814-3<br>or respiratory a  | 3501<br>arrest,  | , ,,   |   | Approximata  |
| 23a. Part1. Enter participation in the shock, or hear  | disease or   | complications that<br>brily one cause on  | MO(<br>caused the de<br>each line.   | 0335 Be<br>eath. Do not ent  | these  | da,<br>de of dylr  | Mary1<br>ng, such as  | and                  | 20814-3<br>or respiratory a  | 3501<br>arrest,  | / WI   | 1   | Approximata<br>Interval Between<br>Onset and Death   |
| mmediata Causa (f  | Final  |   | caused the de<br>each line.  | ath. Do not ent  | er the mod   | da,<br>de of dyli  | Mary1<br>ng, such as  | and<br>cardiac       | 20814-3<br>or respiratory a  | 3501<br>arrest,  | ( WI   |   | Approximata<br>Interval Between  |
|  | Final  |   | caused the de  | Retenti  | er the mod   | de of dyli   | Mary 1<br>ng, such as   | and cardiac          | 20814-3<br>or respiratory s  | 350 <u>1</u><br>arrest,  | ( , , , ,  |   | Approximata<br>Interval Between  |
| mmediata Causa (f  | Final  | a. <u>U</u>   | caused the de<br>each line.<br>rinary<br>Dua to  | Retenti  | er the mod   | de of dyli   | Mary1<br>ng, such as  | and cardiac          | 20814-3<br>or respiratory s  | 3501<br>arrest,  |  |   | Approximata<br>Interval Between  |
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| mmediata Causa (I<br>isease or condition<br>asulting in death)<br>isequentially list con<br>any, leading to im<br>ause. Enter Under<br>ausa (Diseasa or I<br>at initiated events<br>esulting in death) L   | Final nditions, mediata trying njury ast   | a. U  b. U  c. A  d   | rinary Dua to  Coseps: Due to  Lake ime  | Retenti (or as a consequence of the consequence of  | Lon uence of): uence of):  | de of dyli   | van in Part i   | cardiac              | 23b. Did 1 □ 24a. Was perf   | tobacc Yee Yes Yes   | co uae co<br>2□ No   | ontribute 3 □ Pr  | Approximata Interval Between Onset and Death Onset and Death obably 4 2 Unknown United States of the Completion of Cause   |
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State

Registrar

JUN



Secretary

same as #10 20b. Place of Disposition (Neme of cemetary, cremetory or other plece)

Bowden

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Gladys** Brooks 11, 1998 June 8:28P. 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 3408 Pennsylvania Street Prince George's Hyattsville If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Year) Nov. 2, 1918 Birthpiece (State or Foreign Country) Months 1 M 200 Deys Hours 79 Yrs. Akron, Ohio 10c. City. Town or Location 10d. Inside City Limits Prince George's **Hyattsville** XX Yes 2 No 10f. Zip Code 10g. Citizen of Whet Country? 3408 Pennsylvania Street 20783 United States 12. Was Decedent Ever in U.S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-lt Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian Bleck, White, etc. 1 Never Marriad XX Married 1 Yes 2 No 1 Yes 200 Specify: White 16e. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry

Mabelle

19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda)

Safeway Stores

20c. Location - City or Town, State

Dresser

Edna

18. Mother's Name (First, Middle, Maldan Sumeme)

Date

George Washington Cemetery 6/17/1998 Adelphi, Maryland

28a-f show event, the Medical Examiner must be notified at Items 23e or permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: if item 27 is marked other than "naturel", or ite any injury or other traumatic event, tre Medical Examina and sones. Baltimore, Maryland 21215-0020

**Physician** 

/Medicai

**Examiner** 

Director

Funeral

by

Completed

Be

2

**Funeral** 

Director

Mabelle

5. Social Security Number

298-01-7641

Maryland

10e. Street end Number

Usuel Residence of Decedent

3 Widowed 4 Divorced

Elamentery/Secondary (0-12)

William

20e. Method of Disposition

17. Fether's Nema (First, Middle, Last)

19a. Intorment's Name/Ralationship (Type, Print)

4 ☐ Donetion 5 ☐ Other (Specify)

Robert H. Brooks (Husband)

Burial 2 Cremetion 3 Removel trom Stete

10b. County

College (1-4or 5+)

Lewis

Physician /Medical Examiner

> Examiner Physician/Medicai Completed by page 2 director, Be 2 Certification:

21. Signatu re of Fu 22. Name and Address of Fecility Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Maryland 20705 23a. Part1. Enter the disease, or completations that caused the daath. Do not enter the mode of dying, such as cardiac or raspiretory errest, shock, or have tailure. List only one cause on each line. Approximete interval Between Onset and Death Immediata Causa (Final diseese or condition resulting in death) Bronchopheumenia of right lung

Due to (or as a consequence ot): Bilateral pulmonary fibrosis

Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted avants resulting in death) Last Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings aveilable prior to 24e. Wes an autopsy completion of cause of daeth? Yes 2 No 1 Yes 2 No 25. Was case rafarred to medical exeminar? 26. Place of Deeth (Check only ona) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Tima ot Injury 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Naturei 2 Accidant 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 Sulcide 28e. Place of injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide Certifying Physician: To tha best of my knowledga, deeth occurred at the time, dete end plece, and due to tha causa(s) and menner as steted.

2 Medicat Exeminer: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the causa(s) end manner statad. Medical (Check only 29b. Signature end title of certitier 29c. License number 29d. Date signed (Month, Day, Year) D04374 June 12, 1998

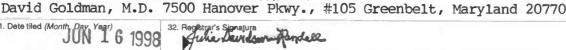
The law requires that the death cartificeta be executed and ettanding physician and for use as the bunel-trar Box 68760 Records, P.O. been signed t Vital or Attending Physician: Division of this Aftar n 24 hours after death.

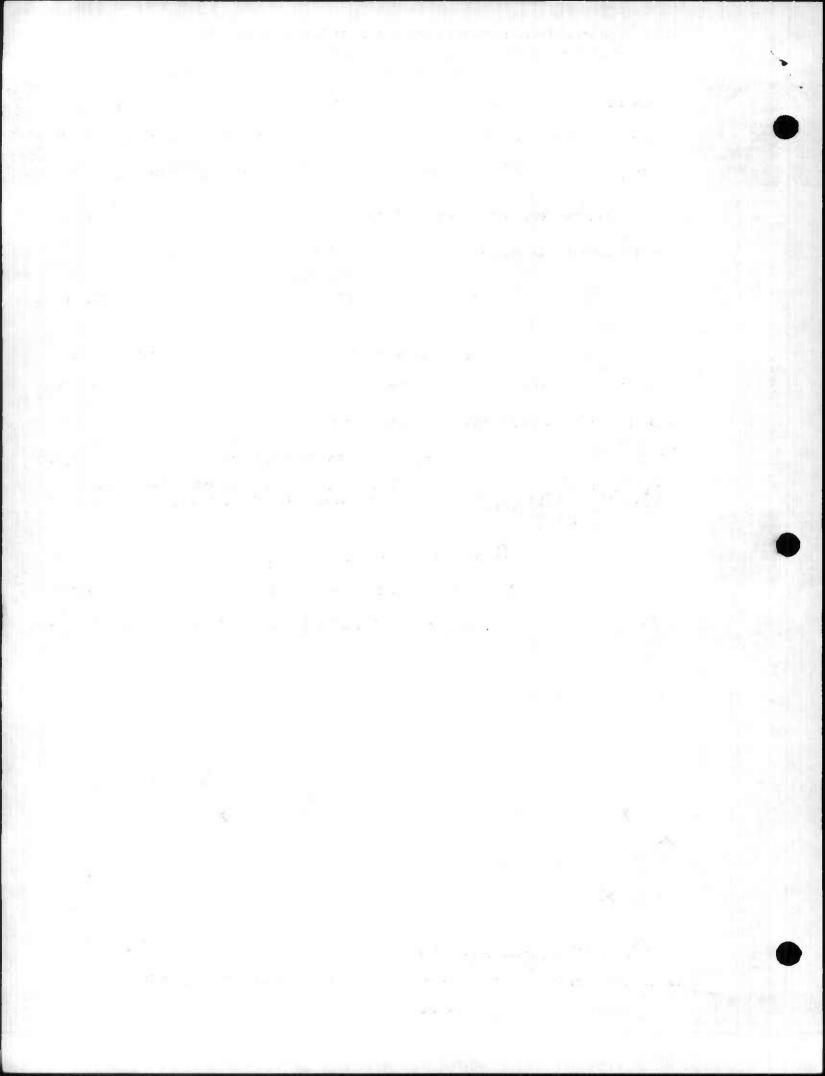
Funeral Director: Aft platably filled in by the fur Hospital To the Hosp within 24 hor To the Fune compiataly fi

> State Registrar



30. Nema end address of person who complated causa ot daeth (Itam 23a) (Type, Print)





State of Maryland / Department of Health and Mental Hygiene

| hysician  |       | Organization and the second   |  | rja  |   | Cei   | tificate of  | Death  |  | Reg. No.   | 201   | 19  |
|---|-------|---|--|--|---|---|--|--|--|--|---|---|
|   |       | Decedent's Name (First,  JE   |  |  | CKNER   |   |  |  | 2. Dete of D<br>Month  | Dey  | Yeer  | me of Deeth   |
| /Medical<br>Examiner  |       | le. Fecility Neme (If not ins   | titution, give   | street end num   | ber)  |   |  | 4b. City, Town,  | or Location of Dee   |  |   |   |
|   |       | NATIONAL  | NAVA   | L MEDICA   | AL CEN  | ITER  |  | BET  | HESDA  | MC   | ONTGOMERY   | 7   |
| uneral<br>rector  | 5     | 5. Sociel Security Number 561–54–4607   | 6. Se  | ex 7   | Age (In yrs   | s. lest birthday)<br>Yrs.                           | If Under 1 Year<br>Months Deys   | If Under 24 H  |  | irth<br>Dey, Year)<br>4, 1913  | 9. Birthplace (S<br>Country)<br>Californ  | tete or Forei   |
|   | -     | Jsuel Residence of Decede   |  |  |   |   |  |  |  |  |   |   |
| 28a-f show<br>notified at<br>rector   | 1     | N/A   | N/A  | L.   | 10c. C  | City, Town or Lo                                    |  | ington,  | D. C.  |  |   | Ide City Limit<br>Yes 2 N                                       |
| or 28a-f s<br>be nottring<br>Director   |       | IOe. Street end Number  |  |  |   |   | 10f. Zip Code  |  |  | 10g. Citizen of  | Whet Country?   |   |
| 23a or  |       | 6632 32nd   | Stree  | et N.W.  |   |   |  | 20015  |  | USA  |   |   |
| free men  | 1     | 11. Maritei Stetus  |  | 12. Was Deced  |   |   | Ves Decedent of H  | fispanic Origin?   | (Specify Yes or N  | -  | ce - American Indi  | en,   |
| 0 8 >   |       | 1 Never Married 2 ☐<br>3 🕱 Widowed 4 ☐ Div  |  | Armed Ford 1 Yes 2 If Yes, Give Yeer or De   | No LILI   |   | Yes, specify Cub<br>□ Yes 2X No  |  | ierto Ricen, etc.)   |  | ck, White, etc.  White  |   |
|   |       | 15. De  | cedent's Ed  | ucetion  |   | 16e, Deced  | lent's Usuel Occup   | petion   |  | 16b. Kind of B   | usiness/Industry  |   |
|   |       | (Specify only   | highest grad   | de completed)  | 4 - 0 >   | (Give   | kind of work done<br>OO NOT use retire   | during most of v   | working  | 10211111001  | - Constant  |   |
| the M   |       | Elementery/Secondary (0   | )-12)  | College (1-  | 4or 5+)   | Mil   | itary Of   | ficer  |  | US Mari  | ine Corps   | 3   |
| event, the Be Co  | 1     | 17. Father's Neme (First, M   | iddle, Last)   |  |   | -   |  | 18. Mother's N   | Neme (First, Middle  |  |   | ·   |
| 0 0 1   |       | Hugo Buck   | ner  |  |   |   |  | Jose   | phine Fu   | loham  |   |   |
| umatic ev   |       | 19a. Informent's Neme/Rei   |  | vne Print)   |   | 19h Mailir  | n Address (Street  |  | Rural Route Numi   |  | State Zin Code  |   |
|   |       | David Buckne  |  |  |   |   |  |  |  |  |   |   |
| tem 27 other tr   |       | Oe. Method of Disposition   |  | OII  | 20b.  |   | W. Midla sition (Name of   | nd Irai  | T rexi   | gton, VA   | City or Town, St  | ate   |
| = 0<br>= 0  |       | 1 → Burial 2 □ Crem   | ation 3 🗆  | Removel from S   | lato  | cemetery, crer                                      | netory or other ple  |  |  |  |   |   |
| jury  | -     | 4 □ Donetion 5 □ Otl  |  |  | Ga  |   | eaven Ce   |  |  | Silver   |   | MD  |
| Important: If It any injury or conce.   | 1     | 21. Signature of Funerel Se   | rvice Licen  | )  |   |   | . Neme end Addre   |  | Joseph Ga<br>Washingto   |  |   |   |
| sician<br>edical<br>miner   | 1     | 23a. Farm. This the disease shock or lear failure immediate Ceuse (Final disease or condition resulting in deeth)   |  | e. SEPSI   | IS .  | (or es e conseq                                     |  |  |  |  | Onset   | end Deeth   |
| Anysician and the burlel-transit dical Examiner   |       |   |  | b  |   |   |  |  |  |  |   |   |
| 2 E   |       | Sequentially list conditions<br>if eny, leeding to immediate  |  |  | Due to (  | (or es e conseq                                     | uence of):   |  |  |  |   |   |
| physician and<br>the buriel-tra   | 1     | Sequentially list conditions of eny, leeding to immediate course. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest  | 1  | c  |   | or es e conseq                                      |  |  |  |  |   |   |
| 2 2   |       | het initieted events  | {  | c  |   |   |  |  |  |  |   |   |
| for use es  |       | Ceuse (Disease or Injury<br>that initiated events<br>resulting in deeth) Lest   | J  | d.   | Due to (  | or es e conseq                                      | uence of):   | ven in Pert I.   | 23b. Did   | 1 торассо иле со   | entribute to the ca   | nuse of death   |
| by the attending p<br>teched for use es<br>thysician/Me   | P     | het initieted events  | J  | cd.  | Due to (  | or es e conseq                                      | uence of):   | ven in Pert I.   |  |  | entribute to the co   |   |
| igned by the attending post be deteched for use as by Physician/Me  | P     | Ceuse (Disease or Injury<br>that initiated events<br>resulting in deeth) Lest   | J  | d  | Due to (  | or es e conseq                                      | uence of):   | ven In Pert I.   | 1 [<br>24e. We   |  | 3 Probably  24b. Were auteveilable completic  | 4 Unkno   |
| hes been signed by the attending page 2 should be deteched for use as mpleted by Physician/Me   | P     | Ceuse (Disease or Injury<br>that initiated events<br>resulting in deeth) Lest   | J  | d  | Due to (  | or es e conseq                                      | uence of):   | ven In Pert I.   | 1 = 24e. We perf   | Yes 2 No<br>s en eutopsy<br>formed?  | 3 Probably  24b. Were auteveilable completic of deeth?  | 4 Unknown   |
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| certificate hes been signed by the attending prector, page 2 should be deteched for use as Be Completed by Physician/Me   | P     | Leuse (Disease or Injury het initiated events resulting in deeth) Lest  Pert II. Other significant co   | nditione co  | Hoenital   | Due to (  | or es e conseq                                      | uence of):  Inderlying ceuse give  | 26. Place of D   | 24e. We perf   | yes 2 No s en eutopsy formed?  Yes 2 No one)   | 3 Probably  24b. Were auteveilable completic of deeth?  1 Yes   | 4 Unknown   |
| After this certificate has been signed by the attending pruneral director, page 2 should be deteched for use as tion: To Be Completed by Physician/Me   | F     | 25. Wes case referred to mexaminer?  1   Yes   2   X   No    1   X   Neture  5   F  | nditione co  | Hospital: 1 🔀 Inj  | Due to ( th but not re  | or es e conseq                                      | t 3 DOA Oth  | 26. Place of E<br>ner: 4□ Nursine  | 24e. We peri   | yes 2 No s en eutopsy formed?  Yes 2 No one)   | 3 Probably  24b. Were auteveilable completic of deeth?  1 Yes   | 4 Unknown   |
| After this certificate has been signed by the attending pruneral director, page 2 should be deteched for use as tion: To Be Completed by Physician/Me   | F     | 25. Wes case referred to mexaminer?  1 Yes 2 X No  27. Menner of Deeth  1 X Neturel  2 Accident  3 Suicide  5 Inspection  | edical ending  | Hospital: 1 🔯 Inj<br>28e. Dete of<br>(Month,   | Due to ( th but not re  patient 2[ Injury, Day Year)  | sulting In the ur                                   | t 3 DOA Oth  | 26. Place of Ener: 4□ Nursing  | 24e. We peri   | Yes 2 No s en eutopsy formed?  Yes 2 No one) sidence 6 Oth   | 3 Probably  24b. Were auteveilable completic of deeth?  1 Yes   | 4 ☐ Unknown   |
| After this certificate has been signed by the attending pruneral director, page 2 should be deteched for use as tion: To Be Completed by Physician/Me   | 2     | 25. Wes case referred to mexaminer?  1 Yes 2 No  1 Neturel 5 F 2 Accident 3 Suicide 6 C 4 Homicide  | edical edical edical revening nvestigation could not be etermined  | Hospital: 1 🔀 Inj 28e. Dete of (Month, 28e. Plece o building                                 | Due to ( th but not re  patient 2[ Injury Day Year)  I Injury - At h , etc. (Speciest of my kmis of exeminis        | DER/Outpetien 28b. Time of Injury home, ferm, str   | t 3 DOA Off  28c. Injur Wor M 1 Deet, factory, office  | 26. Place of Der: 4□ Nursing Yet k? Yes 2□ No  | 24e. We peri   | Yes 2 No s en eutopsy formed?  Yes 2 No one) sidence 6 Oth how injury occur (Street end Numbown, Stete)  | 3 Probably  24b. Were auteveilable completic of deeth? 1 Yes  her (Specify)  rred  ber or Rurel Route enner es steted.  | 4 ☐ Unknown  opsy findings prior to n of cause  2 ☒ No          |
| After this certificate has been signed by the attending pruneral director, page 2 should be deteched for use as tion: To Be Completed by Physician/Me   | 2 2 2 | 25. Wes case referred to mexaminer?  1   Neturel   5   F   2   Accident   if   2   Accident   if   3   Suicide   4   Homicide   2   Meone)  | edical ed | Hospital: 1 🔯 Inj 28e. Dete of (Month.) 28e. Plece of building                               | Due to ( th but not re  patient 2[ Injury Day Year)  I Injury - At h , etc. (Speciest of my kmis of exeminis        | DER/Outpetien 28b. Time of Injury home, ferm, str   | t 3 DOA Oth  28c. Injun Woi M 1 Det, factory, office   | 26. Place of Der: 4□ Nursing y et  k? Yes 2□ No me, dete end ple pplnion, death oc   | 24e. We perf   | Yes 2 No s en eutopsy formed?  Yes 2 No one) sidence 6 Oth how injury occur (Street end Numbown, Stete) e ceuse(s) end me h, date end plece,                   | 3 Probably  24b. Were auteveilable completic of deeth? 1 Yes  her (Specify)  rred  ber or Rurel Route enner es steted, and due to the ce                      | 4 ☐ Unknown  opsy findings prior to n of cause  2 ◯ No  Number, |
| To the Funeral Director: After this certificate has been signed by the attending prompletely filled in by the funeral director, page 2 should be deteched for use as Medical Certification: To Be Completed by Physician/Me | 2 2 2 | 25. Wes case referred to mexaminer?  1   Yes   2   No  17. Menner of Deeth  1   Neture  5   F  2   Accident   3   Suicide   4   Homicide  29e. Certifier   Ceek   College   Certifier   Ceek   Ceek | edical ed | Hospital: 1 🔀 Inj 28e. Dete of (Month, 28e. Plece o building                                 | Due to ( th but not re  patient 2[ Injury Day Year)  I Injury - At h , etc. (Speciest of my kmis of exeminis        | DER/Outpetien 28b. Time of Injury home, ferm, str   | t 3 DOA Ott  28c. Injur Wor  M 1 Det, factory, office  occurred et the tire estigation, In my c  | 26. Place of Der: 4□ Nursing y et  k? Yes 2□ No me, dete end ple pplnion, death oc   | 24e. We perf   | Yes 2 No s en eutopsy formed?  Yes 2 No one) sidence 6 Oth how injury occur (Street end Numb own, Stete)  e ceuse(s) end me n, date end plece, 29d. Dete signe | 3 Probably  24b. Were auteveilable completic of deeth? 1 Yes  her (Specify)  rred  ber or Rurel Route enner es steted.  | 4 ☐ Unknown  opsy findings prior to n of cause  2 ◯ No  Number, |
| After this certificate has been signed by the attending pruneral director, page 2 should be deteched for use as tion: To Be Completed by Physician/Me   | 2 2 2 | 25. Wes case referred to mexaminer?  1   Neturel   5   F   2   Accident   if   2   Accident   if   3   Suicide   4   Homicide   2   Meone)  | edical ed | Hospital: 1 🔀 Inj 28e. Dete of (Month) 28e. Plece of building /sician: To the base and menne | Due to ( th but not re  Datient 2 Injury Day Year)  I Injury - At h , etc. (Speciest of my knis of exeminar stated. | ER/Outpetien  28b. Time of Injury home, ferm, str   | t 3 DOA Oth  28c. Injury  bet, factory, office  coccurred et the tire estigetion, in my company  29c. Licens   | 26. Place of Der: 4□ Nursing yet k? Yes 2□ No me, dete end ple plnion, death or enumber 9397 (W  | 24e. We perf   | Yes 2 No s en eutopsy formed?  Yes 2 No one) sidence 6 Oth how injury occur (Street end Numbown, Stete) e ceuse(s) end me h, date end plece, 29d. Dete signe   | 3 Probably  24b. Were auteveilable completic of deeth? 1 Yes  her (Specify)  med  ber or Rurel Route enner es steted, end due to the cell of (Month, Dey, You | 4 ☐ Unknown  opsy findings prior to n of cause  2 ◯ No  Number, |
| To the Funeral Director: After this certificate has been signed by the attending prompletely filled in by the funeral director, page 2 should be deteched for use as Medical Certification: To Be Completed by Physician/Me | 2 2 2 | 25. Wes case referred to mexaminer?  1 Yes 2 X No  27. Menner of Deeth  1 X Neturel  2 Accident  3 Suicide  4 Homicide  29e. Certifier (Check only one)   | edical edical evending eventing eventin | Hospital: 1 1 In   | Due to ( th but not re  Datient 2 Injury Day Year)  Injury - At h , etc. (Speciest of my knis of exeminar stated.   | ER/Outpetien  28b. Time of Injury  home, ferm, stri | t 3 DOA Oth  A 28c. Injury  Boet, factory, office occurred et the tire estigetion, in my control of the strength of the streng | 26. Place of Derivative American Service Place of Derivative American Service Place of Derivative Place of | 24e. We perform 1000 performs 28d. Describe 28d. Describe 28f. Location City or Tolece, and due to the courred at the time | Sen eutopsy formed?  O Yes 2 No one)  Sidence 6 Other how injury occur  (Street end Numbown, Stete)  e ceuse(s) end me, date end plece, 29d. Dete signe        | 3 Probably  24b. Were auteveilable completic of deeth? 1 Yes  her (Specify)  med  ber or Rurel Route enner es steted, end due to the cell of (Month, Dey, You | 4 ☐ Unknoon  opsy findings prior to n of cause  2 ※ No  Number, |

98-3396-031 jhm HASANI SEABRON

#### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

|             |         | , , |
|-------------|---------|-----|
| rtificate o | f Death | Per |

111 Penn Street, Baltimore, Maryland 21201

| 8  | 15        | - |     |  |
|----|-----------|---|-----|--|
| 75 | . ,       |   | 12  |  |
| U  |           |   | /   |  |
|    | Service . |   | 1 1 |  |

1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Month Day **Physician** Hasani Omari Bynoe-Seabron 4b. City, Town, or Location of Deeth 4c. County of Death 02:00 AM /Medical 4a Facility Neme (If not institution, give street and number) Examiner ROUTE 29 and SLIGO CREEK 7. Age (In yrs. last birthday) 5. Social Security Number 6. Sex **Funeral** Yrs. 579-08-5779 18 Director Usual Residence of Decedent with the Maryland 10d. Inside City Limits r 28a-f show 10c. City. Town or Location 10e State 10b. County 1 Yes 2 No Director D.C. None Washington 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 7 is marked other than "naturat", or itams 23a or traumatic evant, the Medical Experient must be it 7619 - 13th Street N.W. 20012 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. Black, White, etc. 2 should be filed within 72 hours after of and Mental Hygiene.

Is marked other than "natural", or ital 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) Student High School 12 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) 8 Stephen M. Seabron 10 Jacqueline Bynoe 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If Itam 27 Is m any Injury or other traum page. 7619 - 13th St. N.W., Washington, D.C. 20012 Stephen M. Seabron, father 20b. Pleca of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Buriai 2 Cremetion 3 Removal from State 6/19/98 4 ☐ Donation 6 ☐ Other (Specify) Ft. Lincoln Cemetery Brentwood, Maryland 22. Neme end Address of Facility McGuire Funeral Service, Inc. 7400 Georgia Ave. N.W., Washington, D.C. Fert 1. Enter the disease, or complications I lat caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final Multiple injunies disease or condition resulting in death) Examiner Due to (or es e consequence ot): Examiner attending physician and for use as the bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in death) Last Due to (or es e consequença of): certificate be execut Box 68760 Physician/Medicai Due to (or as a consequenca of): 23b. Did tobacco use contribute to the cause of death? P.O. the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. be detached 1 Yes 20 No 3 Probably 4 Unknown yd bengis Records, by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed Deen page 2 has LELYes 2□ No 1 □ Yes 2 □ No certificate Division of Vital 25. Was case referred to medical Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 NOther (Specify) 10 Yes 2□ No this 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury at Work? Certification: After 1 Natural 5 Pending investigation spital or Attending ours after death. earal Director: Afti 1 ☐ Yes 2 No Automobile accident
281. Location (Street and Number or Rural Route Number,
City or Town, Stete) Route 29/5/190 Crects -15-98 2 X Accident 2315 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Street Montgomery County, Maryland Hospital 24 hours 29e. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and plece, and due to the cause(s) and manner as stated. Medical To the Hosp within 24 hor To the Fune completely fi (Check only one) Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the ceuse(s) and menner steted. 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signeture end title of cartifier OCME JUNE 16, 1998 lacks ,MP arys 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

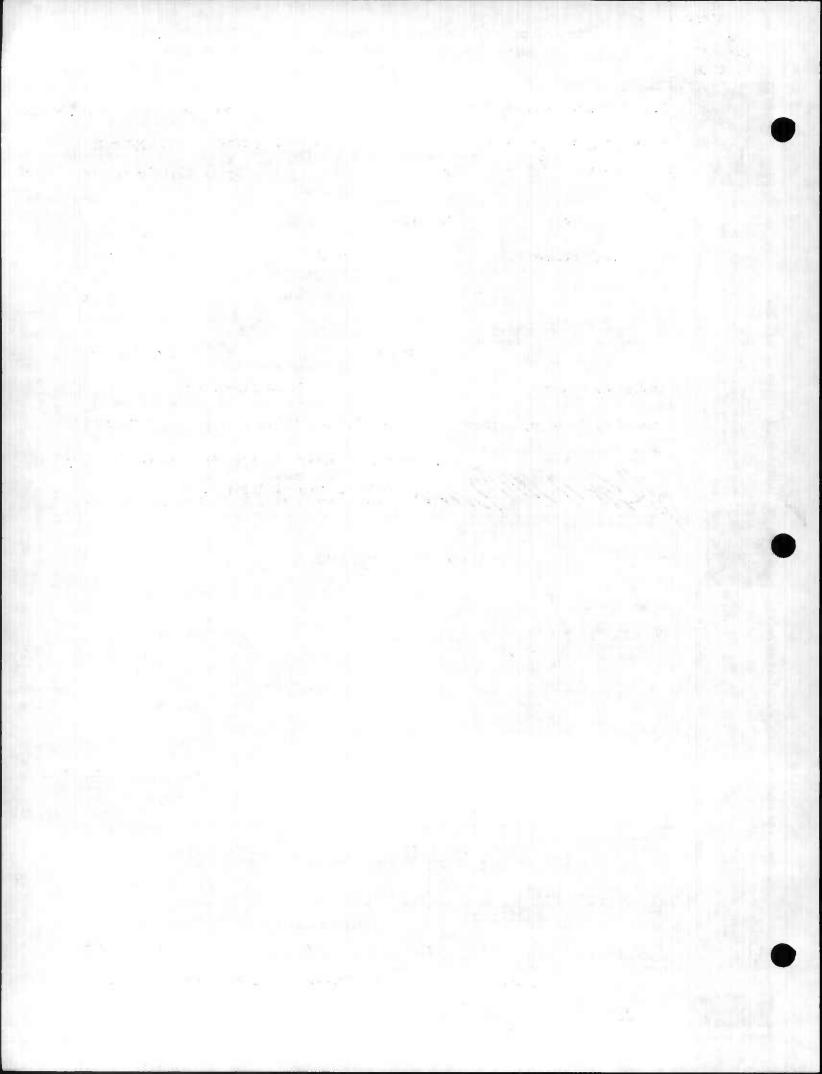
State Registrar Stephen 5.
31. Date filed (Month, Day, Year)

JUN 1 9 1998

Radentz

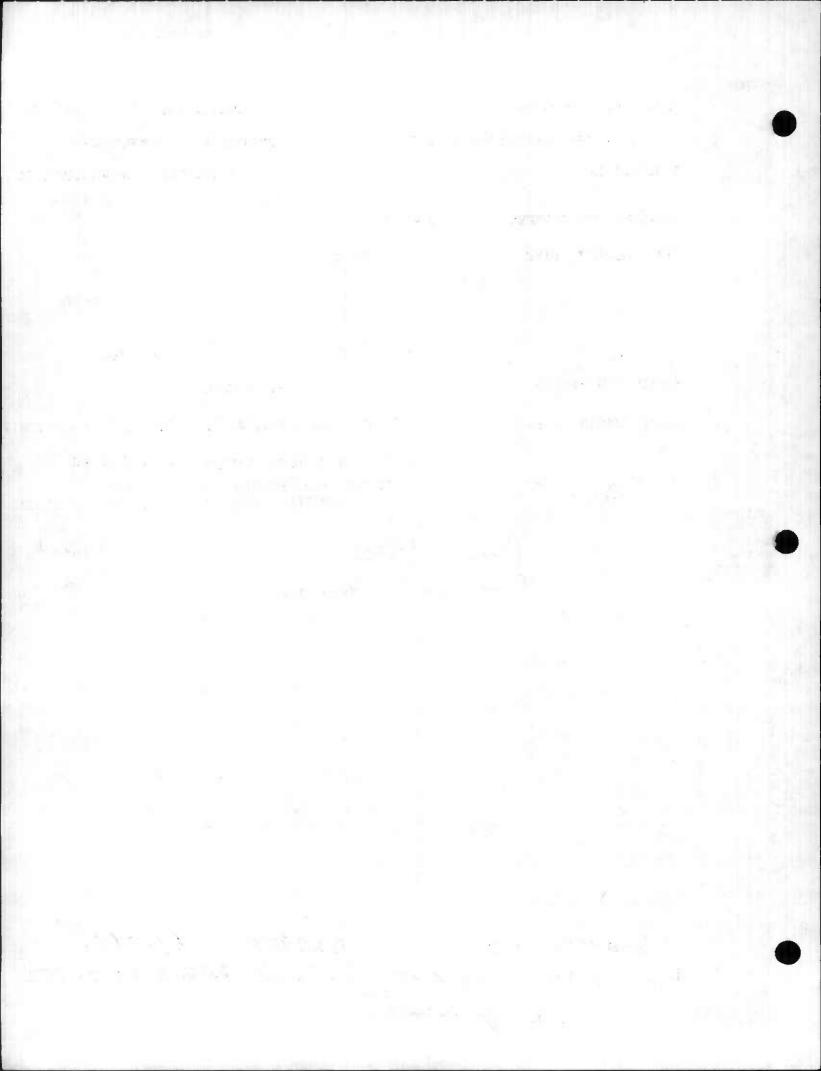
32 Registrar's Signature

gikia Davidson-Randelle



State of Maryland / Department of Health and Mental Hygiene 98 2012

| i -           | . Decedent's Name (First, Middle, Las<br>MIRIAM H. BLUMENT |   |  |   |   |   |   | 2. Date of De   | Reg. No.   |  | 3. Time of Death   |
|---------------|--|---|--|---|---|---|---|---|--|--|--|
| i 🤒           | MIRIAM H. BLUMENT  |   |  |   |   |   |   | Month   | Dev  | Yeer   | 3. Time or Dead!   |
|               |  | 'AHL  |  |   |   |   |   | 06.12   |  | 1 661  | 2:36 PM  |
|               | e. Fecility Name (If not institution, give                 |   |  |   |   |   | 4b. City, Town, o   | or Location of Deat   | h 4c. County   | of Death   |  |
| _             | HEBREW HOME OF GF  |   | WASHING  | STON  |   |   |   | CKVILLE   |  | TGOME  | ERY.   |
|               | 220.09.0123  | ex<br>□ M 2¶2 F   | 7. Age (In yrs   |   | Month                                     | der 1 Year<br>ns Days   |   | n. (Month, D  | rth<br>ey, Yeer)<br>1912   | 9. Birthp<br>Coun<br>WASH  | lece (Stete or Foreign<br>try)<br>HINGTON, DC  |
| -             |  |   | 10c. C   | ity, Town or  | Location                                  |   |   |   |  | 16   | 0d. Inside City Limits   |
|               | MARYLAND MONTGOM   | ERY   | RO   | CKVII   | LE  |   |   |   |  |  | 1 MYes 2 □ No  |
| 1             | 0e. Street end Number                                      |   |  |   |   | Zip Code  |   |   | 10g. Citizen of  | What Coun  | itry?  |
| 3             | 6121 ROCKVILLE PI  | KE  |  |   | 20  | 0852  |   |   | IISA   |  |  |
| 1             | 1 Never Married 2 Married                                  | Armed For 1 Yes If Yes, Gir   | orces?<br>21⊡ No<br>ve   | J,S. 1  |   |   |   | (Specify Yes or No<br>erto Rican, etc.)   | 14. Rad<br>Bla   | ck, White,   |  |
| <u>i</u>  -   | 15. Decedent's Ed  | ucation   |  | 16e. De   | cedent's U                                | suel Occu   | pation  |   | 16b. Kind of B   |  |  |
|               | (Specify only highest gree                                 | de completed)   | 1 Apr Eu)  | (Gi   | ve kind of the DO NOT                     | work done   | during most of w  | orking  |  |  |  |
| 5             | 12.  | College (   | 1-40r 5+)  | НО  | MEMAK                                     | ŒR  |   |   | OWN  | HOME   |  |
| 1             |  |   |  |   |   |   | 18. Mother's N  | eme (First, Middle  |  |  |  |
| , 1           | MORRIS FRIEDENBER  | G   |  |   |   |   | BESSIE  | BERMAN  |  |  |  |
|               | 9e. Informant's Name/Relationship (7                       | ype, Print)   |  | 19b. Ma   | iling Addre                               | ess (Stree  | t and Number or i   | Rurei Route Numb  | er, City or Town   | Stete, Zip   | Code)  |
| 1             | JERRY BLUMENTHAL/  | SON   |  | 750   | 1 DEM                                     | OCRA  | CY BLVD.  | #116.   | BETHESD  | А. МА  | RVI.AND 208  |
| 20            | ·  |   |  | Place of Dis  | position (A                               | veme or   |   | Date  | 20c. Location  | City or To   | wn, State  |
| 1             |  |   | State  |   |   |   |   | 6/15/00   | OLNEY.   | MARY   | T.AND  |
| 2             |  |   |  | DEMAN,  | 22. Name                                  | end Addre   | ess of Facility   |   |  |  | TIVIAD   |
|               | 18/  |   |  |   | EDWA                                      | RD S  | AGEL FUN  | ERAL DIR  | ECTION,  | INC.   |  |
| - 2           | Ba. Part L Enter Me disease or comp                        | lications that o  | aused the dea  | th Do not a   | 1091                                      | ROCI  | KVILLE P  | IKE, ROC  | KVILLE,  | MARY   | LAND 20852<br>Approximate  |
| 1             | shock, or heart failure. List only o                       | ne cause on e   | ech line.  | un. Do not t  | ontor trig in                             | loue of dy  | ing, such as cardi  | ac or respiretory e   | 11631,   |  | Interval Between<br>Onset and Death  |
| l Ir          | mmediate Ceuse (Finel                                      | D.  |  | `~  |   | 4   |   |   |  | 1  |  |
| d             | liseese or condition                                       | a. 2  | 2um  | me  | 100                                       | /   |   |   |  |  | weeks  |
|               |  | 0   | Due to (   | or as a cons  | sequenca o                                | of):  | ⊌   |   |  | (  | veeks  |
| L             |  | b. Far  | kin  | non   | 1   | dy  | ease  |   |  | /  | war,   |
| S             | sequentially list conditions, any, leading to immediate    |   | Due to (   | or as a cons  | equence o                                 | of):  |   |   |  | į  |  |
|               | ause. Enter Underlying<br>Seuse (Diseese or Injury         | c   |  |   |   |   |   |   |  |  |  |
| re            | esulting In death) Last                                    |   | Due to (   | or as a cons  | equence o                                 | f):   |   |   |  |  |  |
|               |  | d   |  |   |   |   |   |   |  |  |  |
|               |  |   |  |   |   |   |   |   |  |  |  |
| Pa            | art II. Other significant conditiona co                    | ntributing to de  | eath but not res   | sulting in the                                      | underlying                                | g cause gi  | ven in Part I.  | 23b. DId  | tobacco use co   | ntribute to  | the cause of deeth?  |
|               |  |   |  |   |   |   |   | 10  | Yee 20 No  | 3 Prob   | pably 4 Unknown  |
| 1 -           |  |   |  |   |   |   |   |   |  | 045 144-   |  |
|               |  |   |  |   |   |   |   | perf  | en autopsy<br>ormed?   | ave  | ere autopsy findings<br>eileble prior to<br>mpletion of cause  |
| $\cdot  ^{-}$ |  |   |  |   |   |   |   |   |  |  | deeth?   |
|               |  |   |  |   |   |   |   | ⊴ 1□  | Yes 22No   | 1 🗆  | Yes 2□ No  |
|               |  |   |  |   |   |   | 26. Place of D  | eath (Check only  | one)   |  |  |
|               | 1 ☐ Yes 2 No   | Hospitai:<br>1 ☐ I  | Inpatient 2  | ER/Outpat   | ient 3 🗆 I                                | DOA Ot  | her: 42 Nursing   | Home 5 ☐ Resi   | dence 6 □Oth   | er (Specify  | 1)   |
| 27            |  | 28e. Dete   | of Injury  |   |   | 28c. Inju<br>Wo   | ry at   | 28d. Describe   | how injury occur   | red  |  |
|               | 2 ☐ Accident investigation                                 | ,   |  |   | M   |   |   |   |  |  |  |
|               | 3 ☐ SuicIde 6 ☐ Could not be determined                    | 28e. Placa<br>buildi  | of Injury - At h<br>ng, etc. (Speci                              | ome, farm,<br>fy)                                   | street, fect                              | ory, office   |   |   |  | per or Rure  | l Route Number,  |
| 25            | (Check only 2 Medical Exami                                | sicien: To the  | best of my kno   | wledge, de  | eth occurre                               | ed et the ti  | me, date end plac   | ca, end due to the  | ceuse(s) end ma  | anner as sto   | eted.  |
|               | one)   | end mani  | ner stated.  | illori erice or                                     | ii i vestigetii                           | D17, 161 111 <b>y</b> C   | opinion, death oc   | Julied et tile tillle,  | date end pieca,  | and due to   | trie cause(s)  |
| 29            | 9b. Signature end title of certifier                       |   |  |   |   |   |   |   |  |  | - 11   |
|               | 1 Suplet   | -w [  |  |   |   | D   | 2395  | 8   | 6/1  | 219  | 8  |
| 20            | ), Neme and address of person who co                       |   | e of deeth (Iter   | n 23a) (Typ   | e, Print)                                 |   |   | . ^   | 1  |  |  |
| 30            |  | nan.  |  |   |   |   |   |   |  |  |  |
|               | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                      | Usual Residence of Decadent  10e. State 10b. County  MARYLAND MONTGOM  10e. Street end Number  6121 ROCKVILLE PI  11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced  15. Decedent's Ed. (Specify only highest greet (Specify only highest greet)  Elementary/Secondary (0-12)  12  17. Father's Neme (First, Middle, Last)  MORRIS FRIEDENBER  19e. Informant's Name/Relationship (7)  JERRY BLUMENTHAL/  20a. Method of Disposition  1x Burlal 2 Cremation 3 In the street of the street | Usual Residence of Decadent  10e. State    MARYLAND   MONTGOMERY | Usual Residence of Decadent   10b. County   10c. Ct | Usual Residence of Decadent   10b. County | Lower Residence of Decadent   10e. State   10b. County   10c. City, Town or Location   MARYLAND   MONTGOMERY   10f. City, Town or Location   MARYLAND   MONTGOMERY   10f. City, Town or Location   10f. City, Town or | Description   Description | Description   Description | Usual Residence of Decadent   10c. City, Town or Location   ROCKVILLE   ROCK | Usual Residence of Decadent   10c. City, Town or Location   MARYLAND   MONTGOMERY   10c. City, Town or Location   MARYLAND   MONTGOMERY   10d. City, Town or Location   10d. City, | US-20-1912 WASE   USA   USA   Country   USA   USA   USA   USA   Country   USA   US |



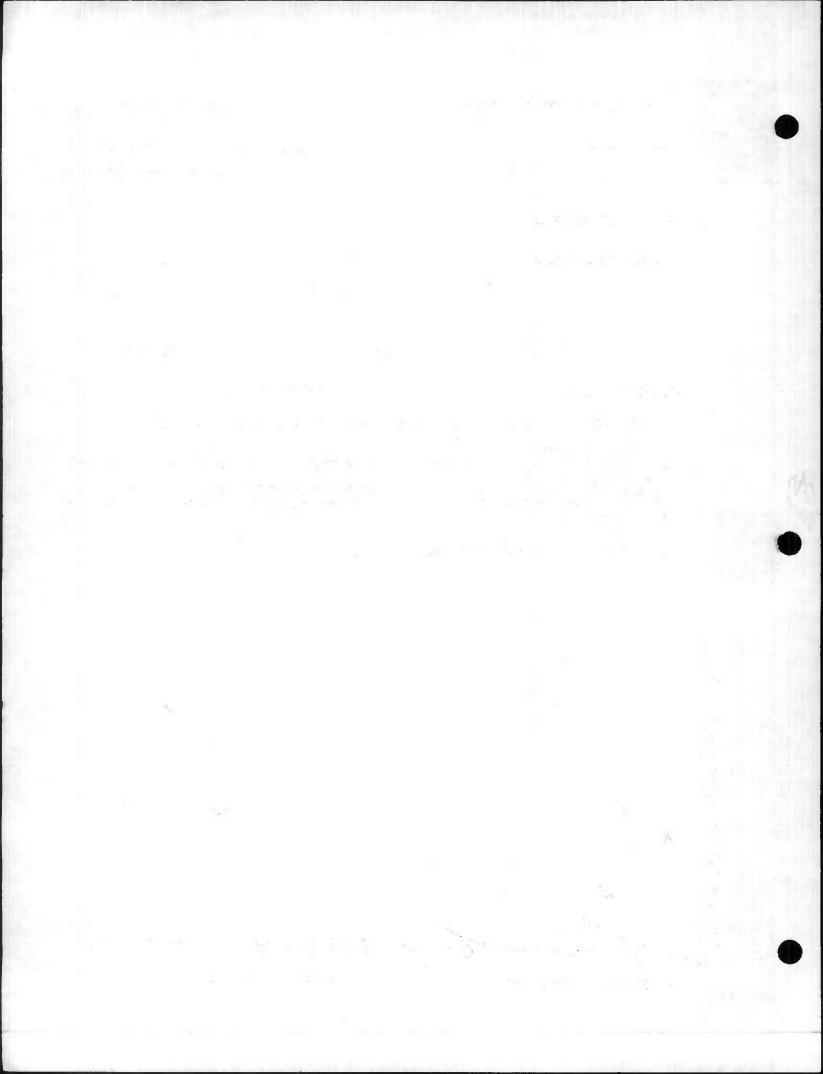
State of Maryland / Department of Health and Mental Hygiene 8

| ician |   |  |  |  | 061  | inouto c  | of Dea  | U I          |   | Reg. No.   |  |  |   |
|-------|---|--|--|--|--|---|---|--------------|---|--|--|--|---|
| ucian | 1. Decedant's Nama (First, N  | Aiddla, Last)  |  | 1.74   |  |   |   |              | 2. Data of Do   | eath<br>Day  |  | Yaar   | 3. Tima of Death                            |
| dical | Edward G.   | Bigler   |  |  |  |   |   |              | June 1  |  | 998  | 1001   | 4:45PM                                      |
| niner | 4a Facility Nama (If not instit   | tution, give st  | reet and numb  | oer)   |  |   | 4b. City.   | Town, or L   | ocation of Dea  | th 4c.   | County   | of Death   |   |
|       | Holy Cross  | Hospi  | tal  |  |  |   | Sil   | ver S        | pring   |  | Mont   | gomen  | cv  |
|       | 5. Social Sacurity Number   | 6. Sax   | 7.   | . Aga (In yrs. la  | st birthday)   | If Undar 1 Ya   | ar If Un  | dar 24 Hrs.  | 8. Date of Bi   | irth   |  |  | ace (Stata or Foraig                        |
|       | 579-01-2012   | 1 🔀  | M 2□F  | 83   | Yrs.   | Months Da   | ys Hou  | rs Min.      | Jan. 8  | 3, 19  | 15   | Switz  | erland                                      |
|       | Usual Rasidance of Deceden  | nt   |  |  |  |   |   |              |   |  |  |  |   |
|       | 10a. Stata 10b. Co  | unty   |  | 10c. City,   | Town or Lo   | cation  |   |              |   |  |  | 10   | d. Insida City Limit                        |
|       | MD M  | ontgom   | ery  |  | Silv   | er Spri   | ng  |              |   |  |  |  | 1 ☐ Yes 2 🗷 No                              |
| ĺ     | 10e. Street and Number  |  |  |  |  | 10f. Zip Cod  |   |              |   | 10g. Citi  | zan of W   | hat Count  | ry?   |
| I     | 402 Parralt   | an Roa   | d  |  |  | 20  | 901   |              |   |  | US   | Δ  |   |
|       | 402 Royalt  |  | 2. Was Decede  | ant Evar in U,S  | . 13. V  | Vas Decedent  | of Hispanic   | Origin? (Sp  | ecity Yes or N  | 0-   | 14. Race   | - Amarica  |   |
|       | 1 Never Married 2 🛣   | Married  | Armed Force  |  |  | Yas, specify C  |   |              | Rican, atc.)  |  | Black  | c, White, e  | tc.   |
|       | 3 ☐ Widowad 4 ☐ Divo  | rced   | If Yas, Giva<br>Year or Date   |  | 1  | ☐ Yes 2⊠I   | No Spec   | ify:         |   | - 1  | Specify:   | Wh   | ite   |
|       | 15. Dace  | edant's Educa  | ation  |  | 16a. Deced   | ant's Usual Oc  | cupation  |              |   | 16b. KI  | Ind of Bus   | sinass/Ind   |   |
|       | (Specify only hi  | ighast grada   | complated)   |  | (Giva  | kind of work do<br>OO NOT use re                            | ne during r<br>tired)   | nost of work | ring  | 11-1   |  |  |   |
| l     | Elemantery/Secondary (0-12  | 12)  | College (1-4   | for 5+)  | eta.   | enter   |   |              |   |  | Car  | penti  | У   |
| 1     | 17. Fathar's Nama (First, Mid   | idia, Last)  |  |  |  |   | 18. M   | othar's Nam  | a (First, Middle  | a, Maiden  |  |  | -   |
|       |   |  |  |  |  |   |   |              |   |  |  |  |   |
| 1     | Ernest Bigle  |  | n Print!   |  | 10b Maille   | g Addrass (Str  | and and Mr.   |              | Stegere   |  | e Tour   | State 7i-  | Codel                                       |
| 1     | 19a. Informent's Name/Relat   |  |  | ife)   |  |   |   |              |   |  |  |  |   |
| ŀ     | Ruth A. Bi  | PTET   | (W.  |  |  | oyalton<br>sition <i>(Nama o</i>                            |   | , SIL        | Data  | 1  |  | 2090<br>City or Tov                                      |   |
|       | 1 ☐ Burial 2 🛣 Cremat   | ion 3 □Ra  | moval from St  | Car  | natary, cran   | natory or othar   | place)  | 1            |   |  |  |  |   |
|       | 4 Donation 5 Otha   | ar (Spacify)   |  | Metr   | opoli  | an Cre  | mator   | у б          | /13/98  | Alex   | andr   | ia, V  | /irginia                                    |
|       | 21. Signature of Funeral San  | vica Licansae  | 1  |  | 22<br>H  | Name and Adome, In  | drass of Fa   | OO In        | ancis J   | J. Co  | llin   | S Fur  | neral                                       |
|       | Xtomes.   | INSt   | Ton !  |  |  | ilver S   |   |              | 20901   | - ) - 1 - 1  | v u v  |  |   |
| ł     | 23a. Part1. Entar tha disaase shock, or haart failura.  | a, or complic  | ations that cau  | sad tha daath.   |  |   |   |              | or respiratory  | arrast,  |  | 1  | Approximete<br>Intarval Batween             |
|       | Immediate Causa (Final disease or condition rasulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter Underlying   | e.   | UPI  |  | as a consequas a consequal   | uanca of):  | STIN  | AC F         | tomor   | ert,   | AGE.   |  | 1/2 DAY                                     |
| 1     | cause. Entar Underlying<br>Cause (Disaese or Injury<br>thet initiated avents<br>rasulting in daath) Last  | c. d.  |  | Dua to (or a   | is a conseq  | uanca of):  |   |              |   |  |  |  |   |
| 1     | Part II. Other significant con  | ditions contr  | ibuting to deal  | th but not rasult  | ing In tha ur  | ndarlying causa   | givan in P  | art 1.       | 23b. Dic  | d tobacco  | usa con  | tributa to   | the cause of deati                          |
|       |   |  |  |  |  |   |   |              | 1   | Yes 2  | No   | 3 Prob   | ably 4 Unknow                               |
|       | ALZHEIMER   | 's D6+   | INTIA  | ATR  | IAL  | FIBRIL  | 47  | NON          |   |  |  |  |   |
|       |   |  |  |  |  |   |   |              |   | s an auto  | psy  |  | re eutopsy findings<br>ilable prior to      |
|       |   |  |  |  |  |   |   |              | per   | - Junear   |  | con  | pletion of cause                            |
|       |   |  |  |  |  |   |   |              |   |  |  |  |   |
|       |   |  |  |  |  |   |   |              | 40  | Yee A  | O'No   | 1  | Ves 20 No                                   |
|       |   | dical  |  |  |  |   | 00.0  | lana at Da   |   |  | No   | 1 🗆  | Yes 2 No                                    |
|       | 25. Was case raterred to me examinar?   |  | spital:  |  |  |   | Other:  |              | th (Chack only  | ona)   |  |  |   |
|       | 25. Was case raferred to me examinar? 1 ☐ Yas 2 No  |  | 1 05100  |  | R/Outpatien  | 1 3LI DUA   | Othar: 4  |              | th (Chack only  | ona)   | 6 □Otha  | ur (Specify  |   |
|       | 25. Was case raterred to me examinar?  1  Yas 2 No  27. Mannar of Death 1 Netural 5 Pa  | Ho   | 28a. Data of   |  | R/Outpatien<br>28b. Tima of<br>Injury                                  | 28c. I  | Othar: 4 [<br>njury at<br>Work?   | Nursing Ho   | th (Chack only  | ona)   | 6 □Otha  | ur (Specify  |   |
|       | 25. Was case raterred to me examinar?  1  | anding vastigation   | 28a. Data of (Month,   | Injury<br>Day Year)  | 8b. Tima of<br>Injury  | 28c. I  | Othar: 4 □ njury at Work? 1 □ Yes 2   | Nursing Ho   | th (Chack only<br>oma 5  Res<br>28d. Dascribe                                   | ona)<br>sidance<br>how inju  | 6 Othe   | ur (Specify<br>ed  | )   |
|       | 25. Was case raterred to me examinar?  1 Yas 2 No  27. Manner of Death 1 Netural 5 Pa 2 Accidant inv 3 Sulcide 6 Cc   | Ho   | 28a. Data of (Month,   | Injury 2   | 8b. Tima of<br>Injury  | 28c. I  | Othar: 4 □ njury at Work? 1 □ Yes 2   | Nursing Ho   | th (Check only) oma 5 Res 28d. Describe   | ona)<br>sidance<br>how inju  | 6 Otha   | ur (Specify<br>ed  |   |
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|       | 25. Was case raferred to me examinar?  1  | anding<br>vastigation<br>build not be<br>stermined   | 28a. Data of (Month,  28a. Pleca of building                             | Injury Day Year)  I Injury - At hom, atc. (Specify)  ast of my knowl                           | 28b. Tima of<br>Injury<br>na, farm, stra<br>adga, daath                | 28c. I<br>M aat, factory, off                               | Othar: 4   njury at Work? 1   Yes 2   ca e time, detent opinion,              | Nursing Ho   | oma 5 Res<br>28d. Dascribe<br>28f. Location<br>City or To                       | ona) sidance how inju (Straat ar own, State a causa(s              | 6 □Othary occurred Number it is and main it is an another it is an anoth  | or (Specify<br>ed<br>er or Rura)<br>nnar as stand dua to | Pouta Number, sted. tha causa(s)            |
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|       | 25. Was case raterred to me examinar?  1 Yas 2 No  27. Mannar of Death 1 Netural 5 Pa 2 Accidant 3 Sulcide 6 Co 4 Homicida  29a. Certifier (Check only one)  29b. Signatura and titla of ca | anding rastigation build not be retermined by the retermined by th | 28a. Data of (Month, 28a. Pleca of building clan: To the basis and manna | Injury Day Year)  Injury At homo, atc. (Specify) ast of my knowles of axamination ristated.    | 28b. Tima of Injury  na, farm, str.  adge, daeth on and/or inv         | 28c. I M aat, factory, off occurred at th rastigation, in n | Other: 4   njury at Work? I   Yes 2   ca   e time, dete ny opinion, ansa numb | Nursing Ho   | th (Chack only) oma 5 Per 28d. Describe 28f. Location City or To and due to the | ona) sidance how inju (Straat ar own, State a causa(s, a, date and | 6 Other ry occurred Number of Number | ar (Specify) ed er or Rural nnar as st and dua to        | Pouta Number, sted. tha causa(s) Day, Year) |

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

| Physician  |                              | acedant's Nam  | a (First, Middla   | , Last)  |  |  |  | f Death  | 2. Date of Das  | leg. No. 🥪 🖟   |  | 3. Time of Death  |
|--|------------------------------|--|--|--|--|--|--|--|---|--|--|---|
|  |                              | PAULI  | NE THEM  | PER BERGS  | TEIN   |  |  |  | JUNE  | 18 19  | Yaar<br>998  | 10.15m  |
| /Medical<br>Examiner   |                              | Fecility Nama (  | If not Institution,  | give straat and nur  | nber)  |  |  | 4b. City, Town, o  | Location of Daeth   | 4c. County   |  | 10:15PM   |
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| Funeral<br>Director  | 5. S                         | ocial Sacurity N<br>41-01-1<br>al Rasidance o  | lumber   | 6. Sax<br>1 □ M 2√√F   | 7. Aga (In yrs.<br><b>84</b>   | last birthday)<br>Yrs.   | If Under 1 Year<br>Months Dey  |  | 8. Data of Birtl<br>Month, Day<br>DEC 1   | Yaar)<br>8, 1913   | 9. Birthpla<br>Country<br>NF.W   | HAVEN,  |
| Mo T   | 10a.                         | Stata  | 10b. County  |  | 10c. Cit   | y, Town or Loc   | ation  |  |   |  | 100  | I. Insida City Limi   |
| tor itor   | M                            | D  | MONTGO   | MERY   | R  | OCKVILL  | E  |  |   |  |  | XXYes 2 N   |
| or 28a-f s   | 10e                          | Street end Nu  | mbar   |  |  |  | 10f. Zip Code  |  |   | IOg. Citizen of  | What Country   | 1?  |
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| Depa<br>Impo<br>any is   | /                            | 1  |  |  | /  |  |  | KY-GOLDB   | ERG MEMOR   | IAL CHA  | PEL.   | INC   |
|  | 23a                          | 7-01   | V/JW   | complications that d   | /  |  | 1170 RO  | CKVILLE.   | PIKE. RO  | CKVTLL.  | , MD   |   |
| physician and<br>s the burial-transit  | Cau                          | uentially list co<br>ny, laading to in<br>sa. Entar Unda<br>isa (Disease or  | nditions,<br>nmadiate<br>urlying<br>Injury   | b  |  | r as a consequ   |  |  |   |  |  |   |
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| ss been signed by the attending 2 should be deteched for use 1 is Act WE pletted by Physician/N  | 25. \                        | Was cesa refan<br>axaminar?  | red to medicel   | es contributing to de  | ath but not resu   | ulting in tha und  |  | 26. Pleca of De  | 1 □ Y<br>24a. Was a<br>perfor   | in autopsy mad?  | 3 Probel  24b. Wara eveile comp of da  | autopsy finding<br>abla prior to<br>letion of ceusa<br>ath?                               |
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| within 24 hours after death.  To the Funeral Director: After this certificate has been signed by the attendit completely filled in by the funeral director, page 2 should be detected for use Released by the funeral Dr. Margolis Act. Mr. Medical Certification: To Be Completed by Physician/Nedical Certification: | 25. \                        | Was cesa refanaxaminar?  1   | No h 5 □ Panding invastige 6 □ Could not detarmin  | Hospital: 1 lia 28e. Data c (Mont) 28e. Plece buildir  Physician: To the xamilner: On the be | npatiant 2□ finjury n, Day Year) of Injury - At ho g, atc. (Specify  | ER/Outpetient<br>28b. Tima of<br>Injury<br>me, farm, stree<br>)  | 3 DOA 28c. Inj W 1 1 St., fectory, office occurred at the stigetion, In my 29c. Licer                | 26. Pleca of Dether: 4 Nursing ury at ork? Yas 2 No  | 24a. Was a perfor  1 Yeath (Chack only or Homa 5 Seside 128d. Dascribe home 28f. Location (Section of Town or | in autopsy mad?  as 2 No  no N | 24b. Wara eveile composed and the compos | autopsy finding abla prior to oletion of ceusa ath?  fas 2 No  fouta Number,  aceuse(s)   |
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month **Physician** 1045 HELBU M. BEHTLET 1998 JUNE /Medical 4a Facility Name (If not institution, giva streat end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner ALIGNOS NURSNO- HOME MOSTGOMENY JANOY STOCK if Under 24 Hrs. 5. Social Security Number If Under 1 Year 8. Data of Birth (Month, Dey, Year) APRIL 8,1905 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Months Days Hours Min 1 M 2 X F Yrs. 578 22 8038 93 NEW JERSEY Director Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumetic event, the Medical Examiner must be notified at MD. MONTGOMERY SANDY SPRING 1 ☐ Yes 2 No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 18010 BENTLEY ROAD 20860 permit. Pages 1 and 2 should be filed within 72 hours effer death to Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Medical Experimentation. UNITED STATES Funeral Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Dates: 1 ☐ Never Marriad 2 ☐ Marriad Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: WHITE þ 3≅Widowed 4□Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) HOMEMAKER OWN HOME 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be MEREDITH MURRAY ELIZABETH KRAUSER 2 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) MARSHA K. RITTER, TRUSTEE 17801 GEORGIA AVENUE, OLNEY, MD. 20832 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State FRIENDS CEMETERY 6/15/98 SANDY SPRING, MD. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licensee MURIEL H. BARBER FUNERAL HOME P.O. BOX 5038, LAYTONSVILLE, MD. 20882 23a. Part 1. Erfter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Finet disease or condition resulting in death) /Medical A CZHEIMERS DISEOSE Examiner Examiner attending physician and for use es the bunel-transit requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760 Physician/Medical Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 1 Yes 2 No 3 Probably 4 Unknown FORTETURE Urt. HIP Division of Vital Records, ģ 24b. Were eutopsy tindings available prior to 24a. Was an autopsy performed? Completed Deen completion of ceuse of death? 108 page 2 2 DINO 1 ☐ Yes 2 No 1 ☐ Yes certificate or Attending Physician: funeral director, Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 12 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To After this 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at " Work? 28b. Time of 28d. Describe how injury occurred 1 Neturai 5 Pending investigation 1 ☐ Yes 24 hours after death. 2 Accident 6 Could not ba determined 3 Suicida 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide Hospital 29a. Certifier (Check only 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as steted. edical Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. To the ! within 2 29c. License number 0 15236 OME 29d. Data signed (1707), 201, 1998 29d. Data signed (Month, Dey, Year) 29b. Signature and title of certifler

State Registrar

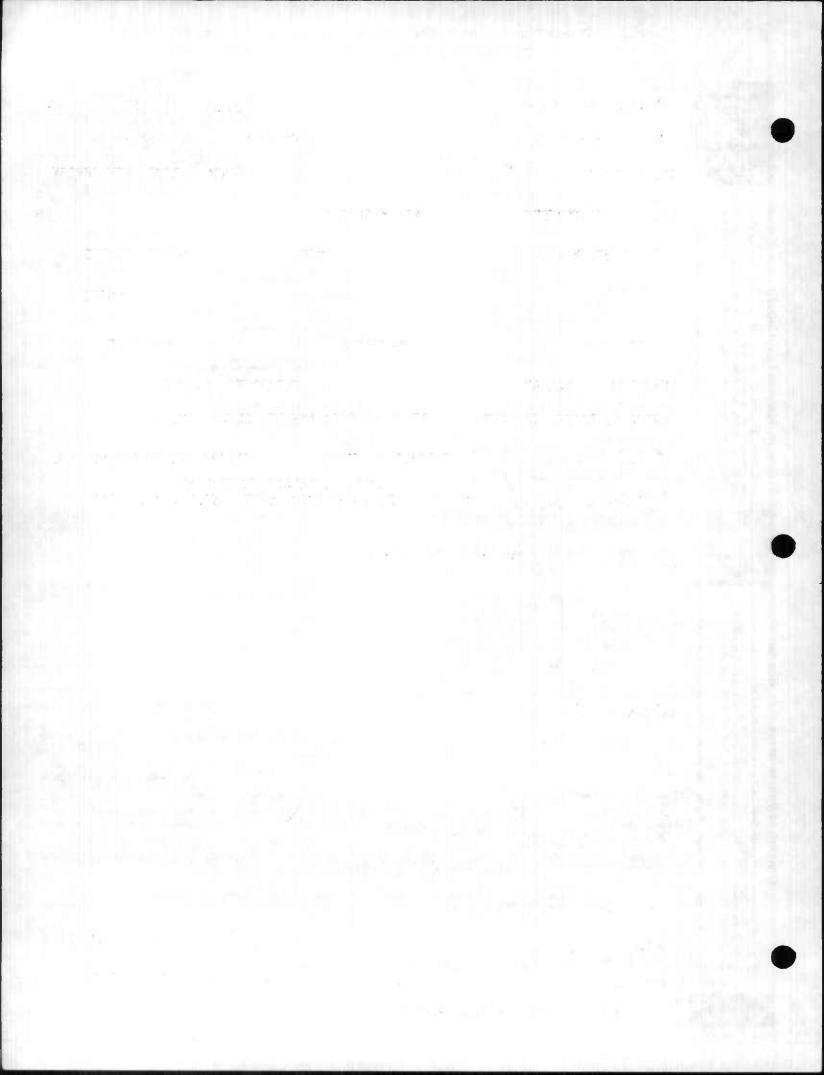
31. Dete filed (Month, Dey, Year)

JUN 1 5 1998

Name and address of person who completed cause of death (Item 23a) (Type, Print)

I. WALGOLY, WO . 111 POCKVIUT PIKE, LOCKVIUT, MO 20852 32. Registrer's Signature

10



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth 3. Time of Death Month **Physician** Frances Kelly Beckman June 15, 1998 2:50 AM /Medical 4e. Fecility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** RCCKVIII.F.
If Undar 24 Hrs. 8. Dete of Birth
Min. (Month, Dey, Yeer)
25. SHADY GROVE ADVENTIST HOSPITAL MONTGOMERY If Under 1 Yaer 7. Age (In yrs. lest birthdey) **Funeral**  Birthplece (State or Foreign Country) Months Deys 1□ M 2⊠ F 96 210-16-2660 December 25, Director 1901 Pennsylvania Usuai Residence of Decedent 10a. State 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic avent, the Magical Experient near be notified at 10d. Inside City Limits with the Meryler Pennsylvania Potter Coudersport 1 Yes 2 No Director 10e. Street end Number 10f Zin Code 10g. Citizen of Whet Country? 9 Eulalia Street 16915 United States Funerai death 14. Race - Amarican Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forcas? 13. Was Dacedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 11. Merital Stetus permit. Pages 1 and 2 should be filed within 72 hours effer. Deperment of Healinth and Mental Hygiene.
Important: If Item 27 is marked other than "natural". or hanny injury or other traument. 1 ☐ Yes 2 ☑ No If Yes, Give 1 Naver Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: Specify: White Aq. 3 ☑ Widowad 4 ☐ Divorcad Year or Dates: 15. Decedent's Education (Spacify only highest grede completed) 16e. Decedent's Usual Occupation 16b. Kind of Businass/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be William Kelly Rose Kelley 0 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 6801 Greyswood Road, Bethesda, Maryland 20817 Roberta B. Pioli/ Daughter 20b. Place of Disposition (Neme of cemetery, cremetory or other place) June 23, 1998 20e. Method of Disposition 20c. Location - City or Town, State 1 N Burial 2 □ Cramation 3 □ Removel from Stata Coudersport, 4 ☐ Donetion 5 ☐ Other (Specify) Eulalia Cemetery Pennsylvania 22. Name end Address of Fecility Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501 e, or complications that caused the death. Do not anter the mode of dylng, such as cardiac or respiretory errast, List only one cause on each line. Approximete Intervei Between Onset and Deeth **Physician** Immediate Ceuse (Final disease or condition resulting in deeth) /Medical Examine Examiner ettending physician end for use es the buriel-transit Sequentially list conditions, if any, teeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In deeth) Last Box 68760. certificate be Physician/Medicai Due to (or as a consequence of) P.O. Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use coptribute to the cause of death? the 1 Yas 2 No 3 Probably 4 Unknown Division of Vital Records. by ral failure. 24b. Wera autopsy findings evallebla prior to completion of causa of deeth? Completed 24e. Wes an autopsy performed' cerebrovascular accident 2 DNo 1 Yes 1 Yes 2 No Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 🗆 Inpatient 2 2 ER/Outpatient 3 DOA this in 24 hours effer death.

The Funeral Director: After this letely filled in by the formal process. funeral 27. Manner of Deeth 28c. Injury et Work? Certification: 28d. Describe how Injury occurred 1 Neturei 5 Pending Invastigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homlcide 29e. Certifier 1 🔀 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner as steted. Medicai (Check only one) 2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et tha time, dete end piece, and due to the cause(s) end menner steted. within 2 To the 29b. Signatura and litle of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year)

State Registrar

31. Dete fited (Month, Dey, Year)

H. Robert Birschbach, M.D. 6320 Democracy Blvd., Bethesda, Maryland 20817

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

17 1998

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AND CON

Frankling Sedan In

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend #7, 6/15/98, BMW, Montg. Co. Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death **Physician** nabeth daron Month Un /Medicai 4a. Facilify Nama (If not institution, giva street and number). 4b, City, Town, or Location of Death 4c. County of Daath Examiner GOVE Advontst +loso itus ochVIILE gomes Shady Months Days If Undar 24 Hrs. 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 9. Birthpiaca (Stata or Foraign Country) **Funeral** Days 28 1 □ M 2√2 F 219-51-7542 Director Maryland Usual Rasidance of Decedant the Menyland 10a. Stata 10d. insida City Limits 10b. County 10c. City, Town or Location nem  $z_T$  is marked other than "naturel", or itema 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at Director MD Montgomery Nas 2□ No Germantown 10e Street and Number 10f. Zip Coda 10g. Citizan of What Country? with 13533 Niagra Falls Court 20874 U.S.A. death Funeral 12. Was Decedant Evar in U,S. Armad Forcas? Raca - Amarican Indian, Bleck, Whita, atc. Was Dacedant of Hispanic Orlgln? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11 Marital Status 72 hours after I □ Yas 2 █No If Yas, Giva Yaar or Datas: XXNavar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Specify: Black/Indian þ 3 Widowad 4 Divorced Completed 15. Decedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry d 2 should be filed within 72 th and Mental Hygiene. Elemantary/Secondary (0-12) Coilage (1-4or 5+) N/A N/A 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be Jermaine Maitland Golda Baron 2 permit. Pages 1 and 2 sh. Department of Health and Important: If item 27 is ma 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 0 8 7 4 19a. Informent's Name/Ralationship (Type, Print) Golda Baron (Mother) 13533 Niagra Falls Ct., Germantown, MD 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 Buriai 2 ☐ Cramatlon 3 ☐ Ramovai from Stata 6/15/98 Silver Spring, MD of HEAVEN Cem. 4 □ Donation 5 □ Other (Spacify) 22. Nama and Addrass of Facility SNOWDEN FUNERAL HOME ROCKVILLE, MD 20850 ROCKVILLE, MD 20850 cations that caused the death. Do not antar the mode of dylng, such as cardiac or respiratory arrest, na cause on each line. 23a. Part1. Entar tha diseasa, or comp shock, or haart failure. List only Approximate Interval Batw Onsat and Death **Physician** poxic 15 chemic brain injur
Due to (or as a consaquanca of):
100 xc int(57 nal injury
Dua to (or as a consequance of):
2 ths epilephous /Medical immediata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner buriel-transit Sequantially ilst conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaase or injury that initiated avants and Box 68760. physician certificate be Physician/Medical the Dua to (or as a consequence of): rasulting in death) Last as 1 esn Records, P.O. the Pert il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown by 8 24b. Wera autopsy findings availabla prior to complation of ceusa of deeth? 24a. Wes en eutopsy performed? Completed peed has 2 No 1 ☐ Yes 2 ☐ No Division of Vital Be 26. Placa of Death (Check only ona)

certificete Physician: director. this funeral ne Hospital or Attending P n 24 hours after death. After

25. Was casa rafarred to madical axaminar? 1 Yas 2 No

Othar: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 2 ER/Outpatient 3 DOA

27. Menner of Death 1 Natural 2 Accidant

3 Suicida

4 Homicida

28e. Deta of Injury (Month, Day Year) 5 Panding Invastigation 6 Could not be datarminad

1 (Inpatiant

Hospital:

28b. Time of 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Dascribe how injury occurred

29a. Certifiar (Check only one) Cartifying Physicien: To tha best of my knowledge, death occurred et the time, dete end place, and dua to tha causa(s) and mannar as stated.

Madical Examinar: On tha basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end mannar stated.

29b. Signature and title of certifian

29c. Licansa number MO

29d. Data signed (Month, Day, Yaar)

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

pleted cause of death\_(item 23e) (Type, Print)

Christiane C. Corriveau, M.D. 200

State Registrar

0

Certification:

Medical

the

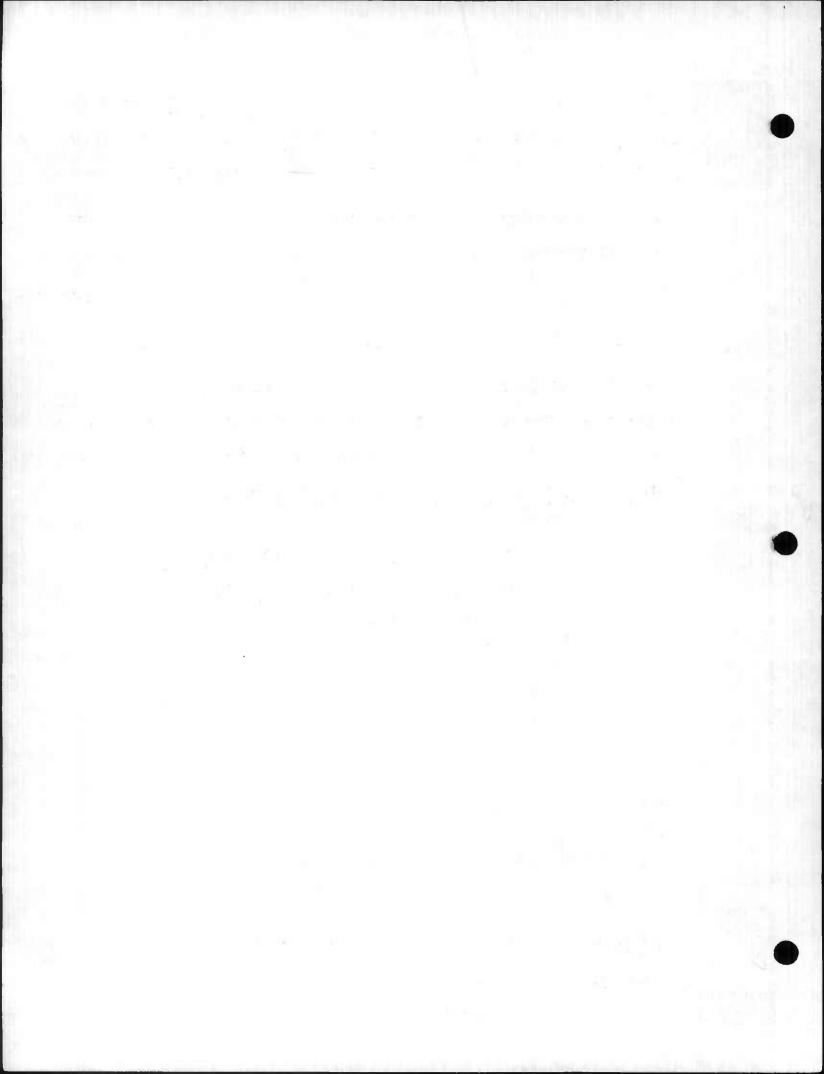
filled in by

31. Deta filed (Month, Day, Year) JUN 5

32. Ragistrar's Signatura Adia Devidson

28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify)

within 2



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|     |  |                    |  |  |                               | ificate of                               |  | vientai mygi<br>Re                             | g. No.                         | 201  | 21                                |
|-----|--|--------------------|--|--|-------------------------------|--|--|--|--------------------------------|--|-----------------------------------|
|     | Physici<br>/Medi   | cal                | 1. Decedant's Name (First, Middle, Las<br>Anna Mac<br>4a. Facility Name (If not institution, give  | Baumaa   | rdne                          | h  | th City Town or                                      | 2. Deta of Deeth<br>Month<br>JUNE              | Day                            | Yeer 1998 2:   | me of Deeth                       |
|     | Examir   | ner                | St. Catherine's  |  | ter                           | (  | Emmitsb  |  | 4c. County                     | erick  |                                   |
|     | Funeral<br>Director  |                    | 5. Sociel Security Number 6. S   |  | rs. last birthday)            | If Undar 1 Yaar<br>Months Days           | If Under 24 Hrs.<br>Hours Min.                       | 8. Dete of Birth                               |                                | 9. Birthplece (S<br>Country)<br>Maryla                   | tete or Foreign                   |
|     | pue MG   |                    | Usuel Residence of Decedent  10a. State 10b. County  | 10c.   | City, Town or Loca            | tion                                     |  |  |                                | 10d. fnsi  | de City Limits                    |
|     | Mary   | ţō                 | MD Freder  | ick  | Taneytow                      | m  |  |  |                                |  | Yes aFINO                         |
|     | th with the<br>23a or 28a  | Funeral Director   | 10e. Street end Number<br>11419 Keysvill   | e Road   |                               | 10f. Zip Coda                            | 1787   | 10   | g. Citizen of V                | What Country?  |                                   |
|     | within 72 hours effer death with the Maryland<br>ens.<br>han "returel", or Nems 23s or 28s-4 show<br>he Medical Examiner must be notified at | by Fune            | 11. Marital Status  1 □ Naver Married 2 ☐ Married  3 □ Widowed 4 □ Divorced  | 12. Wes Decedent Ever in Armed Forces?  1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Detes: |                               | as Decedent of H<br>as, specify Cube     | ispenIc Origin? (S<br>in, Mexicen, Puert<br>Specify: | pecify Yas or No-<br>o Ricen, etc.)            | Bled                           | e - American Indick, Whita, atc.                         | Bn,                               |
|     | within 72 hours effiena. than "natural", or the Modes Exam   | Completed          | 15. Dacedent's Ed<br>(Specify only highest gra-<br>Elementary/Secondery (0-12)   | ucation<br>de completed)<br>College (1-4or 5+)                                     | life. DC                      | NOT usa retired                          | ation<br>during most of wor<br>i)                    | king   |                                | usinass/Industry   |                                   |
|     |  |                    | 17. Fether's Nema (First, Middle, Last)  |  | Home                          | maker                                    | 18. Mother's Ner                                     | ne (First, Middla, M                           | Own H                          |  |                                   |
|     | should be filed with<br>end Mental Hygiena.<br>Is marked other that<br>aumatic event, the  | To Be              | Edward   | J. Clabaugh  |                               |  | Cai  | rrie Wilh                                      | ide                            |  |                                   |
|     | d z should be filed<br>th end Mental Hyg<br>7 is marked other<br>traumatic event,  |                    | 19e. Informant's Name/Relationship (7  | ,, ,   |                               |  |  | ral Route Number,                              |                                |  | 100                               |
|     | Heell<br>Heell<br>ther   |                    | S. Mark Baumgard   |  | 11419<br>D. Plece of Disposit |  | le Rd.,  | Taneytown<br>Deta 2                            |                                | 21787<br>City or Town, Ste                               | ato.                              |
|     | 2 = 0  |                    | 1 Burial 2 Cramation 3 Donetion 5 Other (Specify   |  | Keysvill                      | tory or other plac                       |  |  |                                |  |                                   |
|     | Departmen<br>Important:<br>any injury<br>once.   |                    | 21. Signeture of Funeral Service Licen   | 11.4   | 22.1                          | Nama and Addras                          | ss of Facility                                       | kiles Fun<br>St., Tane                         | eral H                         |  | 21757                             |
| ľ   | Physician<br>/Medical<br>Examiner  | iner               | 23e Part. Enter the disaese, or composition, or heer failure. List only of immediata Causa (Final disease or condition rasulting in death)   | · Cach   | eath. Do not enter            |  | ,  | c or respiretory arre                          |                                | Interve  | kimate<br>al Between<br>and Deeth |
|     | leern certificate be associted attending physician and for use as the burial-transit   | n/Medical Examiner | Sequantially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Diseasa or injury that Initiated avants resulting In death) Lest   | c  | o (or es e conseque           |  |  |  |                                |  |                                   |
|     | 0 0 %  | Physician/M        | Pert II. Other significant conditions co   | entributing to death but not n   | resulting In the und          | erlying causa giv                        | an in Part f.  | 23b. Did tot                                   | Dacco usa co                   | ntributa to the ca                                       | use of death?                     |
| . : | es that the de<br>igned by the a<br>be dateched t  | by                 |  |  |                               |  |  | 1 🗆 Ye   | & ACNO                         | 3 Probably   | 4 ☐ Unknown                       |
|     | e lew requires mat me<br>has been signed by th<br>ge 2 should be dateche   | Completed          |  |  |                               |  |  | 24e. Wes en                                    |                                | 24b. Were auto<br>availeble p<br>completion<br>of deeth? | prior to                          |
| . 1 | pa   |                    |  |  |                               |  |  | 1 ☐ Ya   | s No                           | 1 ☐ Yes  | 2 No                              |
|     |  | o Be               | 25. Was case rafarrad to medical exeminar?   | Hospitai:<br>1 ☐ Inpatiant 2   | ☐ ER/Outpetient               | 3□ DOA Oth                               | or:  | ath <i>(Check only one</i><br>Ioma 5 ☐ Rasider |                                | a. (Casaita)   |                                   |
|     |  | I                  | 27. Menner of Deeth Natural 5 Panding 2 Accidant investigation   | 28e. Dete of Injury<br>(Month, Dey Year)   | 28b. Time of                  | 28c. Injun<br>Wor                        |  | 28d. Describe ho                               |                                |  |                                   |
|     | rs after deeth.  al Director: After the din by the funera  | Certification:     | 3 Suicide 6 Could not be determined  | 28e. Place of fnjury - At building, atc. (Spe                                      |                               | t, fectory, office                       |  | 28f. Location (Str.<br>City or Town,           |                                | per or Rural Route                                       | Number,                           |
|     | within 24 hours after To the Funeral Directory (illed in b   | edical             | 29a. Certifier (Check only one)  Certifying Phy  Certifying Phy  Certifying Phy  Certifying Phy  Certifying Phy  | rsician: To the bast of my kinar: On the basis of examination and menner steted.   | nowledge, death o             | ccurred et the tin<br>stigation, In my o | ne, deta end plece<br>pinion, deeth occu             | , end dua to tha ca<br>rred et the time, da    | use(s) and ma<br>te end plece, | annar as stetad.<br>and due to the ca                    | use(s)                            |
|     | Vith<br>Com  | Σ                  | 29b. Signatura and filla of certifiar  | Krewk  | el-fai                        | 190 License<br>174                       | number 3)  | 29   | d. Data signa                  | d (Month, Day, Ye  | ear)                              |
|     | Sta  | to                 | 30. Nama and address of person who of the first of the East of the | ompletad causa of day h (It  | RTER                          | DO E                                     | mu   | 1560   | us                             | MD 3   | 21727                             |

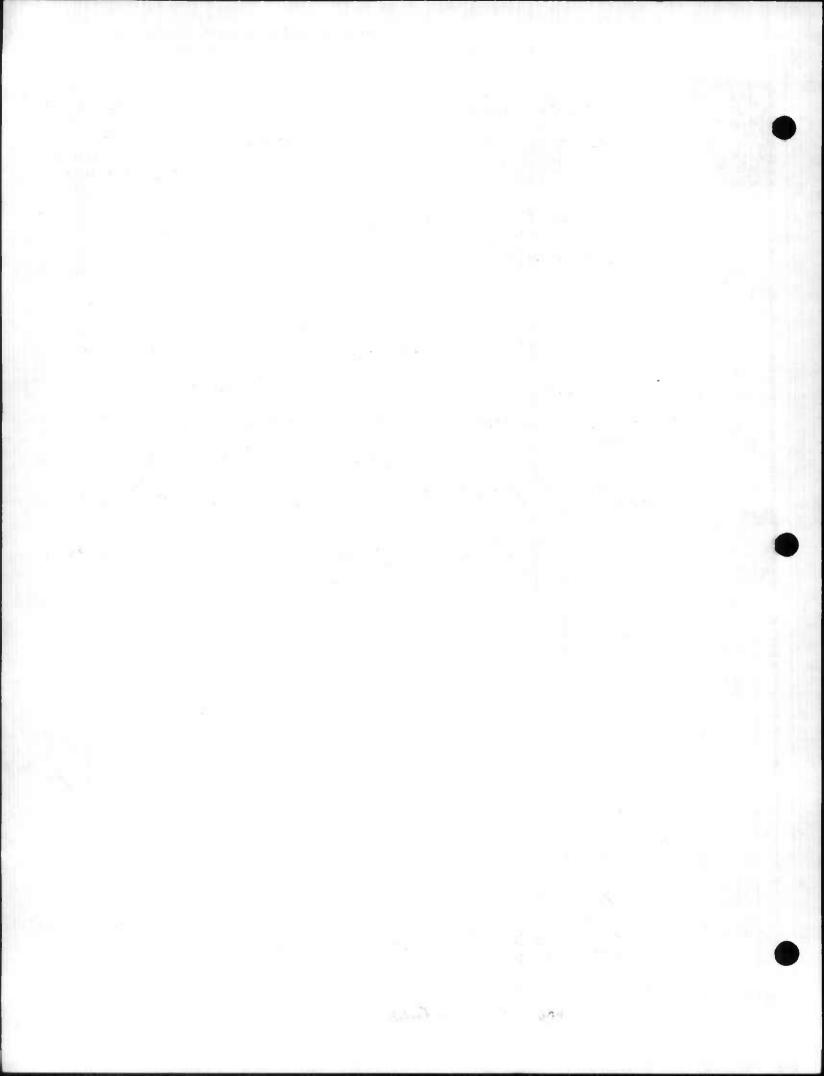
DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Month 1998 4:55 AM June Ira Claude Bruchey /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Frederick Frederick Citizens Nursing Home 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 1 M 2 □ F Days Hours Yrs. Director 76 217-28-7497 Nov. 6, 1921 Maryland Usual Residence of Decedent the Maryland 10a. State 10b Counts 10c. City, Town or Location 10d. inside City Limits r than "naturel", or items 23a or 28a-f ahow the Medical Exampler must be notified at 1 Yes 2 No Director Frederick Frederick 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? death with 8302 Chestnut Grove Rd. 21701 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. filed within 72 hours after Hygiena. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 If Yes, Give Year or Dates: 1 Yes 2 No Specify: þ Specify. 3 Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed withir Department of Heelth end Mental Hygiena Important: If flem 27 Is marked other than eny Injury or other traumatic event. Elementery/Secondery (0-12) College (1-4or 5+) retail grocery meatcutter 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Carrie M. McKinney Charles E. Bruchey 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Patricia Rice - daughter 8296 Chestnut Grove Rd., Frederick, MD 21701 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State Ju Rate 1 ₺ Burial 2 Cremation 3 Removal from State 17, 1998 nr. Libertytown, MD 4 Donation 5 Other (Specify) Chapel Cemetery 21. Signature of Funeral Service Licent 22. Name and Address of Facility Hartzler Funeral Home 11802 Liberty Rd., Libertytown, MD 21762 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner attending physician end for use es the burial-transit requires that the death certificate be axecuted Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in deeth) Last Due to (or es a consequence of) P.O. Box 68760, Physician/Medical Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 90 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy peeu completion of cause of death? The law certificete has 1 Yes Division of Vital Hospital or Attending Physician: Be 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) es 22 No Other: Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 1 Inpatient 2 ER/Outpatient 3 DOA After this Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Netural 2 Accident 5 Pending investigation within 24 hours after death.

To the Funeral Director: Aft
complately filled in by the fu 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Momicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as steted.

— Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) Medical 29e. Certifier (Check only one) niner: On the basis of exemination and/ end menner stated. 29b. Signature and til 29c. License number 29d. Date signed (Manth, Day, Year) 000 30. Name and address of person who complet ed cause of death (Item 23a) (Type, Print) Robert L. Kaufmann, 1300 W. 9th St., Frederick, MD 37 Registrer's Signature 31. Date filed (Month, Day, Year) State **JUN 1 6** Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month Day Mary L. Carpenter June 14, 1998 8:30 P.M. 4b. City, Town, or Location of Death 4a Fecility Name (If not Institution, give street end number) 4c. County of Death Springhouse Bethesda Montgomery 5. Social Security Number If Under 1 Year If Under 24 Hrs. 6. Sex 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 1 □ M 2 🖾 F Months Days Hours Min 577-36-4545 Yrs. 92 Virginia May 17, 1906 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limita 1 ☐ Yes 2 No Maryland | Montgomery Bethesda 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street and Number 5101 Ridgefield Road #226 20816 United States 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yea or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White 3 <sup>™</sup> Widowed 4 □ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Milliner Millinary 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) John Magann Linda Jane Thomas 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Addresa (Street end Number or Rural Route Number, City or Town, State, Zip Code) Jean Bailly/Friend 5115 Waukesha Road, Bethesda, Maryland 20816 20b. Place of Disposition (Neme of cemetery, cremetery or other plece) July 6, 1998 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Arlington National Cemetery 4 Donetion 5 Other (Specify) Arlington, Virginia 21. Signature of Funeral Service Licensee

Robert A. Pumphrey Funeral Home Bethesda-Chevy Chase, Inc.

M00198

Robert A. Pumphrey Funeral Home Chase, Inc.

7557 Wisconsin Avenue
Bethesda, Maryland 20814-3501

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,

Approximate Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting In death) Cardiac Arrest/Myocardial Infarction Due to (or es e consequence of):

permit. Pages 1 and 2 should be filed within 72 hours after dea Department of Health and Mental Hygene. Important if then 27 is marked other any injury or other transmitted other any should be any high or other transmitted other any should be any any should be a second other and a second other Baltimore, Maryland 21215-0020 **Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

10e. State

Directo

Funeral

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Completed

Be

To

**Funeral** 

**Director** 

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the Maryla

Physician/Medical Examiner ettending physician and for use as the burial-trans ed by the e signed b by Completed page 2 hes certificate director Be 10 this

that the death certificate be executed

Box 68760.

P.O. 1

Division of Vital Records,

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initieled events resulting in death) Last

Coronary Artery Disease Due to (or es a consequença of)

Due to (or as a consequence of)

Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco usa contribute to the ceuse of death?

1 ☐ Yee 2 ☑ No 3 ☐ Probably 4 ☐ Unknown

24e. Wes en eutopsy performed? 1 ☐ Yes 2 ☑ No

24b. Were eutopsy findings evailable prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

25. Was case referred to medical examiner? 26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death

28e. Pieca of Injury - At home, farm, street, factory, office building, etc. (Specify)

28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 5 Pending investigation

1 ☐ Yes 2 ☐ No

D9253

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

29e. Certifier (Check only 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end placa, and due to the cause(s) and manner stated. 29b. Signature and title of certifier

6 Could not be determined

29c. License number

29d. Date signed (Month, Dey, Year) June 15, 1998

alle Mb 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

George W. Graves, M.D. 5530 Wisconsin Avenue, Chevy Chase, Maryland 20815

State Registrar 31. Date filed (Month, Day, Year)

32. Pagistrer's Signeture elia Davidson

DHMH 16 Rev 6/95

(See Revue)

24 hours To the Hosp within 24 hor To the Fune completely fi

Hospital

or Attending Physician:

funeral

filled in by

After

death.

after death

Certification:

edicai

1 Netural

2 Accident

3 Suicide

4 Homicide

#4A - This is A wousing home + "Springhouse" is the wome - Brown

The state of the s

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg. No.

|            |  |                  |   |  | Ce                      | ertificate o                          | f Death                                  | ,                                      | Reg. No.                         | 8 2            | 0130   |
|------------|--|------------------|---|--|-------------------------|---------------------------------------|--|--|----------------------------------|----------------|--|
| 1          | Physic   | ian              | Decadant's Nama (First, Middla, Last)   |  | 1                       |                                       |  | 2. Data of De<br>Month                 | ath<br>Dev                       | Year           | 3. Time the                                      |
| -8         | /Medi  |                  | GEOZGE  |  | CREE                    | CH                                    |  | 06                                     | 14                               | year<br>98     | 18:55  |
|            | Exami  |                  | 4e. Fecility Nama (If not Institution, giva   |  |                         |                                       | 4b. City, Town, or                       |  | ,                                |                |  |
|            |  |                  | Snow Hill Nurs  | ing Home                                     | e                       |                                       | Snow                                     | Hill                                   |                                  | -Wor           | cester   |
|            | Funeral  | Г                | 5. Social Security Number 6. Sec  |  | (In yrs. last birthda)  | Months Day                            | or if Under 24 Hrs                       | 8. Dete of Bir                         | th<br>Veer                       | 9. Birthpi     | ace (Stete or Foreign                            |
| п          | Director   |                  | 239-30-9801   | ]M 2□F                                       | 86 Yrs.                 | WORKIS Day                            | 3 Hours Will                             | 8. Dete of Bir<br>Month, De<br>Jan . 1 | 1912                             | Nor            | th Carol   |
|            | pu &   |                  | Usual Rasidance of Decedant  10a. Stata 10b. County   |  | 10c. City, Town or I    | conting                               |  |  |                                  | 44             | Del Jacido Cibel Limbo                           |
|            | h the Maryland<br>r 28a-f ahow   | 2                | MD Worcest  | er   |                         | Hill                                  |  |  |                                  | 11             | 0d. Inaida City Limits  Y☐ Yes 2☐ No             |
|            | he N   | ect C            |   |  |                         |                                       |  |  |                                  |                |  |
|            | death with the Maryland<br>ms 23s or 28s-f show  | Funeral Director | 10e. Street end Number 430 W. Marke   | t Stree                                      | t                       | 10f. Zip Code                         | 21863                                    |  | 10g. Citizan of                  | 1111           | iny?   |
|            | dea  | ner              | 11. Meritai Status  | 12. Wes Decedent E<br>Armed Forces?          | var in U,S. 13          | . Wes Decedent o                      | f Hispenic Origin? (Suban, Mexican, Puer | Specify Yes or No                      | - 14. Rec                        | a - America    |  |
| 5-0020     | 72 hours efter dea<br>netural", or items   | by Fu            | 12∑Xever Married 2  Married<br>3  Widowed 4  Divorced   | 1 Yas 2 XX<br>ff Yes, Give<br>Yaar or Datas: | 0                       | 1 ☐ Yas 2 🔀 N                         |  | to Hican, etc.)                        | Specify                          | ck, White,     | laek   |
| 0          | "netural",   | Be Completed     | 15. Decedant's Edu  | cation                                       | 16a. Dec                | edant's Usual Occ                     | upation                                  |  | 16b. Kind of B                   | usinass/inc    | lustry   |
| 215        | E . C .  | ple              | (Specify only highast grade<br>Eiementery/Secondary (0-12)  | Collaga (1-4or 5-                            | (Grv<br>life.           | a kind of work don<br>DO NOT usa reti | a during most of wo                      | rking 4                                |                                  |                |  |
| 2121       | d withir<br>giene.<br>rr than  | EO               | 5 th  | Conaga (1-401 54                             | 7                       | Laborer                               |  |  | Fa                               | armin          | ig   |
| pu         | be filed withintal Hygiene.  | e e              | 17. Fathar's Nama (First, Middla, Last)   |  |                         | 1666                                  | 18. Mothare Na                           | ma (First, Middla                      | Maiden Sumen                     | na)            |  |
| Maryland   | should be filed with<br>and Mental Hygiene<br>s marked other tha<br>cumatic event, me  | ToE              | Unkno   | own  |                         | 100                                   |  | Unknow                                 | n                                |                |  |
| an         | ges 1 and 2 should<br>t of Heelth and Men<br>if Item 27 Is marks<br>or other traumatic   | -                | 19a. Informant's Name/Raietionship (Type  | oe, Print)                                   |                         |                                       | et and Number or R                       |  |                                  | Steta, Zip     | Coda)  |
|            | Heelth<br>Heelth<br>em 27 I  |                  | Charles Fulton  |  | Rd                      | Box 67                                | , Snow H                                 | Iill MD                                | 21863                            |                |  |
| ore.       | of He<br>of He<br>f Hem<br>r oth   |                  | 20a. Mathod of Disposition  |  | 20b. Place of Disp      | osition (Nama of ematory or other p   | lace)                                    | Dete                                   | 20c. Location -                  | - City or To   | wn, Stete  |
| E          | Pege<br>nt: H  |                  | 1 ☐ Burial 2 ☒ Cramation 3 ☐ R<br>4 ☐ Donation 5 ☐ Othar (Specify)  | amovai from Stata                            | Capito                  | Crema                                 | tory                                     | 5/15/9                                 | 8 Do                             | ver l          | DE 19901   |
| Baltimore, | permit. Peges 1 and Department of Heelth Important: If Item 27 any Injury or other the page.   |                  | 21. Signatura of Firmerei Service License   | 99   |                         | 22 Neme end Add                       | rass of Facility F                       | Sum a ma 1                             |                                  |                |  |
| Ö          | Depa<br>Impo   |                  | NOV SA G  | 201.00                                       | 2 2                     |                                       | ury, Mar                                 |  | 21001                            |                |  |
|            | _  | -                | 23s. Part Enter the disease or compli   | cations that caused                          | the death. Do not a     |                                       |  |  |                                  | -              | Approximata                                      |
|            | Dhysisian  |                  | 23a. Parti Enter the disease, or compliant of heart feilure. List only on                                   | a ceusa on aach iin                          | a.                      | ital the mode of d                    | ying, addit as sardia                    | o or raspiratory a                     | 11001,                           |                | Intarval Between<br>Onset and Deeth              |
|            | Physician /Medicai   |                  | fmmediate Causa (Final  | D  |                         |                                       |  |  |                                  |                |  |
|            | Examiner   |                  | disaesa or condition rasulting in daath)  | KENAL  |                         |                                       |  |  |                                  |                | 2 YEARS  |
|            |  | ē                |   | 0  | Due to (or aa a cons    | equence of):                          |  | _                                      |                                  | 0              |  |
|            | petu<br>b<br>msit  | Examiner         | See and the Victoria division of the  | CHZOK  | Dua to (or as a consi   | NAL                                   | DISEASE                                  |  |                                  | 3/2            | VERAL YRS  |
| Ć.         | exec<br>n en<br>ial-tr   | Exa              | Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury |  | Jua to (or as a corisi  | equanice or).                         |  |  |                                  | 1              |  |
| 68760,     | e be   | cal              | triat initiated events  |  | Oue to (or es a conse   | iguance of):                          |  |  |                                  |                |  |
| 68         | tificate be executed<br>g physicien end<br>as the burial-transit   | Aedical          | rasulting In daath) Last  |  | ode to (or es a conse   | querica or).                          |  |  |                                  |                |  |
| Box        |  |                  | d   |  |                         |                                       |  |  |                                  |                |  |
| Ď          | inas that the death certificate be executed<br>signed by the attending physicien end<br>d be deteched for use as the burial-transi   | Physician/R      | Part II. Other significant conditions con   | telbutine to death had                       | t mot uppy bling in the |                                       | nhan la Bant I                           | ook Did                                | tabaaaa                          |                | the cause of death?                              |
| 0          |  | hys              | Tarrit. Other argumeant conditions con  | incoming to death but                        | thot lasoling in the    | underlying causa                      | givan in Fart I.                         |  |                                  |                | bably 450 Unknown                                |
| Д,         | that   | by P             | DIABETES ME   | 14745,                                       | ESSENT                  | TAL HY                                | PERTENS                                  | an                                     | Yes 2 No                         | 3   F100       | any 4 promotowi                                  |
| Records,   | law requires that the<br>as been signed by the   | D D              |   |  |                         |                                       |  | 24a. Was                               | an autopsy                       | 24b. We        | re autopsy findings                              |
| 00         | w require<br>been si<br>should   | Completed        | BENIGN PROSTA   | TIC H)                                       | PERTEOT                 | HY                                    |  | perfo                                  | rmed?                            | ava<br>cor     | allable prior to<br>impletion of cause<br>death? |
| Re         | The law<br>ate has<br>page 2   | mc               |   |  |                         |                                       |  | 10                                     |                                  |                |  |
|            | iclan: The<br>certificate<br>rector, pag   |                  | OF Management to market   |  |                         |                                       |  |  | Yas 2 No                         | 1L             | Yas 2 No   |
| of Vital   | Physician:<br>this certific<br>ral director,   | o Be             | 25. Was cesa refarred to medicel examinar?  1 Yas 256 No  | ospital:                                     | . αΠεο:α · · ·          |                                       | Mhan                                     | ath (Check only                        |                                  | 100 and 100 in |  |
| o          | Phys<br>r this   | : To             | 27. Mennar of Death   | 1 LI Inpatien                                |                         | WILL SELL DOW                         | 4 Westantising i                         | Homa 5 ☐ Rasi                          | dance 6 ∐Oth<br>how injury occur |                | )  |
| 9          | ding<br>h.<br>Afte<br>fune   | tlor             | 1 Natural 5 Panding   | 28a. Data of injury<br>(Month, Day           | Year) Injury            | W                                     | lork?<br>□Yas 2□No                       |  |                                  |                |  |
| S          | Attending r death.   | flca             | 3 Suicida 6 Could not be  | 28a Place of Injur                           | ry - At homa, farm, s   |                                       |  | 28f. Location (                        | Street and Numb                  | her or Rura    | I Routa Number                                   |
| Division   | after<br>Direct<br>Jin by  | Certification:   | 4 ☐ Homicide datarmined   | building, atc.                               | (Specify)               | ,,, 01110                             | -  | City or To                             | wn, Stata)                       |                |  |
|            | To the Mospital or Attending Physician: The I within 24 hours after death.  To the Funeral Director: After this certificate his completely filled in by the funeral director, page |                  | 29a. Certifier t Certifying Phys  | ician: To the best of                        | my knowledge, des       | th occurred at the                    | tima, date and piece                     | e, and dua to the                      | causa(s) and ma                  | annar aa et    | ated.  |
|            | Ho Ho<br>Fu  | edical           | (Check only 2 Medical Examinations)   | er: On the basis of a<br>and menner stet     | axamination end/or i    | nvastigation, in my                   | opinion, daeth occi                      | urred at the time,                     | data and place,                  | and due to     | the causa(a)                                     |
|            | To the   | M                | 29b. Signature and titla of certifler   | 2/ 1   | 11 1                    | 29c. Lice                             | nsa number                               |  | 29d. Data signe                  | d (Month, I    | Dey, Year)                                       |
|            |  |                  | Snoth C   | Hown   | H. M.Si                 | 2                                     | 06241                                    |  | 06-1                             | 14-9           | 8  |
|            |  |                  | 30. Nama and address of person who co   | mpleted cause of do                          | ath (Itam 23a) (Tune    | Brint\                                |  |  |                                  |                |  |
|            |  |                  | InzoTHY C. H  | DITIALADT                                    | 24 M. D                 | 212                                   | Salara C                                 | 5.0                                    | u Uni                            | 110-           | 21863  |
|            |  |                  | 20001111 61 11  | VLL-VYUK//                                   | 111111                  | 100                                   | NOW DI                                   | - JMO                                  | W MILL                           | 11/0           | 41160  |

DHMH 16 Rev 6/95

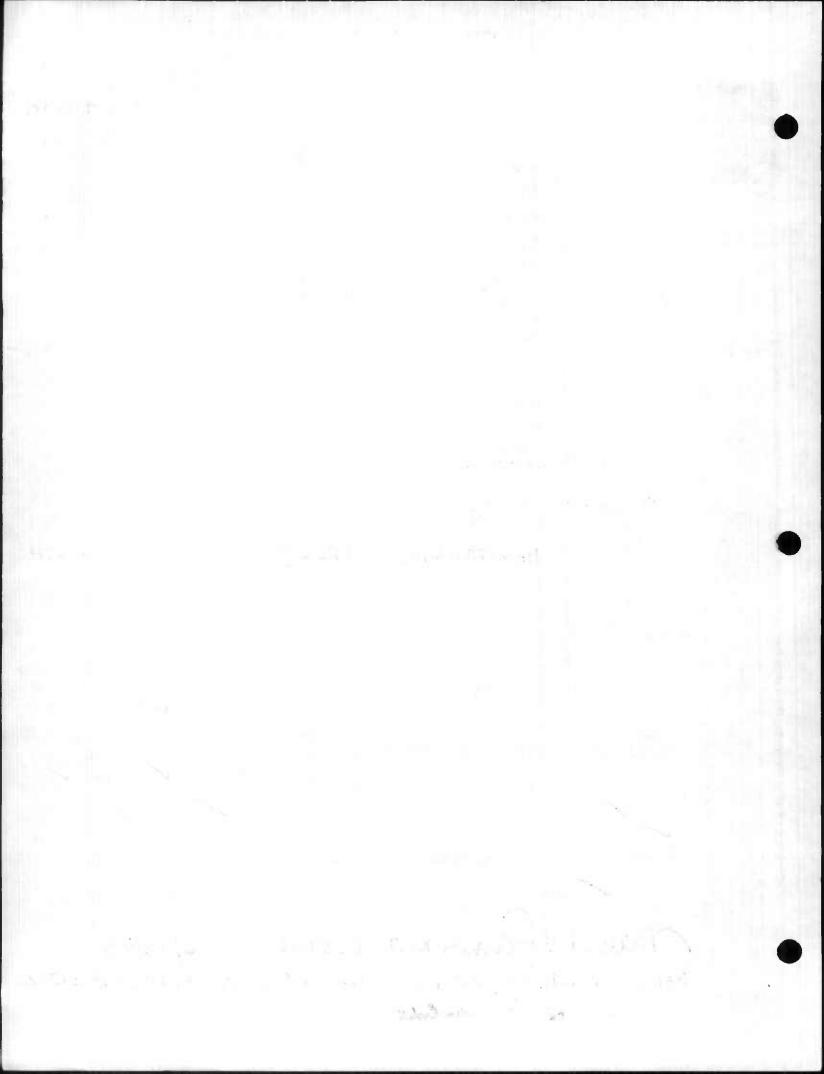
Registrar

JUN 17 1998

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Dey 4:00 PM Irene M. Clas June 12, 1998 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 4300 N. Charles Street Baltimore Baltimore City 5 Social Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 1□M 21 F Deys Hours 93Yrs. Director 216-46-2748 March 20, 1905 MD Usuei Residence of Decedent the Maryland 10a Stete 10h County 10c. City, Town or Location ns 23a or 28a-f show 10d. Inside City Limits MD Baltimore Baltimore 1 Yes 2 No Director 10e, Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4300 N. Charles Street 21218 United States Funeral items ? 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11 Marital Status traumatic event, the Medical Examiner filed within 72 hours after 1 Never Merried 2 Married 21215-0020 ò 1 ☐ Yes 2 ☑ No Specify: þ Specify 3 Widowed 4 Divorced natural', white Completed 15. Decedent's Education 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) I Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Schoolteacher Public Schools Baltimore, Maryland 17. Fether's Name (First, Middle Last) 18. Mother's Name (First, Middle, Melden Surneme) Is marked oth Be Pages 1 and 2 should be Richard Edward Mitchell Bessie Selby 19a, Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2:
Department of Heaith or
Important: If Item 27 is
any Injury or other trau Janet Falkenstein, niece 1040 Oak Drive, Westminster, MD 21158 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) Dete 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 06/17/98 4 Donetion 5 DOther (Specify) ENTOMBMENT Lorraine Park Cemetery Baltimore. MD 21. Signature of Funerel Service Licansee Pritts Funeral Home & Chapel 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each like. 412 Washington Rd., Westminster, MD Approximete Intervel Between Onset end Deeth **Physician** Immediete Ceuse (Final diseese or condition resulting in deeth) /Medical a HPMOFFHAGK **Examiner** Examiner The lew requires that the death certificate be executed Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest the burial-tran Due to (or es e consequence of): Box 68760, Physician/Medical Due to (or es e consequenca of): USB BS P.O. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of deeth? signed by 1 Yes 2 No 3 Probably 4 Unknown Records, þ 8 certificate hes been si director, page 2 should 24b. Were eutopsy findings eveileble prior to Be Completed 24e. Wes en eutopsy performed? completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 No Division of Vital Attending Physician: 25. Was case referred to medical exeminer? 26. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA .del or Ah.
.ours effer death.
.el Director: Affer h.
.a by the funeral dir 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours of To the Funeral D completely filled in 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) nes mo 30. Neme end eddress of person who comp MANUEL VI PANOS, MP, 6800 31. Dete filed (Month, Dey, Year) 22. Registrer's Signeture YORK RD, 31. Dete filed (Month, Dey, Year) State JUN 1 6 1998 Registrar



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month 3:40 pm UNICE Lanady 1998 JUNE 4b. City, Town, or Location of Death 4a Fecility Neme (If not institution, give street and number) 4c. County of Deeth Charles Indian Head Smallwood Church Road If Under 24 Hrs. 8. Data of Birth (Month, Day, Yaar) 5. Social Security Number 7. Aga (In yrs. last birthday) 6. Sax Birthplace (Stata or Foreign Country) 1□M 20 F Months Days Hours Min Yrs. 92 FEB. 14, 1906 CAMP HILL, ALA 214-14-0259 Usuel Rasidanca of Decedan 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2X No MARYLAND CHARLES MARBURY 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 4645 SMALLWOOD CHURCH ROAD 20640 UNITED STATES 12. Wes Decedent Ever In U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yeer or Detes; Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puerto Rican, etc.) 14. Raca - Amarican Indian Black, Whita, atc. 1 Nevar Married 2 Merried 1 ☐ Yas 2X No Specify: Specify: BLACK 3₺ Widowed 4 □ Divorced Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedent's Education (Spacify only highest grada completed) Elamantary/Secondary (0-12) 12th College (1-4or 5+) HAIRDRESSER SELF EMPLOYED 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) LOUIS MEADOWS LEVONA CARTWRIGHT 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) DOROTHY STERN / DAUGHTER 1401 LAKEWOOD AVE. APT. 419, BALTIMORE, MD 21213 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20c. Location - City or Town, State 20a. Mathod of Disposition 1 Burial 2 □ Crametion 3 □ Ramoval from Stata BIRDSBORO CEMETERY 6/23/98 BIRDSBORO, PA 19508 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Service Licenses 22. Nama and Addrass of Facility THORNTON FUNERAL HOME, P.A. FOR STOKES STITT F.H. LEON THORNTON MO0582 INDIAN HEAD, MARYLAND READING, PA 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death Liver Cancer Immediata Cause (Finel disease or condition resulting in deeth) Dua to (or as a consaguance of): Due to (or as a consequence of): 23b. Did tobacco use contributs to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to 24a. Was an autopsy performed? complation of cause of death? 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No

**Physician** /Medical Examiner

physician and the buriel-transit certificate be executed

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After

i or Attendin efter death. Director: Aft

24 hours e Hospital

completely To the To the

Division of Vital Records, P.O. Box 68760.

Examiner

Physician/Medical

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Completed

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Certification:

Medical

**Physician** 

/Medical

Examiner

10a Stata

Director

Funeral

by

Completed

**Funeral** 

**Director** 

7 is marked other than "natural", or items 23s or 28s-f show traumstic avent, the Mexical Examinal must be notified at

permit. Pages 1 and 2 should be filed within 72 hours efter Department of Health and Mental Hygiona. Important: If item 27 is merked other than "natural", or the any injury or other traumatic avent.

Baltimore, Maryland 21215-0020

with the Marylend

death

Sequantially list conditions, if any, laeding to immadiata cause. Entar Undarfying Cause (Disaase or Injury that initiated events rasulting in daath) Last

Part II. Other algnificant conditions contributing to death but not resulting in the underlying causa given in Part I.

1 Inpatient

25. Was casa refarred to medical exeminar? 1 Yas 2 No 27. Mannar of Death 1 Raturel

28a. Data of Injury (Month, Day Year) 5 Panding invastigation 6 Could not be daterminad

Hospital:

28b. Time of 28e. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify)

Othar: 4 Nursing Homa 5 Assidance 6 Othar (Specify) 2 ER/Outpatient 3 DOA 28c. Injury at Work? 1 Yas 2 No

26. Placa of Death (Check only ona)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

28d. Describe how Injury occurred

29a. Certifier (Check only one)

2 Accidant

4 Homicida

3 Suiclda

1 Certifying Physician: To the best of my knowledge, daath occurred at tha tima, data and place, and due to the ceuse(s) and manner es stated.

2 Medicat Examiner: On tha basis of axamination and/or invastigation, in my opinion, death occurred at tha tima, data and place, and dua to the cause(s) and manner stated.

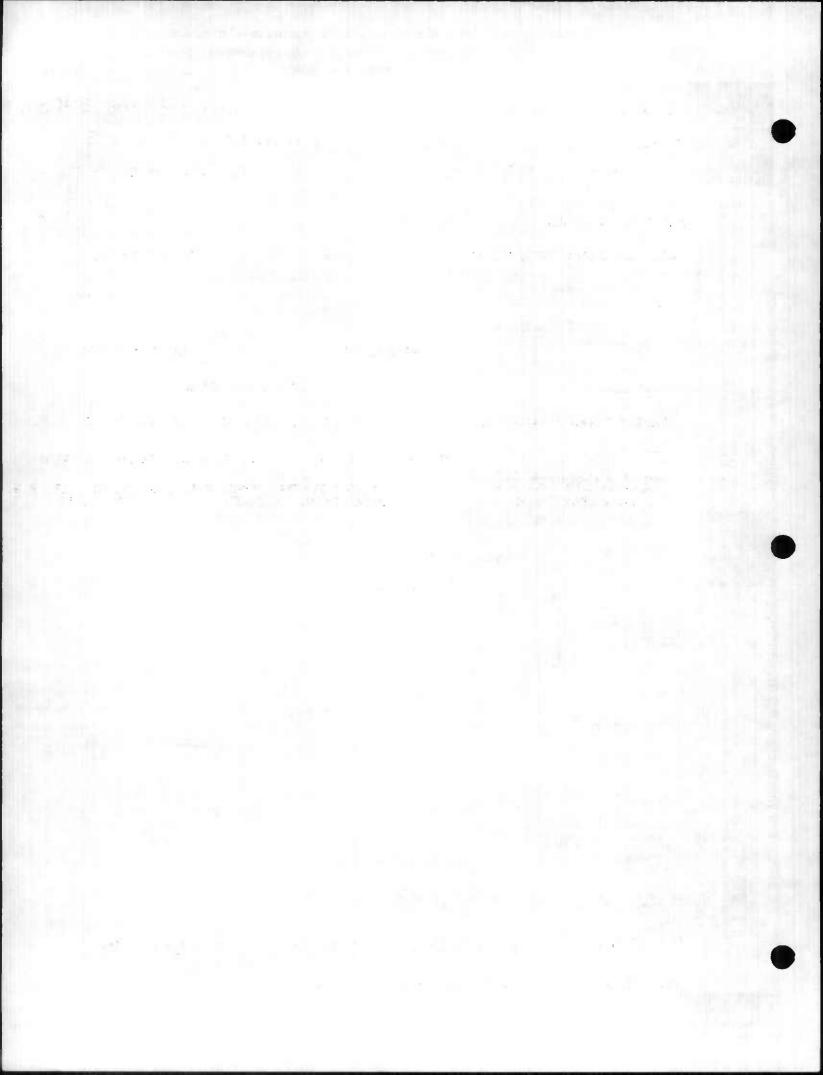
29b. Signeture end fitla of certifiar

29c. Licansa number

29d. Data signed (Month, Day, Year) 10-19-98

30. Name and address of person who completed cause of death (Item 23s) (Type, Print) BOX 1703 LaPlata. MD 20646

State Registrar 32. Registrar's Signatura



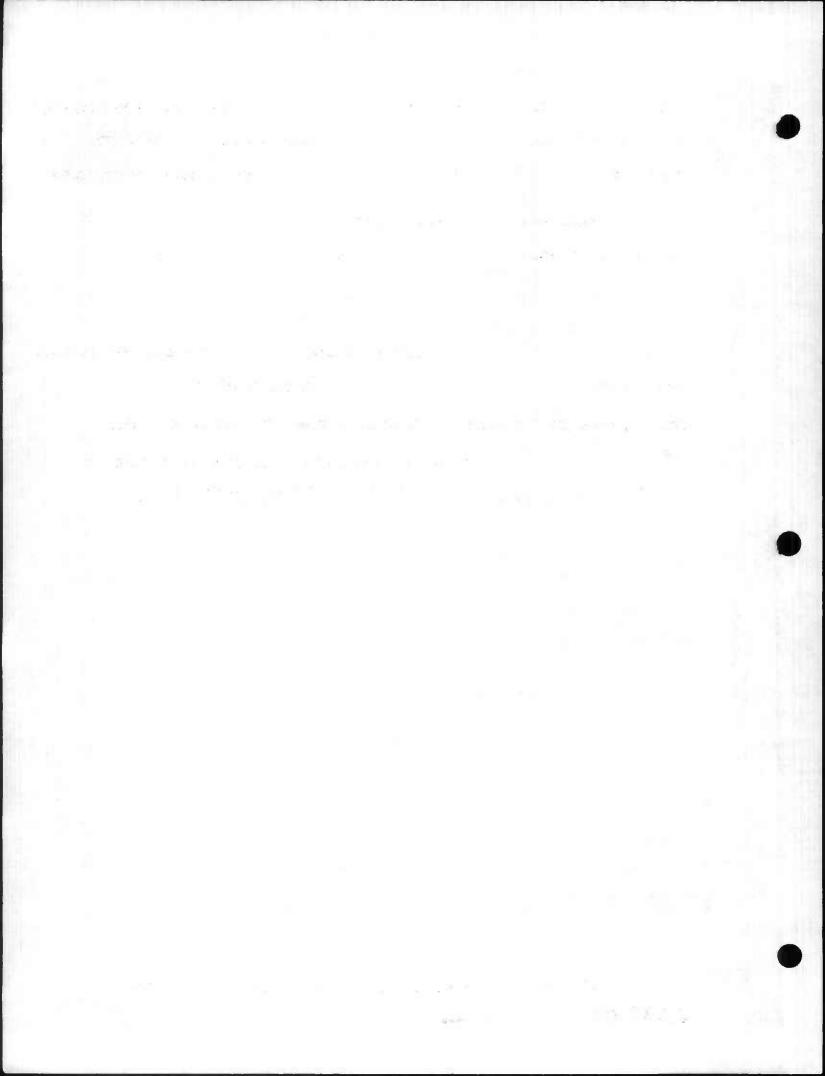
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month **KATHRYN** FLORENCE CRANFORD 18, JUNE 1998 1:00 P.M. /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 812 WINIFRED ROAD CUMBERLAND **ALLEGANY** 5. Sociel Security Number if Under 1 Yaer If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Data of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) **Funeral** Days Hours 1□M 25 F Yrs. Director 78 215-18-8893 Nov. 2,1919 PENNSYLVANIA Usuel Residance of Decedent the Maryland 10e. Steta 10b. County 10c. City, Town or Location 10d. tnside City Limita 28a-f show Pages 1 and 2 should be filed within 72 hours aftar death with the Marylai nant of Health and Mental Hygiana.

Inti: If flow 27 is marked other than "natural", or Hems 23a or 28e-1 show ury or other traumatic event, the Madical Examples must be notified at 1 Yes 2 No Director **ALLEGANY** CUMBERLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 812 WINIFRED ROAD 21502 U.S.A. Funeral 12. Was Decedenf Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, afc.) 14. Race - American indien, Bleck, White, etc. 1 ☐ Navar Merried 2 ☑ Married 1 ☐ Yes 2 No if Yes, Give Yaer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grada completed) Elementery/Secondery (0-12) Coilege (1-4or 5+) FACTORY WORKER CELANESE FIBERS CORP. 17. Fether's Neme (First, Middle, Last) 18. Mothar's Neme (First, Middle, Meiden Surname) Be JOHN SKIPPER ELIZABETH O'NEIL ပ 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) permit. Pages 1 and 2 is Department of Health ar Important: If item 27 is any injury or other traughts. FRANK L. CRANFORD / HUSBAND 812 WINIFRED ROAD, CUMBERLAND, MD 21502 20b. Plece of Disposition (Nama of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from Sfeta 4 ☐ Donetion 5 ☐ Other (Specify) HILLCREST BURIAL PARK 6/22/98 CUMBERLAND, MD 21. Signeture of Funeral Service Licensee 22. Name and Addrass of Facility UPCHURCH FUNERAL HOME, P.A. 202 GREENE ST., CUMBERLAND, MD 21502

23a. Pert1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or haert feilure. List only one cause on each line. Approximete Intervel Between Onsat and Deeth **Physician** immedlete Causa (Final disease or condition rasulting in deeth) /Medical Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury fhet initieted events resulting in deeth) Lasf Due to (or es e consequence of) Box 68760, Physician/Medical Due to (or as a consequence of) Division of Vital Records, P.O. signed by the a Part IJ, Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? Yee 2 No 3 Probably 4 Unknown aema þ 24b. Were autopsy findings available prior to complation of cause of death? Completed 24a. Wes an autopsy performed? paga 2 certificata 1 ☐ Yes No or Attending Physician: Be 25. Was case referred to medical exeminar? director 28. Piace of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 2 No 1 Yes 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this within 24 hours after death.

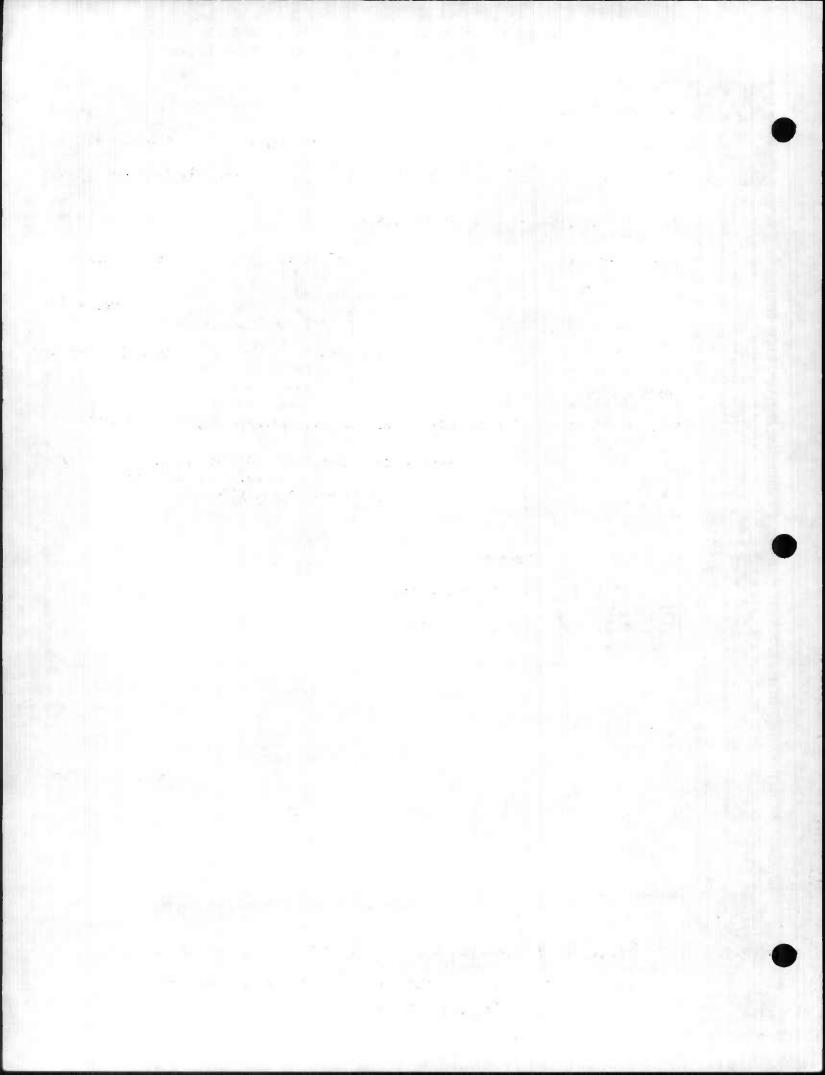
To the Funeral Director: After this completely filled in by the funeral 28e. Deta of Injury (Month, Dey Year) 27. Manner of Death Certification: 28b. Time of 28c. injury at Work? 28d. bescribe how injury occurred 5 Pending Investigation 1 Alatural 1 ☐ Yes 2 ☐ No Accident 6 Could not be detarmined 3 Suicide 28e. Piece of injury - At homa, farm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rurel Routa Number, City or Town, Steta) 4 \ Homicide Hospital 100 Certifying Physician: To the best of my knowledga, daath occurred et the time, dete and pleca, end due to tha causa(s) end menner es steted.
2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, daeth occurred et the fime, data and plece, end dua to the cause(s) and menner steted. 29e. Certifiar Medical (Check only the th 29b. Signature end fitle of certifier 29c. Licansa number 29d. Deta signed (Month, Day, Year) 22/98 30. Neme end eddress of person who completed cause of deeth (item 23a) (Type, Print) Huma Shakil, M.D. - 625 Kent Avenue, Cumberland, MD 31. Dete filed (Month, Day, Year) 32. Registrer's Signetura State JUN 22 Registrar



### Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

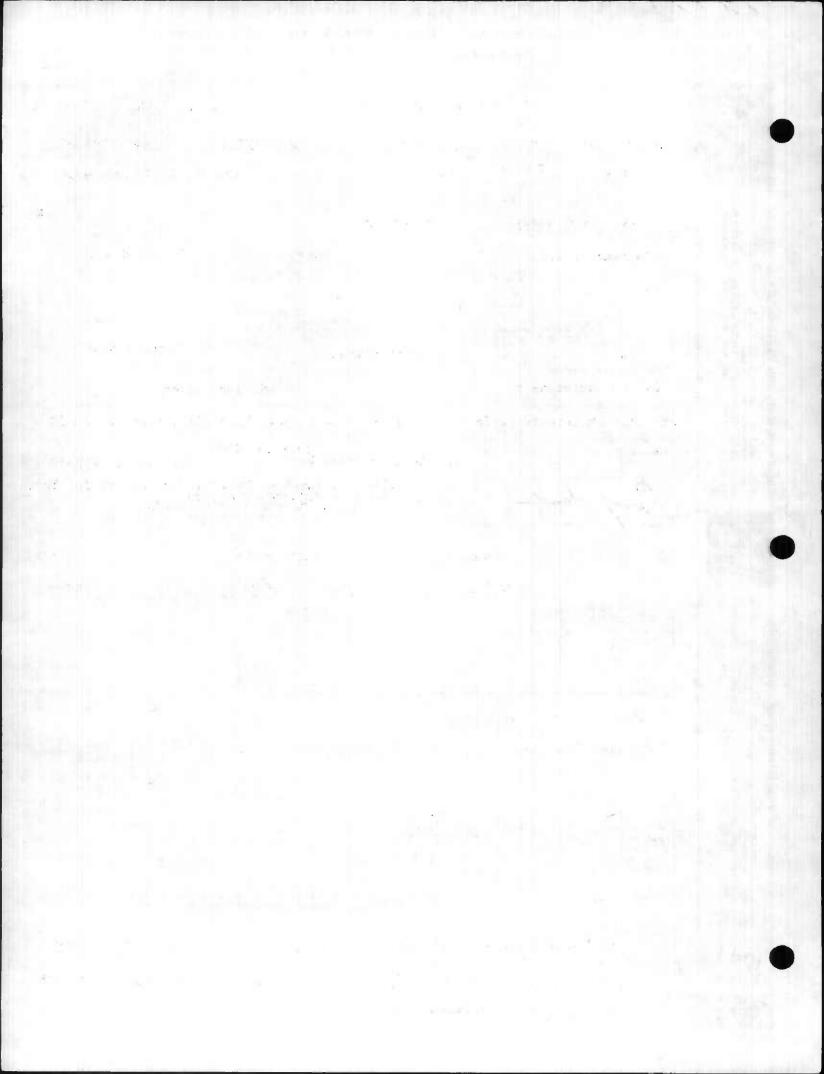
|  |                |   |                            |                          |  |               |                                | rtificate of                            | Death   |                                      | Reg. No.                       | 2                          | 1134                                     |
|--|----------------|---|----------------------------|--------------------------|--|---------------|--------------------------------|---|---|--------------------------------------|--------------------------------|----------------------------|--|
| Physicia   | n              | 1. Decedent's Name  | (First, Midd               | le, Last)                |  |               |                                |   |   | 2. Data of Dea<br>Month              | ith<br>Day                     | Year                       | 3. Time of Death                         |
| /Medic   |                | Dawn Sooy   |                            |                          |  |               |                                |   | 4. 64. 7  | June 11                              |                                | 15                         | 2:10pm                                   |
| Examin   | er             | 4a Facility Name (If  |                            |                          |  |               |                                |   | 4b. City, Town, or                                    |                                      | 4c. County                     | of Death                   |  |
|  |                | Potomac V  5. Social Security No.                                     | -                          | Nursi<br>6. Sex          | 0  |               | In a A la laste store          | If Undar 1 Yaa                          | Rockvill<br>If Under 24 Hrs                           |                                      | Montg                          |                            | Chata a Camina                           |
| Funeral<br>Director  |                | 214-48-17   |                            |                          | 200KF  | Age (m yrs    | lest birthday Yrs.             | Months Days                             |   |                                      | (, Year)                       | Count                      | ace (Stete or Foraign<br>ry)<br>sylvania |
|  |                | Usual Residence of  |                            | L                        |  |               |                                |   |   | Dec. 1                               | , 1545                         |                            |  |
| nytan<br>show  |                | 10a. State  | 10b. County                | 1                        |  | 10c. C        | ity, Town or L                 | ocation                                 |   |                                      |                                | 10                         | d. Inside City Limits 1 X Yes 2 □ No     |
| Me M   | Director       | Maryland  |                            | gomery                   | 7  | G             | aither                         |   |   |                                      |                                |                            |  |
| Por P  |                | 10e. Street and Num   | ber                        |                          |  |               |                                | 10f. Zlp Code                           |   |                                      | 10g. Citizen of V              | What Count                 | ry?                                      |
| eath as 23   | erai           | 7 Cedar A   | venue                      | 12                       | Was Deceder                                      | nt Ever in I  | 19 13                          |   | 7-1912  |                                      | United                         | State<br>a - Americe       |  |
| Fe, Maryland 21215-0020  I and 2 should be filed within 72 hours after death with the Maryland Health and Mental Hygiena.  I has the and Mental Hygiena.  I is marked other than "natural; or items 23e or 28e-f ehow other traumatic event, the Medical Expressions must be notified. | by Funeral     | 1 Navar Marrie  |                            | ried                     | Armed Force 1  Yas 2  If Yes, Give Year or Date: | s?<br>XNo     | 0,0.                           | If Yes, spacify Cul                     | Hispanic Origin? (5<br>ban, Mexican, Puer<br>Specify: | to Rican, etc.)                      | Specify                        | ck, Whita, e               | tc.                                      |
| 2 hou  | Ped            |   | 15. Dacader                | nt's Education           | on   |               | 18a. Dece                      | edent's Usual Occu                      | pation  |                                      | 16b. Kind of Bi                |                            |  |
| within 7 ene.  | Completed      | (Speci  | fy only highandary (0-12)  |                          | m <i>pletad)</i><br>College (1-4d                | or 5+)        | (Grv<br>life.                  | DO NOT use retin                        | during most of wo                                     | rking                                |                                |                            |  |
| d 212<br>filed with<br>Hygiena.<br>rither than   | Con            | 12  |                            |                          |  |               |                                | Secretar                                | T   |                                      |                                |                            | vernment                                 |
| Maryland 21215-0020 nd 2 should be filed within 72 hours af lith end Mental hygiena. 27 is marked other than "natural", or reumatic event, the Medical Exert   | Be             | 17. Father's Name (   |                            | Last)                    |  |               |                                |   |   | me (First, Middle,                   | Maiden Sumen                   | 10)                        |  |
| Marylance<br>2 should be f<br>end Mental P<br>is marked or<br>surmatic eve   | 2              | Raymond S   |                            | No. Office               | D.:  |               | 401 14-1                       |   | Rena Ca   |                                      | City on Town                   | Otata Tia                  | Control                                  |
| Ma<br>d 2 sl<br>th end<br>7 is n<br>traur  |                | 19a. Informant's Na   |                            |                          | ,  | _             |                                |   | t and Number or R                                     |                                      |                                |                            |  |
| ore, Ma  |                | David L.<br>20a. Mathod of Disp                                       |                            | nirici                   | nr (nu   | 20b.          | Placa of Disp                  | osition (Neme of                        |   | Date Date                            | 20c. Location -                |                            |  |
|  |                | 1 ☐ Burjal 2 ☑<br>4 ☐ Donation  |                            |                          | oval from Sta                                    | te            |                                | itan Cre                                |   | 6/12/08                              | Alexand                        | ria                        | Virginia                                 |
| = +464.  |                | 21. Signature of Fur  |                            | 1                        |  | me            |                                |   | ess of Facility                                       |                                      |                                |                            | VIIDIMIA                                 |
| B F G F F G  |                | ML  | h                          | -4                       | , .  |               |                                |   | eer Park  |                                      |                                |                            |  |
|  |                | 23s. Part1. Enter the   | Wisease, o                 | complicati               | ons that caus                                    | ed the dea    | ith. Do not er                 | nter the mode of dy                     | ing, such as cardia                                   | c or respiratory ar                  | rest,                          |                            | Approximate<br>Interval Between          |
| Physician  |                | Sec. 0. 100   | J                          | only one o               | ause on each                                     | i mio.        |                                |   |   |                                      |                                |                            | Onset and Death                          |
| /Medical<br>Examiner   |                | Immediate Cause (F<br>disease or condition                            | Final                      | a U                      | roseps   | is            |                                |   |   |                                      |                                |                            |  |
|  |                | resulting in death)   |                            |                          | -  |               | (or as a conse                 | equence of):                            |   |                                      |                                |                            |  |
| ted usit   | nine           |   |                            | b. A                     | lzeime   |               |                                |   |   |                                      |                                |                            |  |
| and and  | Examiner       | Sequentially list con<br>if any, leading to im-<br>cause. Enter Under | ditions,<br>mediate        |                          |  |               | or as a conse                  | quenca of):                             |   |                                      |                                |                            |  |
|  | edical         | Cause (Disease or that Initiated events                               | njury                      | c. <u>S</u>              | eizure   |               | order<br>or as a conse         | guence of):                             |   |                                      |                                |                            |  |
| E 17.65  |                | resulting in death) L   | ast                        |                          |  | Dua to (      | or as a corrse                 | quarios ory.                            |   |                                      |                                |                            |  |
| Box 6 eath certifi attending   | Physician/M    |   |                            | d                        |  |               |                                |   |   |                                      |                                | i                          |  |
| O. En deal the att   | sici           | Part II. Other signific   | cant conditi               | ons contribu             | uting to death                                   | but not re    | sulting In the                 | underlying cause g                      | iven in Part I.                                       | 23b. Dld 1                           | obacco use co                  | ntribute to                | the cause of death                       |
| , P.O. BOX<br>that the death certi-<br>red by the attending<br>datached for use a  | Phy            |   |                            |                          |  |               |                                |   |   | 10                                   | Yes 230 No                     | 3 Prob                     | ably 4 Unknow                            |
| dS, Paires that signed to be dated   | 1 by           | 222   |                            |                          |  |               |                                |   |   | 04- 19/                              |                                | 24h Wa                     | ra autopsy findings                      |
| cords v requires been sign should be   | Completed      |   |                            |                          |  |               |                                |   |   | parfo                                | an autopsy<br>med?             | ava                        | ilable prior to                          |
| Hec<br>e law<br>has b  | du             |   |                            |                          |  |               |                                |   |   |                                      | - 186                          |                            | leath?                                   |
| of Vital Records, Physician: The law requires ti this certificate has been signe ral director, page 2 should be o  |                | 25. Was case referr   | ad to madica               | 1                        |  |               |                                |   | 00 Plana ( Pa   | 101                                  |                                | 11_                        | Yes 2KX No                               |
| of Vita Physician: this certific ral director.   | To Be          | examiner?   |                            | Hosp                     | oital:   | tiont 2       | ] ER/Outpatie                  | ent 3 DOA                               |   | ath <i>(Check</i> only o             |                                | or (Specify                | 1  |
| Phys<br>eral di  |                | 27. Manner of Death   |                            |                          | 8a. Date of Ir                                   | njury         | 28b. Time                      |   |   | 28d. Describe t                      |                                |                            | /  |
| VISION Attending For death.  | Certification: | 1 XXNatural 2 Accident  | 5 Pendii<br>invest         | ng<br>igation            | (MOHIII, L                                       | Dey Year)     | Injury                         |   | Yes 2 No  |                                      |                                |                            |  |
| Division f or Attending after death. Director: After d in by the fune  | tific          | 3 ☐ Suicide<br>4 ☐ Homicide   | 6 Could determ             | not be<br>nined 2        |  | Injury - At I |                                | treet, factory, office                  |   | 28f. Location (S<br>City or Tox      | Straat and Numb                | ber or Rure                | Routa Number,                            |
| D Parago   |                |   | - 17                       |                          |  |               |                                |   | ,   |                                      |                                |                            |  |
| Division o  To the Hospital or Attending Ph within 24 hours after death.  To the Funerel Director: After th completely filled in by the funeral  | edical         | 29a. Certifier<br>(Check only<br>one)                                 | 1☑ Certifyi:<br>2☐ Medical | ng Physicia<br>Examiner: | On the basis                                     | of examin     | owledge, dea<br>ation and/or l | th occurred at the forestigation, in my | ime, date and plac<br>opinton, death occ              | e, and due to the urred at the time, | cause(s) and modate and place, | anner as sta<br>and due to | ated.<br>the cause(s)                    |
| the other of the omple   | Me             | 29b. Signature and t  | itle of cartifie           | ır                       | and manner                                       | stateo.       |                                | 29c. Licer                              | se number   |                                      | 29d. Date signe                | d (Month, L                | Dav. Yeer)                               |
| F 3 F 8  |                | <b>)</b> <  |                            | 6                        | 4.   |               |                                |   |   |                                      |                                |                            |  |
| 1  | -              | 30. Name and addre  | ss of nercon               | who compt                | eted cause I                                     | death (Ita    | m 23a) /Time                   | D 43                                    | Z1Z   |                                      | June 12                        | , 195                      | 0  |
|  |                | Sunita H  |                            |                          |  |               |                                |   | , Rockvil   | lle. MD 2                            | 20851-16                       | 589                        |  |
| Stat   | e              | 31. Date filed (Month   | n, Day, Year,              | )                        |  |               | nature Aand                    |   | ,   | ,                                    |                                |                            |  |
| Registra   |                | JUI   | V 16                       | 1998                     | gikia  | nound         | m-Mand                         | خالات                                   |   |                                      |                                |                            |  |

DHMH 16 Rav 6/95



| Provide the Provide the Control of t |  |           | D  |                     | State of I              | Marylar                      |                                |             |                              | lealth a<br>Death           | and M       |                                   | giene 9 g<br>Reg. No.          | 3 2                     | 013                    | 5        |
|--|--|-----------|--|---------------------|-------------------------|------------------------------|--------------------------------|-------------|------------------------------|-----------------------------|-------------|-----------------------------------|--------------------------------|-------------------------|------------------------|----------|
| Donald inward Christensen  June 12, 1998 3:35 PM  Committee State State Institute, part stress and makes  HADY CROVE ADVENTIST HOSPITAL  BOOKYILLE  State State In a Great Remove In State  225-05-0991 10 to 25 P 83 at 25 No. Month Days Hoose In State In St |  | _         | . Decedent's Name (First, Midd   |                     |                         |                              |                                | 30          |                              |                             |             |                                   |                                | Vaar                    | 3. Time of I           | Death    |
| Standing and facility havening first installation, pick solar and analysis.  Standing and property handles are considered analysis. Social Security handles are considered and property and analysis. Social Security handles are considered and property.  Social Security handles are considered and property. Social Security handles are considered and property handles are considered and property. Social Security handles are considered and property handles are considered and property. Social Security handles are considered and property handless are considered and property handless are considered and property handless are considered and property. Social Security handl |  |           |  | Don                 | ald How                 | ard Cl                       | nriste                         | nsen        |                              |                             |             | June 1                            | 2, 1998                        | 1901                    | 3:35                   | PM       |
| Sound Security Number   Case   Security Number   Security    |  |           | a Facility Name (If not institution  | n, give s           | treet and numb          | er)                          |                                |             | 4                            | 4b. City, Tov               | wn, or Lo   | cation of Deat                    | 4c. County                     | of Death                |                        |          |
| 10   September   10     |  |           |  |                     |                         |                              |                                |             |                              |                             |             |                                   |                                |                         |                        |          |
| Second   S   |  |           |  |                     |                         |                              |                                |             |                              |                             | Min.        | (Month, De                        | y, Year)                       |                         |                        | Foreign  |
| The State   10c. County   10c. State   10c. County   10c.  | Director   | -         |  |                     |                         | 83                           | 113.                           |             |                              |                             | -           | June 14                           | , 1914                         | Nebi                    | aska                   |          |
| 1   The press of the product of the press of the product of the press of the pres   | w w  |           |  | /                   |                         | 10c. Ci                      | ty, Town or L                  | ocation     |                              |                             |             |                                   |                                | 1                       | 0d. Inside City        | y Limits |
| The part of the pa | Mery<br>find in  | اِق       | Maryland Mont  | gome                | erv                     |                              | Rocky                          | i11e        |                              |                             |             |                                   |                                |                         | 1 🗆 Yes                | 2 1 No   |
| The part of the pa | r 28a  | <u>e</u>  |  |                     |                         |                              |                                |             | Ip Code                      |                             |             |                                   | 10g. Citizen of V              | What Cour               | itry?                  |          |
| 1   The press of the product of the press of the product of the press of the pres   | th with  | <u>=</u>  | 12914 Penrose  | Stre                | eet                     |                              |                                |             | 20                           | 0853                        |             |                                   | United                         | Stat                    | es                     |          |
| Secretary   Secr   |  | e i       | 1. Meritel Stetus  | 1                   | 2. Was Decede           | ent Ever in U                | I,S. 13.                       | Was Dec     | edent of H                   | lispanic Orig               | gin? (Spe   | cify Yes or No                    | - 14. Rec                      |                         |                        |          |
| Section   Sect   | S aft of the state |           |  |                     | 1 X Yes 2               | □ No                         |                                |             |                              |                             |             |                                   |                                | ,                       |                        |          |
| Special Content of Special Con   | ural',   | 0         |  |                     | Year or Date            | s: WW                        |                                |             |                              |                             |             |                                   |                                | W                       |                        |          |
| 17. Februs Name (First, Models, Last)   18. Moder's Name (First, Models, Masides Number)   19. Moder's Name (First, Models)   19. Models Name (First, Models)   19. Moder's Name (First, Models)   19. Moder's Name (First, Models)   19. Models Name (First, Models)   19. Models Name (First, Mod   | Tar.   | ete       |  |                     |                         |                              | (Giv                           | e kind of v | vork done                    | durina most                 | t of workli | ng                                | 16b. Kind of Bu                | usiness/Ind             | dustry                 |          |
| 17. Februs Name (First, Models, Last)   18. Moder's Name (First, Models, Masides Number)   19. Moder's Name (First, Models)   19. Models Name (First, Models)   19. Moder's Name (First, Models)   19. Moder's Name (First, Models)   19. Models Name (First, Models)   19. Models Name (First, Mod   | withir within then then then then then then then the   | Ē         |  |                     | College (1-4            | or 5+)                       |                                |             |                              | -1/                         |             |                                   | Grocer                         | y St                    | ore                    |          |
| A Donesion 5   Other (Specify)  21. Signature of Fureral Service Licensee    Park   Am Month   Park    D Hygid  |           |  | , Last)             |                         |                              | nea                            | - 000       | -                            | 18. Mothe                   | r's Name    | (First, Middle                    | , Maiden Sumer                 | 10)                     |                        |          |
| A Donesion 5   Other (Specify)  21. Signature of Fureral Service Licensee    Park   Am Month   Park    lan id be ental ked c  | o o       | Albert Chris   | stens               | sen                     |                              |                                |             |                              |                             | L:11        | ian La                            | rson                           |                         |                        |          |
| A Consider of Signature Si | Shou<br>nd M<br>ment   |           | 19a. Informent's Name/Relation   | ship (Typ           | oe, Print)              |                              | 19b. Mel                       | ing Addre   | ss (Street                   |                             |             |                                   |                                | State, Zip              | Code)                  |          |
| A Consider of Signature Si | Malth a alth a 27 is rr tra  |           | Mireille Chris   | stens               | sen/Wife                |                              |                                |             |                              |                             |             |                                   | le, Mary                       | /land                   | 20853                  |          |
| A Consider of Signature Si | othe othe  | 2         | •  |                     |                         | 20b.                         | Pleca of Disp                  | osition (A  | ame of                       | ce)T                        | 16          | Date<br>1000                      | 20c. Location -                | City or To              | wn, State              |          |
| Physician Minderical Examiner  23s Pert Erice a classae, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory aread.  Approximate Herical Between Sends or Plant failure. List only one cause on each line.  Physician Minderical Examiner  Physician Minderical Examiner  23s Pert Erice a classae, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory aread.  Approximate Herical Between Sends and Death Minderical Examiner  Approximate Minderical Examiner  Physician Minderical Examiner  23s Pert Erice and Estate Minderical Examiner  Due to (or as a consequence of):  Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Physician Minderical Examiner  Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Physician Minderical Examiner  Due to (or as a consequence of):  24s. Was an autopsy performed?  25v. Wes case referred to medical examination and or investigation, and a consequence of the performance of death. The performance of the performed?  25v. Wes case referred to medical examination and or investigation, and a consequence of the performance of death. The performance of the  | Pege<br>Pant cant<br>iny or  |           |  |                     | emovel from Sta         | Par                          | klawn                          | Memo        | rial                         | Park                        | 10,         | 1990                              | Rockvil                        | le, M                   | arylan                 | d        |
| Physician /// Applications the cause of the  | alt.   |           | 21. Signeture of Funeral Service   | License             | 9                       |                              | D.                             | 22. Name    | and Addre                    | ss of Fecilit               | y T         |                                   |                                |                         |                        |          |
| Physician Physic | n sees   |           | PR 1- A  | and                 |                         | MOC                          | 198                            | 300 W       | est N                        | Montgo                      | mery        | Ayenu                             | e cone/ko                      | OCKVI                   | iie, i                 | nc.      |
| The source of the state of the  | /Medical<br>Examiner   | Examiner  | diseese or condition<br>resulting In deeth)  | , a                 |                         | LON                          | my                             | 17          |                              | FANC<br>y c                 | 110         | N<br>ense                         |                                |                         | MINU                   | 125<br>P |
| Per II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PARKINSON'S DISEASE  1   Yes 2  No 3   Probably 4   Unkn    1   Yes 2  No 3   Probably 4   Unkn    24a. Was an autopsy performed?  24b. Were eutopsy finding available prior to completion of cause of death?  1   Yes 2  No    25c. Wes case referred to medical saminer?  1   Yes 2  No    25c. Wes case referred to medical saminer?  1   Yes 2  No    25c. Wes case referred to medical saminer?  1   Yes 2  No    25c. Wes case referred to medical saminer?  1   Yes 2  No    25c. Wes case referred to medical saminer?  1   Yes 2  No    25c. Wes case referred to medical saminer?  1   Yes 2  No    25c. Wes case referred to medical saminer?  1   Yes 2  No    25c. Wes case referred to medical saminer?  1   Yes 2  No    25c. Wes case referred to medical saminer?  1   Yes 2  No    25c. Wes case referred to medical saminer?  1   Yes 2  No    25c. Wes case referred to medical saminer?  1   Yes 2  No    25c. Wes case referred to medical saminer?  1   Yes 2  No    25c. Wes case referred to medical saminer?  1   Yes 2  No    25c. Wes case referred to medical saminer?  1   Yes 2  No    25c. Wes case referred to medical saminer?  1   Yes 2  No    25c. Wes case referred to medical saminer?  1   Yes 2  No    25c. Injury et Work?  2 | the state of   | 9         | nat initieted events   | d                   |                         | Due to (d                    | or as a conse                  | quenca o    | '):                          |                             |             |                                   |                                |                         |                        |          |
| 24a. Was an autopsy performed?   24b. Were eutopsy finding available prior to completion of cause of death?   1   yes 2   5   5   5   5   5   5   5   5   5  | the a  | ysic<br>F | The second secon |                     |                         |                              | sulting In the                 | underlying  | cause giv                    | en in Part I.               |             | 23b. Did                          | tobacco use co                 | ntributa t              | the cause o            | f death? |
| 24a. Was an autopsy performed?   24b. Were eutopsy finding available prior to complete cause (s) end manner as stated.   1   | Thet the detached det | 2         | PARKINSO   | N5                  | Dise                    | 138                          |                                |             |                              |                             |             | 1 🗆                               | Yes 25 No                      | 3 Pro                   | bably 4 🗆 t            | Jnknow   |
| 25. Wes case referred to medical examiner?  1   Yes   2   No  26. Place of Death (Check only one)  27. Menger of Deeth   Hospital:   | d be   | 0         | (/ /   |                     |                         |                              |                                |             |                              |                             |             | 24a Was                           | an autoosy                     | 24b. W                  | ere eutopsy fi         | indings  |
| 25. Wes case referred to medical examiner?   | requestion of the contract of  | ete       | ly pente   | 251                 | 000                     |                              |                                |             |                              |                             |             | perf                              | ormed?                         | CC                      | mpletion of ca         | ause     |
| The statural solution of the statural solution |  | Ē         | / *  |                     |                         |                              |                                |             |                              |                             |             |                                   | V 0/0 -                        |                         |                        | Ma       |
| The statural solution of the statural solution | ficate or. pa  | 3         | 25 Was ones referred to media  | at I                |                         |                              |                                |             |                              | OC Disease                  | of Dooth    |                                   |                                |                         | Tes 201                | NO       |
| Solution of the part of the pa | sicie<br>centi<br>firecti  | o '       | examiner?  | -                   | ospital:                | atient 25                    | ENOutrati                      | ent all     | DOA Oth                      | opr.                        |             |                                   | -                              | er (Specia              | (v)                    |          |
| 10+1  30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  DAVA Shown 991 Medical Center Drive Rockville Md. 20880  | Phy<br>writhis<br>eral d   | - 2       | 7. Menger of Deeth   |                     |                         |                              | 28b. Time                      | of          |                              |                             |             |                                   |                                |                         | 7/                     |          |
| 10+1  30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  DAVA Shown 991 Medical Center Drive Rockville Md. 20880  | oding<br>tth.<br>:: Afte<br>e fun  | 100       | lance of   |                     | (Month,                 | Day Year)                    | Injury                         |             |                              |                             | No          |                                   |                                |                         |                        |          |
| 10+1  30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  DAVIN Snown 991 Medical Center Drive Rockville Md. 20880   | blor Atters a safer des in Director de in by the   | Certific  | doton  |                     | 28e. Pleca of building. | Injury - At h<br>etc. (Speci | ome, farm, s                   | treet, fact | ory, office                  |                             |             |                                   |                                | per or Rur              | al Route Numi          | ber,     |
| 10+1  30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  DAVA Shown 991 Medical Center Drive Rockville Md. 20880  | Hospit     24 hour     Funeral     letely fille  | dicar     | (Check only 2 Madica   | ng Phys<br>I Examin | ar: On the basis        | s of examina                 | owledge, dea<br>ation and/or i | th occurre  | ed et the tir<br>on, in my o | me, date an<br>opinion, dea | d pleca, e  | end due to the<br>ed at the time, | cause(s) end modete and place, | enner as s<br>and due t | tated.<br>the cause(s) | )        |
| 10+1  30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  DAVA Shown 991 Medical Center Drive Rockville Md. 20880  | Nithin<br>Forth  | _         | 29b. Signature and title of pertifi  | er                  | /                       |                              |                                | 2           | 9c. Licens                   | se number                   |             |                                   | 29d. Date signe                | d (Month,               | Day, Year)             |          |
| 30. Name and address of person who completed cause of death (item 23e) (Type, Print)  DAVA SNOW 991 Medical Center Drive Rockville Md. 20880   | Ital   |           | 1 1  | 1                   |                         | ( /                          | Y.D.                           |             | D                            | 370                         | 24          |                                   | JUNE                           | -12                     | 1988                   | 8        |
|  | 10-1   | -         | 00. Name and address of person   | who col             | mpleted cause of        | _                            | m 23e) (Type                   | e, Print)   | X                            |                             | /           |                                   | 11                             | 1                       | , , , ,                |          |
|  |  |           | DAVA SNOW  | in                  | 0 -                     |                              | 1 C                            | euter       | 0,                           | reve                        | R           | ockull                            | le Mo                          | 1 - 2                   | 2088                   | 0        |
| State 31. Date filed (Month, Dey, Year) 32. Registrar's Signeture  | State  | e         | 31. Date filed (Month, Dey, Yeer   |                     |                         | istrar's Sign                |                                | dam         |                              |                             |             |                                   |                                |                         |                        |          |

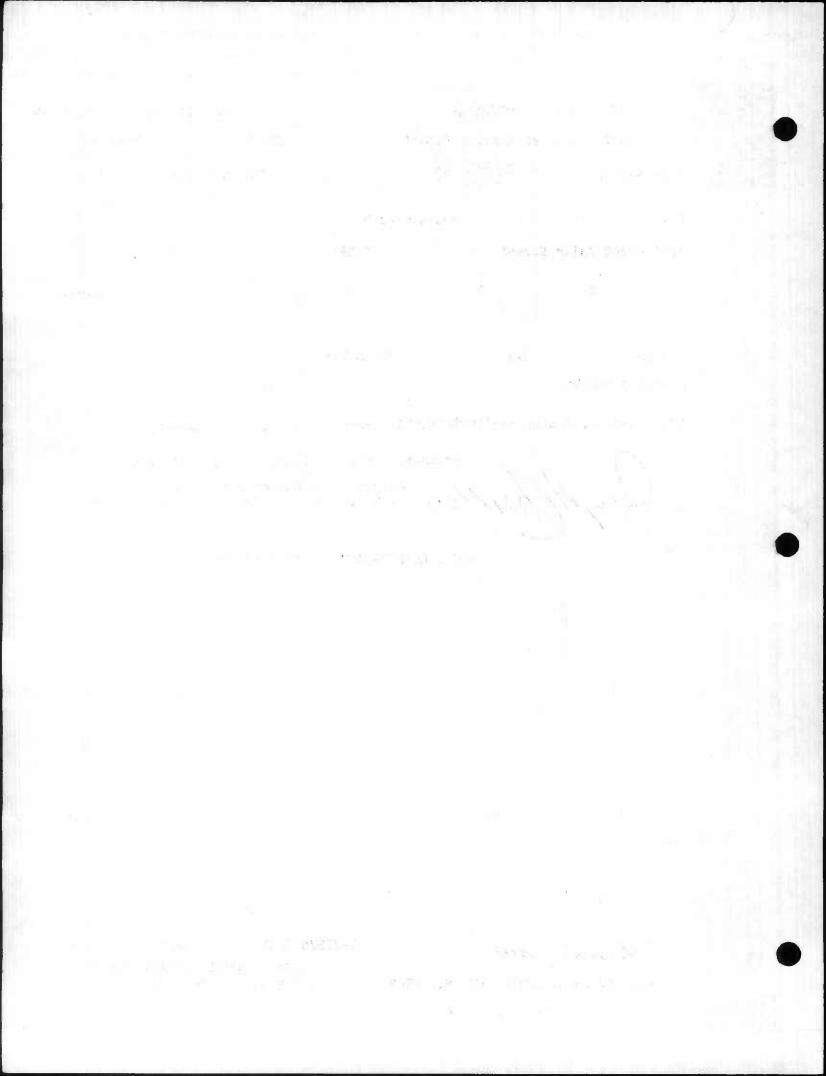
Registrar



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

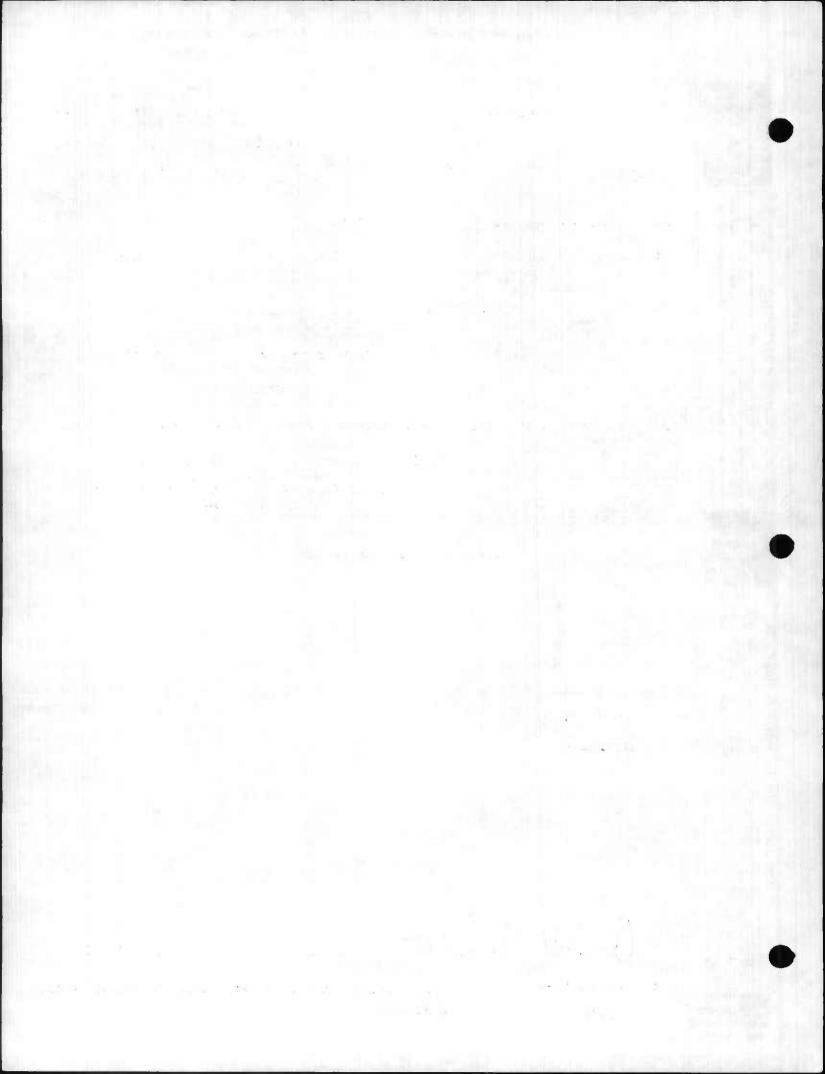
|            |  |                  |  |   | С                                    | ertificate o  | f Death  |  | eg. No.                          | 1 41                                    | 1130                          |  |
|------------|--|------------------|--|---|--------------------------------------|---|--|--|----------------------------------|---|-------------------------------|--|
| п          | Physic   | ian              | Decedant's Name (First, Middle, L  |   |                                      |   |  | 2. Deta of Dear<br>Month                   | Dey                              | Yeer                                    | 3. Time of Death              |  |
| U          | /Medi  | cai              | RITA MAR  4a. Fecility Nema (If not institution, g   |   | DER                                  |   | 4b. City, Town, or I                                     |  | 11 199                           | _                                       | 5:37 PM                       |  |
| 1          | Exami  | ner              | NATIONAL N   |   | AL CENTER                            |   | BETHE  |  | 4c. County                       | NTGOM                                   | ERY                           |  |
|            | Funeral<br>Director  |                  | 083-09-3598  | Sex 7. Ag   | a (In yrs. lest birthda<br>80 Yrs.   | y) If Under 1 Year<br>Months Dey                      | r If Undar 24 Hrs. s Hours Min. F                        | 8. Dete of Birth<br>(Month, Day)<br>bruary |                                  |   |                               |  |
|            | and  |                  | Usual Rasidenca of Decedent  10a. State 10b. County  |   | 10c. City, Town or                   | Location  |  |  |                                  | 100                                     | f. inside City Limits         |  |
|            | the Merylar<br>28a-f show  | tor              | VA.  |   | Falls C                              | nurch   |  |  |                                  |   | 1 X Yas 2 No                  |  |
|            | th with the<br>23a or 28   | Funeral Director | 10e. Street and Number<br>2324 Great Falls   | Street  |                                      | 10f. Zip Code<br>22046                                |  | 1  | 0g. Citizen of V                 | •                                       | n                             |  |
| 020        | d 2 should be filed within 72 hours effer death with the Meryland th and Mental Hygiene. T is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Evantiner must be notified at | by               | 11. Meritai Stetus  1 Never Married  | 12. Was Decedent Armed Forces? 1 ☐ Yes 2 1 1 1 Yes, Giva Year or Dates: | Evar in U,S. 1                       | 3. Wes Decedent of<br>If Yas, specify Cu<br>1 Yes 2 N | Hispenic Origin? (Sp<br>ban, Mexican, Puerto<br>Specify: | pecify Yes or No-<br>Rican, etc.)          |                                  | ce - Amarican<br>ck, White, etc<br>Cauc |                               |  |
| 21215-0020 | vithin 72 ho<br>ne.<br>hen "netur  | Completed        | 15. Decedent's I<br>(Specify only highast g<br>Eiamantary/Secondery (0-12)                                   | rade completed) Coilege (1-4or 5  | (Gi                                  | . DO NOT use retir                                    | a during most of won<br>red)                             | king                                       | 16b. Kind of B                   | usiness/Indu                            | stry                          |  |
| d 2        | Hygie<br>ther ther<br>ant, the   |                  | 12th 17. Fethar's Nema (First, Middle, Las   | +2  |                                      | Homemake  | 1  | ne (First, Middle, I                       | Home Middle, Maidan Surneme)     |   |                               |  |
| lan        | end Mental Hygiene.<br>is marked other ther<br>aumetic event, the N  | To Be            | Philip McCabe  | *   |                                      |   | Jean   |  |                                  | ,                                       |                               |  |
| Maryland   | 2 should<br>end Men<br>is marke<br>aumatic   |                  | 19a. Informent's Name/Relationship   |   |                                      |   | et end Number or Ru                                      |  |                                  |   |                               |  |
|            | CENF   |                  | LCT Howard V. Cod  | perider(h   | isband)232                           | 4 Great   | Falls St.  | Falls Ch                                   | urch, V                          | A 2204                                  | 6                             |  |
| Baltimore, | permit. Peges 1 e Department of Hee Important: If item any injury or othe  |                  | 1 Burial 2 Cremetion 3   | my -/   | Arlingto                             |   | al Cemt. 6   | 6/22/98                                    | Arlingt                          |   |                               |  |
| Bal        | permit. Pege<br>Department of<br>Important: If<br>any injury or<br>ance.   |                  | 21. Signature of Funeral Service Lief  | hos/  | ton 1                                | 22. Name end Add<br>Turphy Fa.<br>102 W. Bi           | ress of Facility<br>LIS Church<br>road St. E             | Funeral                                    | Home                             | A 220/                                  | 6                             |  |
|            |  |                  | 23a. Part1. Enter the disease, or ob-<br>shock or theart failure. List only                                  | nplications that caused<br>one cause on each lin                        | tha daath. Do not one.               | enter the mode of d                                   | /ing, such as cardiec                                    | or respiretory erro                        | est,                             | A                                       | pproximeta<br>ntervai Between |  |
|            | Physician<br>/Medicai<br>Examiner  | Jr.              | Intro-lieta Cause (Final<br>disease or condition<br>resulting in deeth)                                      |   | DULT RESE                            |   | DISTRESS S   | SYNDROME                                   |                                  | i                                       | Onset end Deeth               |  |
| ·<br>0     | ificate be executed<br>g physician end<br>as the buriel-transit  | Examiner         | Sequenticity list conditions, if any, leeding to immediate ceuse. Enter Undarlying Ceuse, (Disaasa or Injury | b   | Dua to (or es e cons                 | equenca of):  |  |  |                                  | 1                                       |                               |  |
| x 68760,   | E 0 6  | Medicai          | Ceuse (Disaasa or injury that initieted events resulting in death) Lest                                      | d.  | Due to (or es e cons                 | equenca of):  |  |  |                                  | i                                       |                               |  |
| Вох        | death cert   | Physician/M      |  |   |                                      |   |  | T  |                                  |   |                               |  |
| 0          | 0 0 0  | hysi             | Pert ii. Other eignificent conditiona  | contributing to death bu  | at not resulting in the              | underlying cause (                                    | jiven in Pert i.   |  |                                  |   | he cause of death?            |  |
| rds, P     | law requires thet the<br>es been signed by the<br>2 should be detecht  | by               |  |   |                                      |   |  | 24e. Wes a                                 | n eutopsy                        | 24b. Wera                               | a autopsy findings            |  |
| Records,   | 0 - 0  | Completed        |  |   |                                      |   |  | 1 🗆 Ye                                     | v                                | of de                                   | pietion of cause              |  |
| of Vital   | lcian: Th<br>certificate<br>rector, pa   | BeC              | 25. Wes case referred to medical   |   |                                      |   | 28. Placa of Dee   | th (Check only on                          |                                  |   |                               |  |
| ) t <      | \$ 00 D  | To               | axaminer?<br>1 ☐ Yes 2 ☐ <b>X</b> No   | Hospitai: 1 XInpatia  | nt 2 ER/Outpet                       | ent 3 DOA   | ther: 4 Nursing H  | ome 5 Reside                               | anca 6 Oth                       | ar (Specify)                            |                               |  |
| Division o | Attending Ph<br>or death.<br>ector: After th<br>by the funeral   | Certification:   | 27. Manner of Deeth  1 Neturei 5 Pending  2 Accident invastigation   |   |                                      | W   | ury et<br>ork?<br>☐ Yes 2 ☐ No                           | 28d. Describe ho                           | ow injury occur                  | red                                     |                               |  |
| Divi       | 3 0 5  |                  | 3 Suicide 6 Could not 4 Homicide datarmined  | 28e. Piece of inju<br>building, etc                                     | ury - At home, farm,<br>c. (Specify) | street, factory, office                               | Э  | 28f. Location (Si<br>City or Town          |                                  | ber or Rural F                          | loute Number,                 |  |
|            | To the Hospital or within 24 hours efter To the Funeral Director Completely filled in b  | edical           | 29a. Cartifiar 1 Certifying P (Check only one) 2 Medical Exa   | hysician: To tha best of<br>miner: On the basis of<br>end menner sta    | axamination end/or                   | ath occurrad at tha investigetion, in my              | tima, date end pieca<br>opinion, deeth occur             | end due to the corred et tha time, d       | euse(s) end ma<br>ata and pieca, | annar es stat<br>end dua to th          | ed.<br>ne ceuse(s)            |  |
|            | To the P<br>within 2<br>To the P<br>complet  | Σ                | 29b. Signature end title of cartifiar  |   |                                      |   | nse number   | 2  | 9d. Dete signe                   |   |                               |  |
|            | 0  |                  | Thunk  | NO  |                                      |   | 7376 (CA)  |  | 12 3                             | un                                      | 98                            |  |
|            | 8  |                  | 30. Nama end eddress of person who THANH TUYEN T.  | HUYNH, LT   | , MC, USN                            | R   | NATIONAL<br>BETHESDA                                     |  |                                  | CENTE                                   | R                             |  |
|            | Sta<br>Registr   |                  | 31. Data filed (Month, Dey, Yaar) 19.  | 32 Registre   | Signature Range                      | lace  |  |  |                                  |   |                               |  |

DHMH 16 Rev 6/95



|   | 1. Decedent's Na   | me (First, Mid   | idle, Last)   |  |  |   |  | of Deati   |                             | 2. Dete of De   |   |  | 3. Time of Death  |
|---|--|--|---|--|--|---|--|--|-----------------------------|---|---|--|---|
| n<br>al   | Frank  | ис   | anna.   | n. Sr.   |  |   |  |  |                             | Month   | Dey   | Year   | 0 /5 706  |
|   | 4a Fecility Name   |  |   |  | ber)   |   |  | 4b. City, 1  | Town, or Lo                 | June cation of Deat   |   | of Death   | 9:45 PM   |
|   | and the same of th |  |   | Center   |  |   |  | 44   | elphi                       |   | Prin  | co C   | eorges  |
|   | 5. Social Security   |  | 6. Sex  |  |  | lest birthdey)  | If Under 1 Ye  | ar If Unde   | er 24 Hrs.                  | 8. Date of Bir  | rth   | 9. Births  | place (Stete or Foreign<br>htry)  |
|   | 222-07-  | -1265  | 1 🙀   | M 2□ F   | 81   | Yrs.  | Months Da  | ys Hours   |                             | (Month, De  |   | Colo   |   |
| ŀ   | Usuel Residence  |  |   |  |  |   |  |  |                             |   |   |  |   |
|   | 10a. Stete   | 10b. Coun  | ity   |  | 10c. Cit   | y, Town or Lo   | cation   |  |                             |   |   | 1  | 10d. Inside City Limits   |
|   | MD   | Princ  | ce Ge   | orges  |  | Hyati   | sville   |  |                             |   |   |  | 1 ☐ Yes 2√ No   |
| ľ   | 10e. Street and N  | lumber   |   |  |  |   | 10f. Zip Cod   | е  |                             |   | 10g. Citizen of V   | What Cour  | niry?   |
|   | 3903 Ui  | nderwoo  | od St   | reet   |  |   | 20   | 782  |                             |   | U   | SA   |   |
| ľ   | 11. Maritel Status   |  | 1   | 12. Wes Deced  | ent Ever in U  | ,S. 13.   | Was Decedent   | of Hispanic C  | Origin? (Spe                | cify Yes or No  | o- 14. Rac  | e - Americk, White,  | can Indien,   |
|   | 1 Never Ma   | rried 2 Ma   | arried  | 1 X Yes 2  |  |   | 1 □ Yes 2 🛣 I  |  |                             | inouri, oro.,   | Specify   |  |   |
|   | 3 🙀 Widowed  | 4 Divorce  | ed  | Year or Dat  | es: WW I   | _   | 10 703 201   | NO Opecin  |                             |   | Specify   |  | White   |
|   | (Sp  | 15. Decede   | ent's Educ  | ation<br>completed)  |  | 16a. Dece   | dent's Usual Oc  | cupetion<br>ne during mo   | ost of working              | ng  | 16b. Kind of Bu   | usiness/în   | dustry  |
| -   | Elementery/Sec   |  | 1   | College (1-4   | lor 5+)  |   | kind of work do<br>DO NOT use re                                     |  |                             |   | 100   |  |   |
|   |  |  |   | 4  |  | Asso  | ociate 1   | 1  |                             |   | Educa   |  |   |
|   | 17. Fether's Nemo  |  |   |  |  |   |  |  |                             |   | , Meiden Sumen  | 10)  |   |
|   | Randali  |  |   |  |  |   |  | _  |                             | Baker   |   |  |   |
|   | 19a. Informant's   |  |   |  |  |   |  |  |                             |   | per, City or Town,  |  | o Code)   |
|   | Frank I  |  | nin,  | Jr. (s   | son)   | 114 No  | orthwood   | d Aven   | ue, S                       |   | Spring,   |  | 20901   |
|   | 20a. Method of Di<br>1 St Burlei   |  | n 3 □R  | emoval from Si   | ale 20b. F   | naca of Dispo<br>cemetery, crea   | sition (Neme or<br>metory or other                                   | place)   | i                           | Dete  | 20c. Location -   |  | own, State  |
|   |  | 5 Other  |   |  |  |   | Cemete   | -  |                             |   | Bel Air,  |  |   |
|   | 21. Sign Jure of I   | Funeral Service  | a License   | 10   |  |   |  |  |                             |   | . Collin  |  |   |
|   | 1Xt  | 114.   | 1/6   | in   |  |   | Home, In<br>Silver :   |  |                             | 20901   | ty Blvd.  | wes  | C   |
| l   | 23a. Part . Enter  | r I e disease,   | or complic  | cetions thet cau   | sed the deat   |   |  |  |                             |   | arrest,   |  | Approximete<br>Interval Between   |
| I   | oncon, or no   | Joil Idiato. Li  | or only or  | 0 04430 011 041  | 311 111101   |   |  |  |                             |   |   |  | Onset and Deeth   |
|   | Immediate Cause<br>disease or condit   |  |   | Int  | racer  | ebral B   | Hemmorrl   | nage   |                             |   |   |  | 6days   |
| ı   | resulting in death   | 1)   | Θ   |  |  |   |  |  |                             |   |   |  |   |
|   |  |  |   |  | Due to (d  | or as a consec  | quence of):  |  |                             |   |   |  |   |
|   |  |  | - 1   |  | Due to (d  | or as a consec  | quence of):  |  |                             |   |   |  |   |
|   | Sequentially list of   | conditions,  | <b>6</b> b  |  |  | or as a consec  |  |  |                             |   |   |  |   |
|   | Sequentially list of any, leading to cause. Enter any  | conditions,<br>immediate<br>derlying   | <b>s</b>  |  |  |   |  |  |                             |   |   |  |   |
|   | Sequentially list of any, leading to cause. Enter Unc Cause (Disease that initiated ever resulting in death  | 115  | <b>\</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \              |  | Due to (c  |   | quenca of):  |  |                             |   |   |  |   |
|   | that initiated ever  | 115  | <b>{</b>  |  | Due to (c  | or as a consec  | quenca of):  |  |                             |   |   |  |   |
|   | triat irritiated ever  | 115  | {   |  | Due to (c  | or as a consec  | quenca of):  |  |                             |   |   |  |   |
|   | that initiated ever  | ) Last   |   |  | Due to (c  | or as a consec  | quenca of):  |  | rt I.                       | 23b. Dld  | tobacco use co  | ntribute t   | to the cause of death   |
|   | resulting in death   | ) Last   | itions conf   |  | Due to (c  | or as a consec  | quenca of):  |  | rt I.                       |   | tobacco use co<br>Yes ≵⊟ No   |  | to the cause of death   |
|   | resulting in death   | ) Last   | itions conf   |  | Due to (c  | or as a consec  | quenca of):  |  | rt I.                       | 1   | Yes 24□ No  | 3 Pro  | obably 4□Unknow   |
|   | Part II. Other sign  | ) Last   | itions conf   |  | Due to (c  | or as a consec  | quenca of):  |  | rt I.                       | 1 □   |   | 3 Pro  | dere autopsy findings velleble prior to   |
|   | Part II. Other sign  | o) Last  | itions conf   |  | Due to (c  | or as a consec  | quenca of):  |  | rt I.                       | 1 □   | Yes 2 No  | 3 Pro  | bably 4 ☐ Unknow  |
|   | Part II. Other sign  | o) Last  | itions conf   |  | Due to (c  | or as a consec  | quenca of):  |  | rt I.                       | 1 □<br>24a. Was<br>perf                                       | Yes 2 No  | 3 Pro  | Vere autopsy findings velleble prior to ompletion of cause  |
|   | Part II. Other sign  | nificant condi<br>ute par<br>zheimen   | ncrea   | titis  | Due to (c  | or as a consec  | quenca of):  | e given in Pat<br>26. Ple  |                             | 1 □<br>24a. Was<br>perf                                       | Yes 2 No Yes 2 No   | 3 Pro  | Jere autopsy findings velieble prior to ompletion of cause I deeth?   |
|   | Part II. Other sign  Al.2  25. Was case reference?  1   Yes   28   | initicant condition to condition to condition to medical conditions and conditions are conditions as a condition to condition to conditions are conditions as a condition to condition to conditions are conditionated as a condition to | ncrea   | titis  | Due to (c  | or as a consecutive as e consecutive as | quence of):  nderlying cause   | 26. Pia  | ace of Death<br>Nursing Hos | 1 □ 24a. Was perfi  | Yes 2 No  Yes 2 No  one)  | 3 Pro  | Jere autopsy findings velleble prior to ompletion of cause deeth?   |
|   | Part II. Other sign  A1:  25. Was case referencement?  1   | initicant condition to condition to condition to medical conditions and conditions are conditions as a condition to condition to conditions are conditions as a condition to condition to conditions are conditionated as a condition to | ncrea   | titis  | Due to (c  | or as a consecutive as e consecutive as | quence of):  uence of):  nderlying cause  nt 3 DOA f 28c. i          | 26. Ple Other: 450   | ace of Death<br>Nursing Ho  | 1 □ 24a. Was perfi  | Yes 2 No  Yes 2 No  Yes 2 No  One)  | 3 Pro  | Jere autopsy findings velleble prior to ompletion of cause deeth?   |
|   | Part II. Other sign  Al.2  25. Was case referenment?  1 Yes 2  27. Menner of De- 1 \$\forall \text{Netural} \text{ 2} \text{ Accident}   | initicant condition to condition to condition to medical No all 15 Pencil Proventions of the condition to con | rs  cal H  ding stigation                                 | titis  | Due to (continue to the but not respectively actions 2   | or as a consecutive as | quence of):  uence of):  nderlying cause  nt 3 DOA f 28c. i          | 26. Pia  | ace of Death<br>Nursing Ho  | 1 □  24a. Was perfu   | Yes 2 No s an autopsy ormed?  Yes 2 No one) idenca 6 Oth  | 3 ☐ Pro  24b. We go of of of the control of the co  | Jere autopsy findings velleble prior to ompletion of cause I deeth?   |
|   | Part II. Other sign  A12  25. Was case refearaminer?  1   Yes 28  27. Menner of De. 1   Netural  | initicant condition to condition to condition to medically the condition to condition the condition to condition the condition to condition the condition th | rs  cal H  ding stigation                                 | ospital: 1 In            | Due to (contract to the but not respectively to the but no | or as a consecutive as e consecutive as | quence of):  uence of):  nderlying cause  nt 3 DOA f 28c. i          | 26. Pla  Other: 4 ☑  njury at Work?  1 ☐ Yes 2   | ace of Death<br>Nursing Ho  | 1 □ 24a. Was perful 1 □ 1 Check only me 5 □ Res 28d. Describe | Yes 2 No s an autopsy ormed?  Yes 2 No one) idenca 6 Oth  | 3 ☐ Pro  24b. We go of of of the control of the co  | Jere autopsy findings velleble prior to ompletion of cause deeth?   |
|   | Part II. Other sign  A1:  25. Was case referexaminer?  1 Yes 26  27. Menner of De.  1 Netural 2 Accident 3 Suicide   | initicant condition to condition to condition to medically the condition to condition the condition to condition the condition to condition the condition th | rs cal H ding stigation Id not be                         | ospital: 1 In            | Due to (c  Due to (c  th but not res  patient 2 [Injury Dey Year)  | or as a consecutive as e consecutive as | quence of):  quence of):  Inderlying cause  at 3 DOA  f 28c. i       | 26. Pla  Other: 4 ☑  njury at Work?  1 ☐ Yes 2   | ace of Death<br>Nursing Ho  | 1 □ 24a. Was perful 1 □ 1 Check only me 5 □ Res 28d. Describe | Yes 2 No s an autopsy ormed?  Yes 2 No one) idenca 6 Oth how injury occur (Street and Numb  | 3 ☐ Pro  24b. We go of of of the control of the co  | Jere autopsy findings velleble prior to ompletion of cause I deeth?   |
|   | Part II. Other sign  Al.2  25. Was case refresaminer?  1 Yes 36  27. Menner of De.1  \$\frac{1}{2}\$ Netural  2 \triangle Accident  3 \triangle Suicide  4 \triangle Homicide  29a. Certifier (Check only)   | erred to medic  No ath 5   Pence Invested 6   Coul   | rs  cal H  ding stigation Id not be rmined                | ospital: 1 In In 28a. Date of (Month.) 28e. Placa o building | Due to (c  Due to (c  th but not res  Injury Dey Year)  If Injury - At h , etc. (Special   | er as a consector as | quence of):  quence of):  nderlying cause  f                         | 26. Pie  26. Pie  Other: 4 diniury at Work?  1 Yes 2 lice  e time, date                  | ace of Death Nursing Ho     | 24a. Was perfu  | Yes 2 No s an autopsy ormed?  Yes 2 No one) idenca 6 Oth how injury occur (Street and Numburn, State)                                     | 3 Pro 24b. W encicle of 1 ner (Speciated   | Jee autopsy findings veileble prior to ompletion of cause I deeth?  Yes 2 No  |
|   | Part II. Other sign a C. V. Al. 2  25. Was case refresaminer? 1 Yes 3/2  27. Menner of De 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one)  | orred to medicate part by the ime in the important by th | cal H ding stigation ld not be rmined ying Physial Examin | ospital: 1 In In 28a. Date of (Month.) 28e. Placa o building | Due to (c  Due to (c  Due to (c  Injury Dey Year)  Injury - At h ,, etc. (Special  est of my knot is of examina  | er as a consector as | nt 3 DOA f 28c. I  | 26. Pla Other: 4 Injury at Work? 1 Yes 2 ice e time, date ny opinion, d                  | ace of Death Nursing Ho     | 24a. Was perfu  | Yes 2 No s an autopsy ormed?  Yes 2 No one) sidenca 6 Oth how injury occur (Street and Numbers, Stete) e cause(s) and me, date and place, | 3 ☐ Pro  24b. W encic of  1  her (Speciated)  ber or Run enner as and due in   | Jere autopsy findings velleble prior to ompletion of cause I deeth?  Yes 2 No  Yes 2 No  Yes 1 No  Yes 2 No  Tel Route Number,  stated.  to the cause(s)    |
|   | Part II. Other sign  Al.2  25. Was case refresaminer?  1 Yes 36  27. Menner of De.1  \$\frac{1}{2}\$ Netural  2 \triangle Accident  3 \triangle Suicide  4 \triangle Homicide  29a. Certifier (Check only)   | erred to medic  No ath 5   Pence Invested 6   Coul   | cal H ding stigation ld not be rmined ying Physial Examin | ospital: 1 In            | Due to (c  Due to (c  Due to (c  Injury Dey Year)  Injury - At h ,, etc. (Special  est of my knot is of examina  | er as a consector as | nt 3 DOA f 28c. I  | 26. Pie  26. Pie  Other: 4 diniury at Work?  1 Yes 2 lice  e time, date                  | ace of Death Nursing Ho     | 24a. Was perfu  | Yes 2 No s an autopsy ormed?  Yes 2 No one) idenca 6 Oth how injury occur (Street and Numburn, State)                                     | 3 ☐ Pro  24b. W encicle of  1  her (Speciated)  ber or Run enner as and due in   | Jere autopsy findings velleble prior to ompletion of cause I deeth?  Yes 2 No  Yes 2 No  Yes 1 No  Yes 2 No  Tel Route Number,  stated.  to the cause(s)    |
|   | Part II. Other sign  A1.2  25. Was case reference are saminer?  1 Yes 3/2  27. Menner of De 1 Netural 2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only one)   | orred to medicate part by the ime in the important by th | cal H ding stigation ld not be rmined ying Physial Examin | ospital: 1 In            | Due to (c  Due to (c  Due to (c  Injury Dey Year)  Injury - At h ,, etc. (Special  est of my knot is of examina  | er as a consector as | nt 3 DOA of 28c. In the occurred at the vestigation, in in 29c. Lice | 26. Pla Other: 4 Injury at Work? 1 Yes 2 ice e time, date ny opinion, d                  | ace of Death Nursing Ho     | 24a. Was perfu  | Yes 2 No s an autopsy ormed?  Yes 2 No one) iidenca 6 Oth how injury occur (Street and Numb wm, Stete) c cause(s) and me, date and placa, | 3 Pro 24b. We expected of the control of the contro | Jere autopsy findings velleble prior to ompletion of cause I deeth?  Yes 2 No  Yes 2 No  Yes 1 No  Yes 2 No  Tel Route Number,  stated.  to the cause(s)    |
| medical certification: To be completed by Fifysicialymedical Examiner | Part II. Other sign a C. V. Al. 2  25. Was case refresaminer? 1 Yes 3/2  27. Menner of De 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one)  | inificant condition to condition the particular particu | cal H ding stigation ld not be rmined ying Physal Examin  | ospital: 1 In            | Due to (c  Due to (c  Due to (c  Injury Dey Year)  Injury - At h ,, etc. (Special is of examinal ir stated.  | ER/Outpatier 28b. Time of Injury ome, farm, strip  wiledge, dealt   | nt 3 DOA 28c. I  | 26. Pla Other: 4  injury at Work? 1  Yes 2   ice e time, date hy opinion, disense number | ace of Death Nursing Ho     | 24a. Was perfu  | Yes 2 No s an autopsy ormed?  Yes 2 No one) iidenca 6 Oth how injury occur (Street and Numb wm, Stete) c cause(s) and me, date and placa, | 3 Pro 24b. We expected to the control of the contro | Jobebly 4 Unknown  Vere autopsy findings veileble prior to completion of cause I deeth?  Yes 2 No  Veil Route Number,  stated. to the cause(s)  Joby, Year) |

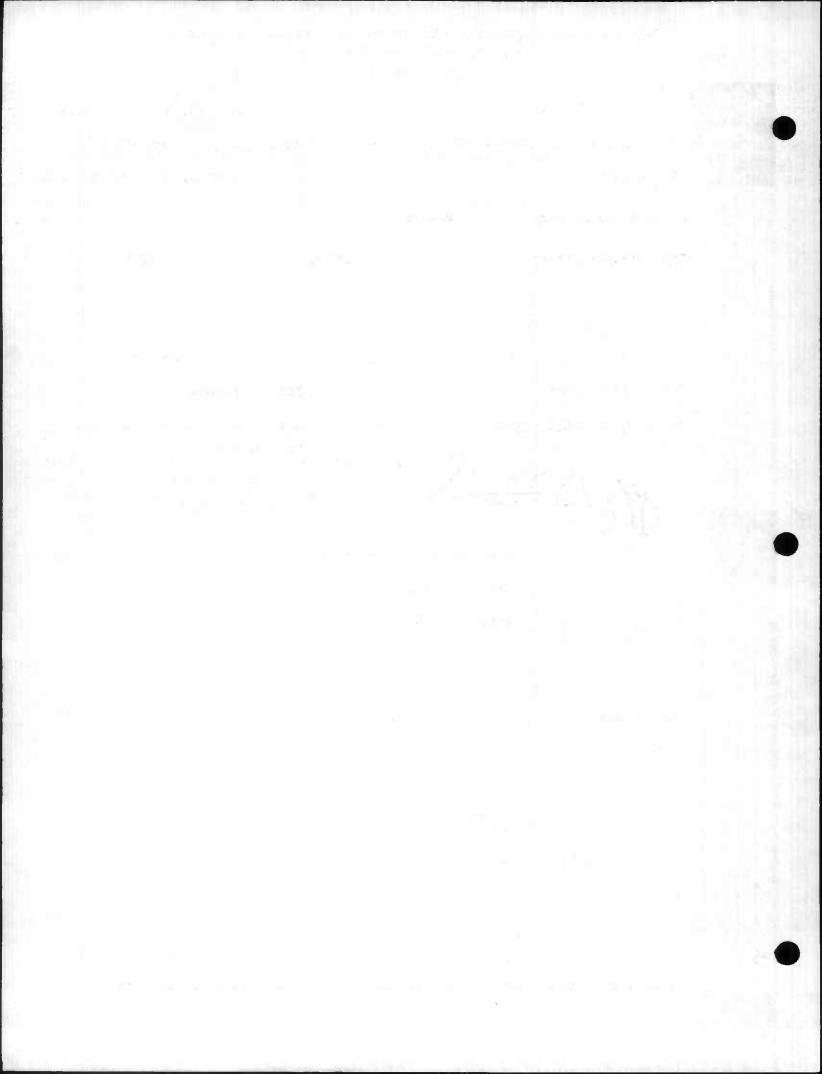
Registrar DHMH 16 Rev 6/95



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|   |  |  |   |                               |   |                                       |                          | tificate of                                | Death                                      | -                                  | Reg. No.         | J 6.                            | 1130   |
|---|--|--|---|-------------------------------|---|---------------------------------------|--------------------------|--|--|------------------------------------|------------------|---------------------------------|--|
|   | Dhuala   |  | Decedent's Neme   | (First, Middle                | (Last)  |                                       |                          |  |  | 2. Dete of De<br>Month             | eth<br>Dey       | Yeer                            | 3. Time of Deeth                                 |
|   | Physic<br>/Medi  |  | Edna Lou  | ise Cul                       | ller  |                                       |                          |  |  | June 1                             |                  |                                 | 4:20 PM  |
|   | Exami  |  | 4a. Fecliity Neme (If   | not Institution,              | give street end numbe                             | er)                                   |                          |  | 4b. City, Town, or L                       |                                    |                  |                                 | 1.20_11  |
|   | Exami  |  | Manor Car   | e Healt                       | h Services  | Silver                                | Spr                      | ing  | Silver S                                   | nring                              | Mont             | gomery                          |  |
| Н                                       | Funeral  |  |   |                               |   |                                       | -                        | If Under 1 Yeer                            | If Under 24 Hrs.                           |                                    |                  |                                 | e (Stete or Foreign                              |
|   | Director   |  | 215-44-56   | 21                            | 1□M 2以F   | 95                                    | Yrs.                     | Months Deys                                | Hours Min.                                 |                                    |                  |                                 | ce (Stete or Foreign<br>c)<br>gton. D.C.         |
|   | D  |  | Usuel Residence of  | Decedent                      |   |                                       |                          |  |  | ingue 2                            | 7, 1702          | - Madei Hail                    | scori, D.O.                                      |
|   | show   | 5. Social Security Number 215-44-5621    Social Security Number   10 |   |                               | 10d   | . Inside City Limits                  |                          |  |  |                                    |                  |                                 |  |
|   | a Ma   | cto  | S. Social Security Number   215-44-5621   1   |                               |   | 1 ☐ Yes 2√ No                         |                          |  |  |                                    |                  |                                 |  |
|   | th th  | ire  | 10e. Street end Num   | nber                          |   |                                       |                          | 10f. Zip Code                              |  |                                    | 10g. Citizen of  | Whet Country                    | 7  |
|   | th wi  |  | 3523 Olym   | pic Str                       | reet  |                                       |                          | 2090                                       | 06   |                                    | United           | State                           | S  |
|   | daa daa  | ner  |   |                               | 12. Wes Deceder                                   | nt Ever in U,S.                       | 13. V                    |  |  | ecify Yes or No                    |                  | a - American                    | Indian,  |
| Maryland 21215-0020                     | filed within 72 hours after death with the Maryland<br>Hygiene.<br>uther than "natural", or ferms 23a or 28a-f show<br>ent, the Medical Examiner must be not lied at |  |   |                               | ed 1 Tyes 2 T                                     | <b>X</b> No                           |                          |  |  | rican, etc.)                       | Specif           | ck, White, etc<br>v:<br>Whit    |  |
| Ö                                       | natural',  |  |   | 15. Decadent'                 | s Education                                       | 1                                     | 6a. Deced                | ent's Usuel Occup                          | ation                                      |                                    | 16b. Kind of B   |                                 |  |
| 218                                     | within 72 he<br>liena.<br>than "natur<br>the Medical   | ple  |   |                               |   |                                       | (Give )                  | kind of work done                          | durina most of work                        | ing                                |                  |                                 |  |
| 21                                      | filed withir<br>Hygiena.<br>other than   | E  |   | idaly (0-12)                  | Collage (1-40                                     | 11 5+)                                | Home                     | emaker                                     |  |                                    | Own H            | ome                             |  |
| b                                       | be filed<br>ttel Hygi<br>d other<br>event, t   |  | 17. Father's Neme (i  | First, Middle, L              | ast)  | · · · · · · · · · · · · · · · · · · · | 22021                    |  | 18. Mother's Nem                           | e (First, Middle,                  |                  | M MAN AL                        |  |
| /al                                     |  | 0  | Frank Bla   | nd Crov                       | vn  |                                       |                          |  | Ida Ma                                     | e Sevmo                            | ır               |                                 |  |
| an                                      | d 2 should<br>th and Mer<br>7 la marke<br>traumatic  |  | 19e. Informant's Na   | me/Reietlonsh                 | ip (Type, Print)                                  | 1                                     | 19b. Mailin              | g Address (Street                          |  | _                                  |                  | Stete, Zip Co                   | ode)   |
| Σ                                       |  |  | Frank Wil   | liam C                        | uller/Son   | 3                                     | 3523                     | Olympic S                                  | Street. W                                  | heaton.                            | Marvla           | nd 209                          | 06   |
| e j                                     | f Haalitam 2   |  | 20e. Method of Disp   | osition                       |   | 20b. Plece                            | of Dispos                | sition (Neme of                            | on Trees 10                                | Date                               | 20c. Location    |                                 |  |
| E                                       | Pega<br>ant<br>nt: If<br>ny or   |  |   |                               |   |                                       |                          |  |  |                                    | Dooleysi 1       | lo Mo                           | wrrland  |
| Baltimore,                              | permit. Pegas 1 an<br>Dapartmant of Haal<br>Important: If itam 2<br>any Injury or other<br>once.   |  |   |                               |   | / Talk                                |                          |  |  |                                    |                  |                                 |  |
| ä                                       | Dapar<br>Impor<br>any Ir   |  | <b>&gt;</b>   | ٦/-                           | 1 things  | 0689                                  |                          | ckville,                                   | Inc. 30                                    | O West                             | Montgom          |                                 |  |
|   | Physician  |  | 23a. Part1 Enter the<br>shoots of bean  | disease, or o                 | complications thet caus<br>inly one ceuse on eech | ed the deeth. D                       | Do not ente              | er the mode of dylr                        | ng, such es cardiec                        | or respiretory e                   | rest,            | In                              | pproximete<br>hterval Between<br>enset and Deeth |
|   | /Medical   |  | Immediate Cause (F  | inal                          | Cong  | estive                                | Heart                    | Failure                                    |  |                                    |                  | 1                               | week   |
|   | Examiner   |  | resulting In deeth)   |                               | е   | Due to (or as                         |                          |  |  |                                    |                  | 1 4                             | weev   |
| -                                       | D #  | ner  |   |                               | Athe  | roscler                               | osis                     |  |  |                                    |                  |                                 |  |
|   | nd<br>trans  | Examiner   | Sequentielly list con   | ditions,                      | D   | Due to (or es                         | e consequ                | uenca of):                                 |  |                                    |                  |                                 |  |
| Ö,                                      | e exe  |  | Sequentielly list con<br>if eny, leeding to lmr<br>cause. Enter Under<br>Cause (Disease or in | mediete<br>lying              | Нуре  | rtensio                               | n                        |  |  |                                    |                  | 1                               |  |
| 68760,                                  | ificate be executed<br>g physicien end<br>es the burial-transit  | edical   | that initieted events<br>resulting in deeth) Li   |                               | 0   | Due to (or es                         | e consequ                | ience of):                                 |  |                                    |                  |                                 |  |
|   |  | _ = 1  |   |                               | d   |                                       |                          |  |  |                                    |                  |                                 |  |
| Вох                                     | daath carti<br>a attending<br>od for usa e   | Physician/N  |   |                               |   |                                       |                          |  |  |                                    |                  | i                               |  |
| P.0.                                    | 0 6 8  | ysi  | Pert II. Other signific   | cent condition                | s contributing to death                           | but not resulting                     | g in the un              | derlying cause giv                         | en in Pert I.                              |                                    |                  |                                 | ne cause of death?                               |
|   | requires that the da<br>een signed by tha a<br>hould be dateched (   |  | Pneumon   | ia                            |   |                                       |                          |  |  | 1 🗆                                | Yes 2□No         | 3 Probat                        | bly 4 Unknown                                    |
| Records,                                | S 5 8  | d by   |   |                               |   |                                       |                          |  |  | 240 Mag                            | an autopsy       | 24h Were                        | eutopsy findings                                 |
| Ö                                       | v require<br>been sig<br>should?   | Completed  | OBS   |                               |   |                                       |                          |  |  |                                    | rmed?            | avelie                          | ble prior to<br>bietion of cause                 |
| Sec.                                    | 8 8  | igu  |   |                               |   |                                       |                          |  |  |                                    |                  | of dec                          | eth?   |
|   | The ata  | ပိ   |   |                               |   |                                       |                          |  |  | 10                                 | res 2 ₹ No       | 1 🗆 Y                           | res 2 No   |
| ======================================= | Physician: The this cartificata ral director, peg  | Be   | 25. Wes case referre examiner?  | ed to medicai                 | 8.8   |                                       |                          |  | 28. Piece of Deat                          | h (Check only o                    | ne)              |                                 |  |
| of Vital                                | Physic<br>this c   | ၉  | 1 ☐ Yes 2 ☑ N   | 10                            |   | tient 2 ER/                           | -                        | -  | 4 LXL Nursing Ho                           | me 5 Resid                         |                  | 1-1-11                          |  |
| L C                                     |  | ino<br>ino   | 27. Menner of Deeth<br>1 X Naturel  | 5 Pending                     | 28e. Dete of In<br>(Month, E                      | ojury 281<br>De <i>y Year)</i>        | b. Time of<br>Injury     | 28c. Injur<br>Wor                          | k7   | 28d. Describe h                    | now Injury occur | red                             |  |
| Sic                                     | Attending Independent of the formal by the funer   | cat  | 2 Accident 3 Suicide  | investiga<br>6 Could no       | ot he   |                                       |                          |  | Yes 2 □ No                                 |                                    |                  |                                 |  |
| Division                                | of a Attend<br>eftar deeth<br>Director:  | Certification:   | 4 Homlcide  | determin                      | ed 28e. Pieca of I                                | njury - At home,<br>etc. (Specify)    | , farm, stre             | et, factory, offica                        |  | 28f. Location (S<br>City or Tov    |                  | per or Rural R                  | loute Number,                                    |
|   | urs e urs e rail Delli   |  |   |                               |   |                                       |                          |  |  |                                    |                  |                                 |  |
|   | To the Hospital or At<br>within 24 hours effar of<br>To the Funeral Direct<br>completely filled in by  | edical   | 29a. Certifier<br>(Check only 2<br>one)   | 1⊠ CertifyIng<br>2☐ Medicai E | Phyeician: To the best<br>end menner:             | of examinetion                        | dge, death<br>end/or inv | occurred et the tin<br>estigetion, in my o | ne, dete end placa,<br>pinion, death occur | end due to the<br>red et the time, | date end pleca,  | enner as stete<br>end due to th | ad.<br>e ceuse(s)                                |
|   | To the within To the comple  | Σ  | 29b. Signature aed1   | file of certifier             | -20   |                                       |                          | 29c. Licens                                | e number                                   |                                    | 29d. Date signe  | d (Month, De                    | y, Yeer)   |
|   | -  |  | <b>)</b>  | 560                           | Inc   |                                       |                          | D254                                       | 22   |                                    | Tues             | 11 10                           | 0.0  |
| ,                                       | 5  |  | 30. Name and eddres   | ss of person w                | no completed cause of                             | deeth (Item 23                        | e) (Type. F              | Print)                                     |  |                                    | June             | 19                              | 70   |
|   |  |  |   |                               | in, M.D.  |                                       |                          |  | lie Laure                                  | 1 Max.                             | rland of         | 707                             |  |
|   | Sta  | te   | 31. Dete filed (Month   | n, Day, Year)                 | 32. Pegis   |                                       |                          |  | re, naute                                  | T, Mar                             | Tana 20          | ,,,,,,                          |  |
|   | Registr  |  | JU  | N 151                         | 1998 9  | strer's Signeture                     | -Aand                    | 100  |  |                                    |                  |                                 |  |

DHMH 16 Rav 6/95

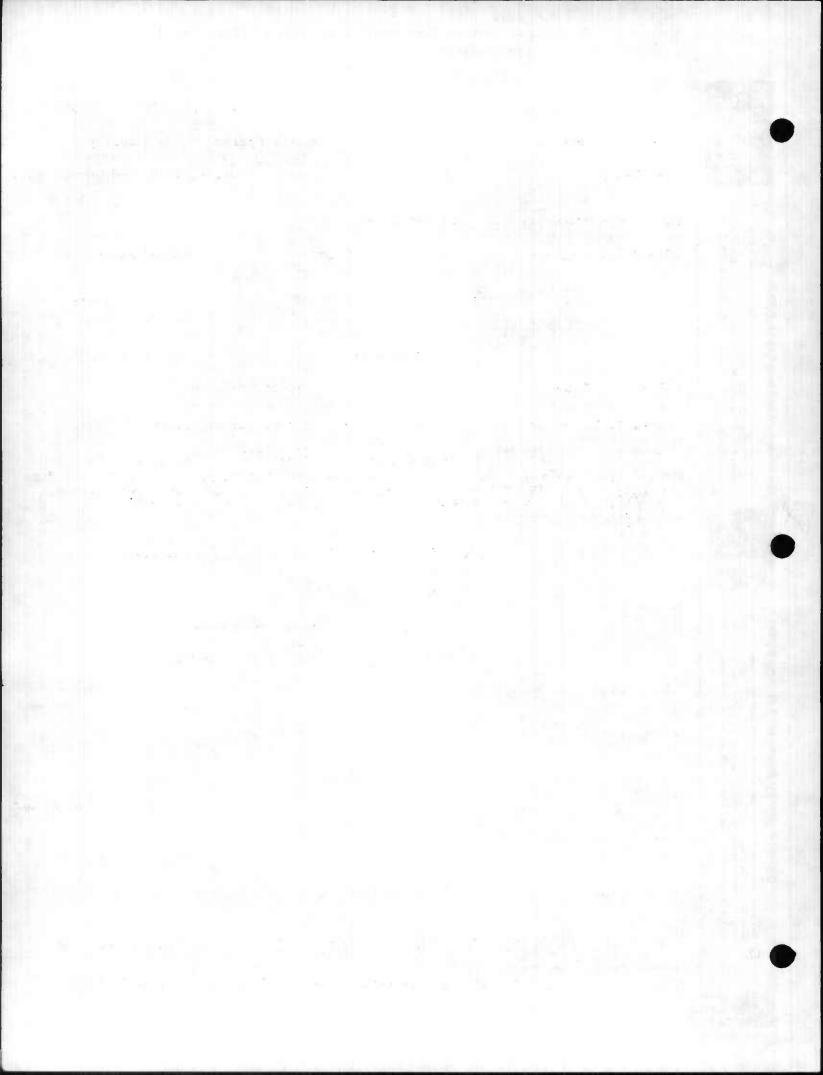


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

|                   |   |                         |                       |   |                              | Jeruni                    | cate of                       | Dealli                                |                            |                               | Reg. No                | ٥.                    |                          |  |
|-------------------|---|-------------------------|-----------------------|---|------------------------------|---------------------------|-------------------------------|---------------------------------------|----------------------------|-------------------------------|------------------------|-----------------------|--------------------------|--|
| ysician           | 1. Decedent's Name (First, Mid  |                         |                       |   |                              | -                         |                               |                                       |                            | 2. Date of D<br>Month         | Da                     |                       | Year                     | 3. Tima of Death                           |
| Medical           | Dorothy Creecy  |                         |                       |   |                              |                           |                               |                                       |                            |                               |                        | 1998                  |                          | 5:50 PM                                    |
| caminer           | 4a Facility Name (If not instituti  | on, giva sti            | reet end nu           | ımber)  |                              |                           |                               | 4b. City, To                          | wn, or Lo                  | cation of Dea                 | ith 40                 | :. County             | of Death                 |  |
|                   | Holy Cross Hos  | -                       | L                     |   |                              |                           |                               | Silve                                 |                            |                               |                        |                       | gome                     |  |
| ıl 📗              | 5. Social Security Number   | 6. Sax                  | M 2⊠F                 | 7. Age (In y                                      |                              | Mor                       | Inder 1 Yaar<br>oths Days     | If Undar<br>Hours                     | Min.                       | 8. Data of B<br>(Month, D     |                        |                       | 9. Birth<br>Cou          | place (State or Foreign<br>intry)          |
|                   | 579-07-6014   |                         |                       | 88  | 3 Yr                         | 5.                        |                               |                                       |                            | Nov. 6                        | , 19                   | 09_1                  | Washi                    | ington, D.C                                |
|                   | Usual Residence of Dacedent  10e. State  10b. Count   | v                       |                       | 100   | City, Town                   | or Location               | 3                             |                                       | -                          |                               |                        |                       |                          | 10d. Inside City Limits                    |
| -                 |   |                         |                       |   |                              |                           |                               |                                       |                            |                               |                        |                       |                          | 1 ☐ Yes 2 ☒ No                             |
| Director          | Maryland Mont   | gomer                   | су                    | S   | ilver                        |                           |                               |                                       |                            |                               |                        |                       |                          |  |
| 5                 | 10e. Street and Number  |                         |                       |   |                              | 10                        | f. Zip Code                   |                                       |                            |                               |                        |                       | What Cou                 |  |
| Funerai           | 2019 Hanover S  | treet                   |                       |   |                              |                           | 20910                         |                                       |                            |                               |                        | ted                   | Stat                     | es   |
| Ine               | 11. Marital Status  | 12                      | 2. Was Dec<br>Armed F | cedent Evar in<br>orces?                          | U,S.                         | 13. Was E                 | Decedent of It<br>specify Cub | Hispanic Ori<br>an, Mexicar           | gin? (Spe<br>n, Puerto I   | cify Yes or N<br>Rican, etc.) | 10-                    |                       | ce - Ameri<br>ck, White, | ican Indian,<br>, etc.                     |
| -                 | 1 Never Married 2 Ma  |                         | 1 Yes                 | 2⊠ No<br>ive                                      | 1                            | 1 🗆 Y                     | es 2 No                       | Specify:                              |                            |                               |                        | Specify               | V: TT                    |  |
|                   | 3 ☑ Widowed 4 □ Divorce   | d                       | Year or [             | Dates:  |                              |                           |                               |                                       |                            |                               |                        |                       | W                        | hite                                       |
|                   | 15. Decede<br>(Specify only high  |                         |                       | )   | (                            | Give kind o               | Usual Occup<br>of work done   | during mos                            | t of worki                 | ng                            | 16b. l                 | (Ind of B             | usiness/Ir               | ndustry                                    |
|                   | Elementary/Secondary (0-12)   |                         |                       | (1-4or 5+)  |                              | ife. DO N                 | OT usa retire                 | d)                                    |                            |                               |                        |                       |                          |  |
|                   | 12  |                         |                       |   | Hon                          | nemak                     | er                            |                                       |                            |                               |                        | n Ho                  |                          |  |
|                   | 17. Fathar's Nama (First, Middle  | , Last)                 |                       |   |                              |                           |                               |                                       |                            | (First, Middl                 |                        | n Sumen               | ne)                      |  |
|                   | William C. Cre  | ecy                     |                       |   |                              |                           |                               | Sus                                   | ie S                       | chloss                        | er                     |                       |                          |  |
|                   | 19a. Informant's Name/Relation  | ship (Type              | e, Print)             |   | 19b. I                       | Aailing Ad                | dress (Street                 | t and Numbe                           | er or Rura                 | I Route Num                   | ber, City              | or Town               | , Stete, Zi              | ip Code)                                   |
|                   | Edward A. Davi  | s/ Sc                   | n                     |   | 201                          | 9 Ha                      | nover                         | Stree                                 | t. S                       | ilver                         | Spri                   | ng.                   | MD 2                     | 0910                                       |
|                   | 20a. Method of Disposition  |                         |                       | 20t   | Placa of C                   | Disposition               | (Neme of y or other pla       | cal-                                  |                            | Date                          |                        |                       |                          | own, State                                 |
|                   | 1 ⊠Burial 2 ☐ Cremation<br>4 ☐ Donation 5 ☐ Other (   |                         | moval from            | State   | rklas                        | m Mo:                     | morial                        | June                                  | 19,                        | 1998                          | Poo                    | less 4 1              | 10 1                     | Maryland                                   |
|                   | 21. Signature of Furieral Service   | -                       |                       | 1   | alklav                       |                           |                               |                                       |                            | ort A                         | 1                      |                       |                          | neral Home/                                |
|                   | 1 July 1  | 1                       | 1                     | 1   |                              |                           | ville,                        |                                       |                            |                               |                        | -                     |                          | Avenue,                                    |
|                   | WY /-   | ) /~                    | Lun                   | M0861   |                              |                           | R                             | lockvi                                | lle.                       | Marvl                         | and                    | 2085                  | 0-28                     | 05   |
|                   | 23a Part V Enter the dispase, of heart tailyre. List  | or complica             | ations that           | caused the de<br>each line.                       | eath. Do no                  | t enter the               | mode of dyi                   | ing, such as                          | cardiac o                  | or respiratory                | errest,                |                       | 1                        | Approximate<br>Interval Between            |
|                   | 900   |                         |                       |   |                              |                           |                               |                                       |                            |                               | 1                      |                       |                          | Onsat and Death                            |
|                   | Immediate Cause (Final disease or condition   |                         |                       | Van   | Tra                          | 2.0                       | 1                             | ich                                   | -44.                       | 1.1                           | 110.                   | : 10.                 | T                        |  |
|                   | resulting in death)   | a.                      |                       | Dunt  | (or as a co                  | 2000                      | ~ / (                         |                                       | The same                   | acc)                          | Ju                     | nuce                  |                          |  |
|                   |   |                         |                       | A   |                              |                           | 0017.                         | 10:0                                  | 4.                         |                               | -                      |                       |                          |  |
|                   |   | b.                      |                       | 000   | (or as a co                  | Ce,                       | - Nucl                        | Ville.                                | 2                          |                               |                        |                       |                          |  |
|                   | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury |                         |                       | Dua II  | (or as a co                  | nsequenc                  | 6 01).                        |                                       | 0 1                        | 1.10                          | - 0                    |                       | 1                        |  |
|                   | Cause (Disease or Injury that initiated events  | C                       |                       | Cn  | do                           | 100                       | ce 10                         | lura                                  | XX                         | HAC.                          | wi                     |                       | 1                        |  |
|                   | resulting in death) Last  | 1                       |                       | Due to  | (or es a co                  | nsequende                 | a) o1) :                      |                                       | 1                          |                               |                        |                       | 1                        |  |
| III STORIGINATION |   | d.,                     |                       | 9   | 212                          | ary                       | _an                           | eny                                   | N                          | raea                          | ol                     |                       | 1                        |  |
|                   |   |                         |                       |   |                              | U                         |                               | J                                     |                            |                               |                        |                       |                          |  |
|                   | Part II. Other significant condit   | ions contr              | ibuting to d          | death but not i                                   | resulting In t               | he underly                | ing cause gi                  | ven in Part I                         | l.                         | 23b. Di                       | d tobacc               | o use co              | ontribute i              | to the cause of death?                     |
|                   |   |                         |                       |   |                              |                           |                               |                                       |                            | 1 [                           | Yee                    | 2 No                  | 3 Pro                    | obably 4 Unknown                           |
|                   |   |                         |                       |   |                              |                           |                               |                                       |                            |                               |                        |                       |                          |  |
|                   |   |                         |                       |   |                              |                           |                               |                                       |                            |                               | s an auto              | opsy                  | a'                       | Vere autopsy findings<br>vallable prior to |
|                   |   |                         |                       |   |                              |                           |                               |                                       |                            |                               |                        |                       | 0                        | ompletion of cause<br>f death?             |
|                   |   |                         |                       |   |                              |                           |                               |                                       |                            | 10                            | Yes :                  | 2 No                  | 1                        | ☐ Yes 2☐ No                                |
| Ì                 | 25. Was case referred to medic  | al                      |                       |   |                              |                           |                               | 20 01                                 | of Door                    |                               |                        | ,                     |                          |  |
|                   | examiner?   |                         | spital:               |   | Dec:-                        |                           | Dec. Ot                       | hor:                                  |                            | (Check only                   |                        | . X.                  | 45                       | DiAlysis Und                               |
| 1                 | 1 ☐ Yes 2 No<br>27. Manner of Death   |                         | 1 L                   |   | ☐ ER/Outp                    |                           | J DOW                         | 4 🗆 190                               |                            | me 5 Res<br>28d. Describe     |                        |                       | har (Spec                | iry)                                       |
|                   | 1 Natural 5 ☐ Pend  |                         | (Moi                  | nth, Dey Yeer                                     |                              | ury                       | 28c. Inju<br>Wo               |                                       |                            | 200. Describe                 | 5 110 W 1111           | ary occur             | 1160                     |  |
|                   | 2 Accident Inves  | tigation                |                       |   |                              | N                         |                               | Yes 2                                 |                            |                               | 400                    |                       |                          |  |
|                   |   | mined                   | 28e. Plac<br>build    | e of Injury - A<br>ling, etc. <i>(Spe</i>         | t home, fam<br>c <i>ify)</i> | n, street, fa             | actory, offica                |                                       | 1                          | 281. Location<br>City or T    | (Street e              | nd Numi<br>te)        | ber or Hu                | ral Route Number,                          |
|                   |   |                         |                       |   |                              |                           |                               |                                       |                            |                               |                        |                       |                          |  |
|                   | 29a. Certifier 1≥ Certify (Check only one)  | ing Physic<br>I Examina | r: On the b           | e best of my le<br>pasis of exami<br>nner stated. | nowledge, and/               | death occu<br>or investig | arred at the ti               | ime, date an<br>opini <i>on</i> , dea | id placa, a<br>ith occurre | and due to the                | e cause(<br>e, date ar | s) and m<br>nd placa, | anner as<br>and due      | stated.<br>to the cause(s)                 |
| Medical           | 29b. Signature and title of cartif  | ar                      | andmai                | mer stated.                                       | ,                            |                           | 29c. Licens                   | se number                             |                            |                               | 29d D                  | ate signs             | ed (Month                | , Dey, Year)                               |
|                   | 1   | 215                     | 0.                    | . 1.  |                              |                           |                               | . ^                                   | a                          |                               |                        |                       |                          |  |
|                   | Jan   | 011                     | SLA                   | neer  |                              |                           | DI                            | 17,                                   | -1                         |                               | 1                      | UN                    | e /1                     | 1918                                       |
|                   | 30. Name and address of perso   | who com                 | pleted cau            | ise of death (I                                   | tem 23a) (T                  | ype, Print)               |                               |                                       |                            |                               |                        |                       |                          |  |
|                   | David B. Kessl  |                         |                       |   |                              |                           |                               | 480,                                  | Takon                      | na Pari                       | k, M                   | D 20                  | 912-6                    | 6321                                       |
|                   | 31. Date filed (Month, Day, Yea   | 1                       | 32.1                  | egistrar's Sig                                    | nature                       |                           |                               |                                       |                            |                               |                        |                       |                          |  |
| te<br>ar          | JUN 1 5   | 1998                    | 3 9                   | Mar New   | dson-/                       | andell                    |                               |                                       |                            |                               |                        |                       |                          |  |

Registrar



|  |  |  | Sta             | ie oi iviai yi   |                               | tificate o                           |  |  | w .  | 5 2   | .0140  |  |  |
|--|--|--|-----------------|--|-------------------------------|--------------------------------------|--|--|--|---|--|--|--|
| Dhuninian  | _  | Decedent's Neme (First, Middle   |                 |  |                               |                                      |  | 2. Dete of Deet<br>Month                   |  | Year  | 3. Time of Death                               |  |  |
| Physiciar<br>/Medica   |  | ARTHUR E   | DIN             | IER MA   | N                             |                                      |  | JUNE                                       | 15   | 1998  | 7:15 AM  |  |  |
| Examine  | 2.4  | Facility Name (If not institution,   | give street e   | nd number)   |                               |                                      | 4b. City, Town, or                           | Location of Deeth                          |  |   |  |  |  |
|  |  | Montgomery   |                 |  |                               |                                      | Olney  |  |  |   |  |  |  |
| Funeral<br>Director  |  | Social Security Number 10 - 26 - 8235  | 6. Sex<br>1 M 2 |  | yrs. last birthdey)<br>2 Yrs. | if Under 1 Ye<br>Months Day          |  | 8. Date of Birth<br>(Month, Day,<br>May 16 | ,1936  | 9. Birth  | place (Stete or Foreign<br>ntry)<br>Sachusett: |  |  |
| P >  |  | ual Residence of Decedent  Stete 10b. County   |                 | 100  | . City, Town or Lo            | antion                               |  |  |  |   | 10d Incide City Limite                         |  |  |
| ahon ahon  |  |  | + = = = =       |  |                               | Callott                              |  |  |  |   |  |  |  |
| Series N   | 100  | aryland Mor  | tgome           | ery  | Olney                         | 10f. Zip Code                        |  | 1  | On Citizen of  | What Cou  | 20   |  |  |
| fier death with the Meryland<br>ritems 23s or 28s-f show<br>sizer must be notified at  | 3  | 512 John Can   | roll            | Dr.  |                               |                                      | 0832   |  | _  |   | muy r  |  |  |
| leath  | 11.  | Maritel Status   | 12. Wes         | s Decedent Ever  | in U,S. 13. 1                 |                                      |  | Specify Yes or No-                         |  |   | can Indien,                                    |  |  |
| 9 5 5  | 2  | 1 Never Married 2 Marrie   | Arm             | ed Forces?<br>Yes 2 □ No                                   |                               |                                      | f Hispanic Origin? (S<br>uban, Mexican, Puer | to Rican, etc.)                            | Deeth   4c. County of Deeth   Montgomery   9. Birthplace (Stete or Foreign Country)   16, 1936   9. Birthplace (Stete or Foreign Country)   10d. Inside City Limits   Name of Massachusett   10d. Inside City Limits   Name of Massachusett   10d. Inside City Limits   Name of Name o |   |  |  |  |
| 0 0 0  |  | 3 ☐ Widowed 4 ☐ Divorced   | If Yes          | es, Give<br>or or Detes: Vi                                | etNam                         | 1□Yes 20XIN                          | lo Specify:                                  |  | Specif   | No.  Dey 1998 3. Time of Death 7: 15 A/ 4c. Country of Deeth 1998 1998 7: 15 A/ 4c. Country of Deeth 1998 1998 1998 1998 1998 1998 1998 199  |  |  |  |
| 72 ho  | 3  | 15. Decedent'  | s Education     | latadi   | 16a. Deced                    | dent's Usual Occ                     | cupation                                     | deina                                      |  | o.  ey 1998 3. Time of Death 7: 15 Al c. County of Deeth Ontgomery 9. Birthplace (State or Forei Country) Massachuset  10d. Inside City Limit 12 Yes 2 N  14. Race - American Indien, Black, White, etc. Specify: White Kind of Business/Industry Ingraving Business In Sumeme)  For Town, State, Zip Code) MD 20832 Location - City or Town, State 1 ney, MD  Me gton, VA 22201  Approximate Intervel Between Onset and Death MINUTES  13 DAYS  13 DAYS  13 DAYS  24b. Wera autopsy finding available prior to compellion of cause of death? 1 Yes 2 No  6 Other (Specify)                                   |  |  |  |
| led within 72 ho<br>yziene.<br>r then "natur   | E  | Elementary/Secondary (0-12)  |                 | ege (1-4or 5+)   |                               |                                      | ne during most of wo<br>ired)                | , nang                                     | 460  | 3. Time of Death Ty 1998 7:15 A County of Deeth Dintgomery  9. Birthplace (Stete or For Country) Massachuse  10d. Inside City Lin No Yes 20  tizen of What Country? U.S.A.  14. Race - American Indien, Black, White, etc.  Specify: White (Ind of Business/Industry Ingraving Business In Sumeme)  or Town, Stete, Zip Code) MD 20832 Occation - City or Town, State Iney, MD  ne Ston, VA 22201  Approximate Intervel Between Onset and Death MINUTE  13 DAYS  13 DAYS  14 DAYS  15 DAYS  17 DAYS  18 DAYS  19 DAYS  19 DAYS  19 DAYS  10 Use contribute to the cause of death?  11 Yes 20 No  11 Yes 20 No |  |  |  |
| be filed within the Hygiene.   | 3  |  | 3               |  | Mana                          | ager                                 |  |  |  |   | ness   |  |  |
| TO PER SE  | b 17.  | Father's Name (First, Middle, Laurice D. Di  |                 | n  |                               |                                      | 2 . 1  |  |  | ne)   |  |  |  |
| 1 Men<br>1 Men<br>narios<br>narios   | -  |  |                 |  | 1                             | 4.11                                 |  | Freedma                                    |  | 0   | - 0-4-1  |  |  |
| 12 st  |  | a. Informant's Name/Relationsh   |                 |  |                               |                                      |  |  |  |   |  |  |  |
| Heart and  | -  | anet A. Dine  Method of Disposition  | rman            | MILE   |                               |                                      |  |  |  |   |  |  |  |
| Pages<br>aert of<br>nt: if ib  |  | 1 X Burial 2 ☐ Cremation   |                 | from State   | Judean                        | sition (Neme of<br>metory or other p |  |  |  |   |  |  |  |
| The state of the s | 21   | 4 □ Donation 5 □ Other (%) Signuture of Funeral Service L  | 1               | 11   |                               | Name end Add                         |  | 0/10/30                                    | OTHE   | , 11.   | D  |  |  |
| Dept -   | -  |  |                 | 10   | /                             | ves-Pe                               | earson F                                     | uneral 1                                   | Home   |   |  |  |  |
|  | 2847 Wilson Blvd. Arlington,  2847 Wilson Blvd. Arlington,  2847 Wilson Blvd. Arlington,  are part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, and the particular to the particul |  |                 |  |                               |                                      |  |  |  |   |  |  |  |
|  | 1  | shock or heen feilure. List  | nly one ceus    | e on each line.  | Jeeth. Do not ent             | er the mode of c                     | lying, such as cerdia                        | c or respiratory arr                       | est,   |   | Intervel Between                               |  |  |
| Physician<br>/Medical  | In   | mediate Cause Final  |                 | 1 20100  |                               |                                      |  |  |  |   |  |  |  |
| Examiner   | dis  | ease or condition<br>sulting in deeth)   | a. Cf           |  |                               |                                      | ARREST                                       |  |  |   | MINUTES  |  |  |
|  | 5  |  | 0               |  | to (or as a consec            | juence or):                          |  |  |  | 1   | 13 DAVC  |  |  |
| requires that the death certificate be executed been signed by the attending physician and should be detached for use as the buriel-transit leaded by Dhysician Medical Examines   | Sou  | quentially list conditions   | Ь.              | Due to (or as a consequence of):  INTRACEREBRAL HEMORRHAGE |                               |                                      |  |  |  |   | 10 PRYS  |  |  |
| an an an riel-tr   | if a   | quentially list conditions,<br>ny, leeding to immediate<br>use. Enter Underlying<br>use (Disease or Injury<br>t initiated events | 1 1 1           |  |                               |                                      |  |  |  |   | 13 DAVE  |  |  |
| ite be<br>iysicig  |  | use (Disease or Injury<br>it initiated events  | С               |  | EREBR<br>o (or as a conseq    |                                      | TEIVIUR                                      | STACE                                      |  | 1   | ID DRYS  |  |  |
| The law requires that the death certifical are has been signed by the attending phyage 2 should be detached for use as the commission by Dhyacinian Mad  |  | ulting in death) Last  |                 |  |                               |                                      |  |  |  |   |  |  |  |
| th ce<br>tendi   |  |  | d               |  |                               |                                      |  |  |  |   |  |  |  |
| he at ned for  | Par  | t II. Other eignificant condition  | e contributing  | g to death but not   | resulting in the u            | nderlying ceuse                      | given in Part I.                             | 23b. Did to                                | bacco use co   | ontribute 1   | to the cause of death?                         |  |  |
| at the   |  | BACTERIAL ENDOCARDITIS   |                 |  |                               |                                      |  |  | 'ee 2□ No  | 3 □ Pro   | bably 4 Unknown                                |  |  |
| es th  |  | DACIERIAL  | END             | CORDI  | 117                           |                                      |  |  | T  |   |  |  |  |
| The law requires at the law reduced at the law |  | PANSINUST  | 75              |  |                               |                                      |  |  |  | av  | vailable prior to                              |  |  |
|  |  | 77-112170121   | 12              |  |                               |                                      |  | 7 4 11                                     |  | of  | death?   |  |  |
| certificate hes irector, page 2  | 5  |  |                 |  |                               |                                      |  | 1 □ Y                                      | es ala No  | 1   | Yes 2010                                       |  |  |
| clan:<br>ertific<br>ector  | 25.  | Wes cese referred to medical examiner?   | Mossibali       |  |                               |                                      |  | eth (Check only or                         | 10)  |   |  |  |  |
| this alo   | 2  | 1 Yes 2 No   | Hospital:       | 1 Minpatient   | 2 ER/Outpatier                | IL 3LI DOA                           |  |  |  |   | ify)   |  |  |
| Attanding Physician: r death. setor: After this certific by the funeral director,  | Er.  | 1 BeNatural 5 □ Pending  |                 | Dete of Injury<br>(Month, Dey Yea                          | 28b. Time of Injury           | V                                    | ljury at<br>Vork?<br>☐ Yes 2 ☐ No            | 280. Describe no                           | ow injury occu   | rred  |  |  |  |
| death<br>death<br>tor: ,<br>the  | 5  | 2 ☐ Accident investig<br>3 ☐ Suicide 6 ☐ Could n   | ot be           | Place of Injury  | At home form at               |                                      |  | 28f Location (S                            | treet end Num  | her or Ru   | ral Route Number,                              |  |  |
| tef or Attending P<br>is after death.  al Director: After tiled in by the funera   |  | 4 ☐ Homicide determi   | ned 280.        | building, etc. (Sp.  | At home, farm, str<br>ecify)  | eet, rectory, offic                  | 70   | City or Town                               | n, Stete)  | or or nur   | a. / louis (twilper,                           |  |  |
| Hospital Funeral Rehy filled   | 200  | a. Certifier 1☑ Certifying   | Physician: 1    | To the best of my  | knowledge deet                | occurred at the                      | time, date and place                         | and due to the o                           | ausale) and m  | anner se  | stated   |  |  |
| he Hospi<br>in 24 hou<br>he Funer<br>pletely fill  | 3  |  | xaminer: On     |  |                               |                                      | y opinion, death occ                         |  |  |   |  |  |  |
| To the Hospital or Attanding Physician: The law within 24 hours after death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2 Medical Certification: To Re Comm   |  | o. Signature end title of certifier  |                 |  |                               | 29c. Lice                            | ense nu <i>m</i> ber                         | 2  | 9d. Date sign  | ed (Month   | Day, Year)                                     |  |  |
|  |  | 7111   |                 |  |                               |                                      |  |  |  |   |  |  |  |

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

State Registrar

30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print) Grace E. Sagayadan, M.D. 849 C QUINCE ORCHARD BLVD, GAITHERS BURG

32. Registrar's Signeture

MD

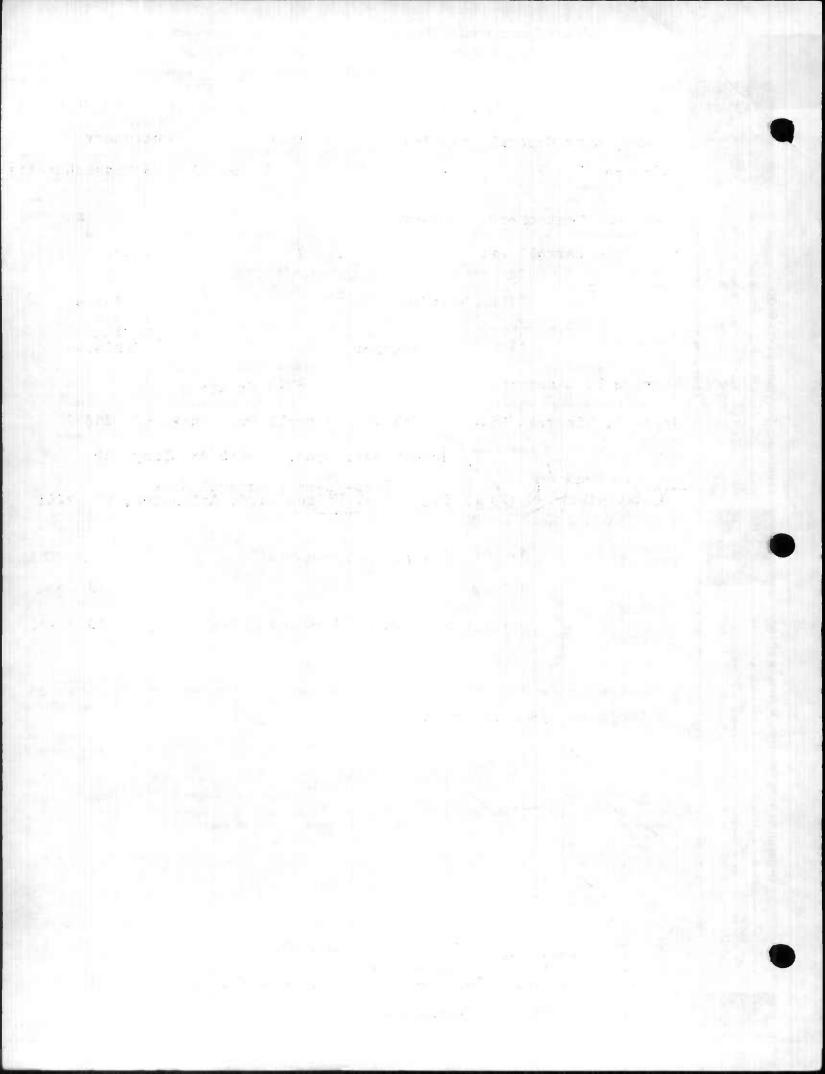
D43358

JUNE

15,

20878

31. Dete filed (Month, Day, Year)
JUN 1 6 1998



State of Maryland / Department of Health and Mental Hygiene

Amend #7, #19a,6/17/98,BMW,Montq.Co Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Day Month **Physician** 11:15 PM JUNE 14, 1998 LIZETTE ADRIANA DAVILA /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street end number) 4c. County of Deeth Examiner CLINICAL CENTER BETHESDA MONTGOMERY N.I.H. 8. Dete of Birth (Month, Dey, Year) APR. 13,1980 7. Age (In yrs. lest birthday) If Under 1 Year | If Under 24 Hrs. Birthplece (Stete or Foreign Country) 5. Social Security Number **Funeral** Days Months 1□ M 20XF Hours 18 Yrs. PERU Director NONE Usuel Residenca of Decedent with the Maryland 10d. Insida City Limits 10e Stata 10h County 10c. City, Town or Location 28a-f show ral', or itema 23s or 28s-f shore Examiner must be notified at 1 ¥ Yas 2 □ No Directo DARNSTOWN MD. MONTGOMERY 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 20878 Herma 23a 15700 JONES LA. PERU death Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 12. Was Decedent Evar in U,S. Armed Forcas? 11. Marital Status 72 hours after 1 ☐ Yes 2 ☐ No 1 Nevar Marriad 2 ☐ Married 1 Yes 2 No Baltimore, Maryland 21215-0020 "natural", or Specify: by PERUVIAN 3 Widowed 4 Divorced Yaar or Dates: HISPANIC Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa ratired) event, the Medical 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grada completed) filed within 7 Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 NONE NONE other permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: If item 27 is marked other any injury or other traumatic event, DRSs. 18. Mother's Neme (First, Middle, Maiden Sumema) 17. Fether's Name (First, Middle, Last) BERTHA GALVEZ HUGO DAVILA 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 192 Informant's Name/Relationship (Type Print) Bertha Galvez de Davila BERTHA DAVILA MOTHER ITEM SAME AS 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 X Cramation 3 ☐ Removal from State 6/16/98 4 ☐ Donation 5 ☐ Other (Specify) CHAMBERS CREMATORY RIVERDALE. MD. 21. Signature of Funeral Service Lig 22. Nama end Address of Facility CHAMBERS FUNERAL HOMES, P.A., RIVERDALE, MD. 20737 M00091 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory errest, shock, or heert failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final Immediate disease or condition resulting in death) Examine Examiner EWING SARCOMA METASTATIC requires that the death certificate be executed physician and the buriel-tran Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Box 68760 Physician/Medical Due to (or es e consequença of): for use as 23b. Did tobacco usa contributa to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, à 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes en autopsy Completed peen The law has Dage 2 219 No 1 T Ves 1 TVes 2 No certificate Attending Physician: Be 25. Was case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes 2 No 1 Inpatiant P 2 ER/Outpatient 3 DOA this 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? Certification: Aftar 1 Neturel 5 Pending investigation Injury 1 ☐ Yes 2 ☐ No death. 2 Accident after death Director: 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Placa of injury - At home, farm, street, fectory, offica building, etc. (Specify) á 4 Homicide Hospital or 24 hours at Funeral D etely filled i 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the besis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end manner stated. edical 29a. Certifier To the Hosp within 24 ho To the Fune completely fi 29d. Date signed (Month, Day, Year) 29c. Licansa number 29b. Signature and title of cartifier D50191 5 M. D. 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) 9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892 SHAI IZRAELI, M.D. 31. Date filed (Month, Dey, Year) State

Registra

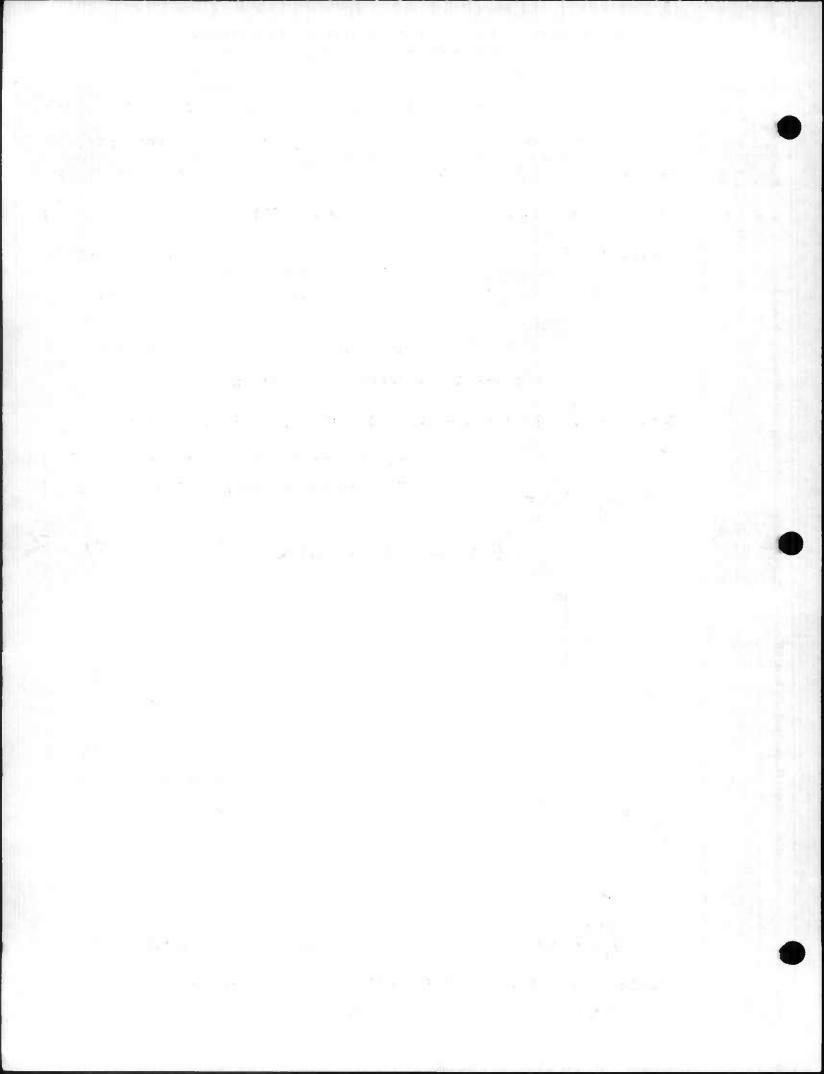
17 1998

32 Registrar's Signature.

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5 JULY 27 (PS) 21.7.7 Hart Commercial AL SOES COTO CE MINE DE L'ELLE MANNES DE L'ELLE MANNE all all act act office the second of the second The second secon SCHOOL AND THE SHOP

|  |                |                |   | State of Ma   | arylar      |                            | oartmen<br>e <i>rtificat</i>                        |                        |   | ind M                |                                 | giene 9 {                          | 3 2                     | 20142  |
|--|----------------|----------------|---|---|-------------|----------------------------|---|------------------------|---|----------------------|---------------------------------|------------------------------------|-------------------------|--|
|  | sicia<br>edica |                | Decedent's Neme (First, Middle, Last  | •   | lia         | n Mar                      | ie D  | uliı                   | n   |                      | 2. Date of De<br>Month<br>June  | Day 199                            | Yeer<br>98              | 3. Time of Death 10:15 a m   |
| ,  | mine           | -              | 4a. Facility Name (If not institution, give   |   |             |                            |   |                        |   |                      | cation of Deat                  |                                    |                         |  |
|  |                |                | 13624 Dulin La<br>5. Sociat Security Number 6. Se   |   | a /In ure   | last birthda               | v) If Under   | 1 Year                 | Wye                                       | M i                  | IIS<br>8. Date of Bir           | Queer                              |                         |  |
| Fune<br>Direc  | _              |                |   | _M 2ØF  |             | 7.5 Yrs.                   | Months  | Deys                   | Hours                                     | Min.                 | 05/30                           | v, Year)                           | Mar                     | place (State or Foreign<br>ntry)<br>yland                          |
| Merylence - show   |                | ctor           | MD 10b. County Queen  | Anne  | 10c. Cit    | ty, Town or                | Location  | W:                     | ye Mi                                     | 11s                  |                                 |                                    |                         | 10d. Inside City Limits 1 ☐ Yes 2 🕻 No                             |
| th with th   |                | al Director    | P.O.Box 14  |   |             |                            | 10f. Zip  |                        | 21679                                     |                      |                                 | 10g. Citizen of V                  |                         |  |
| 21215-0020  3 within 72 hours efter death with the Meryland jiene. "natural", or fterna 23a or 28a-1 ahow  |                | by Fur         | 11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced  | 12. Was Decedent Armed Forces? 1 Yes 2006 If Yes, Give Year or Dates: |             | ,S. 13                     | 3. Was Deced<br>If Yes, spec<br>1 ☐ Yes             |                        | lispanic Orig<br>en, Mexican,<br>Specify: | in? (Spe<br>Puerto I | octfy Yes or No<br>Rican, etc.) | - 14. Rec<br>Blac<br>Specify       | k, White                | can indian,<br>, etc.<br>ite                                       |
| 2121<br>d within<br>jiene.   |                | Completed      | 15. Decedent's Edu<br>(Specify only highest grad<br>Elementary/Secondary (0-12)   | ication<br>le completed)<br>Coltege (1-4or 5                          | i+)         | (Gir                       | edent's Usua<br>ve kind of wo<br>DO NOT us<br>OMEMA | erk done<br>se retired | ation<br>du <i>ri</i> ng most<br>i)       | of worki             | ng                              | 16b. Kind of Bu                    |                         |  |
| aryland 2<br>should be filed<br>and Mental Hygid<br>merked other   |                | lo Be C        | 17. Father's Name (First, Middle, Last)   | Gilbert   | Ch          | risto                      | pher  |                        |   |                      | (First, Middle, Dolb;           | Meiden Sumem<br>Y                  | (e)                     |  |
| Mar<br>d 2 sh<br>th end<br>th end<br>7 is m  |                |                | 19a. Informant's Name/Relationship (Ty<br>Crawford W. Du  |   | bane        |                            |   |                        |   |                      |                                 | er, City or Town, MD 216           |                         | p Code)  |
| other  |                | -              | 20a. Method of Disposition  |   | 20b. F      | Place of Dis               | position (Ner                                       | me of                  |   |                      | Date                            | 20c. Location -                    |                         | own, Stete   |
| Pages<br>Pages<br>nent of I  |                |                | 1 ☑ Burial 2 ☐ Cremation 3 ☐ F<br>4 ☐ Donation 5 ☐ Other (Specify)  |   |             |                            | vn Mei  |                        |   | 6                    | /19                             | Eastor                             | 1, M                    | laryland   |
| Baltimore, Maryls pemit. Pages 1 and 2 should Department of Health and Mer Important: if Itan 27 is merke any Inlury or other traumatic  | ouce.          |                | 21. Signature of Funerel Service Licens  Multiuf 7 - Est  | ken   |             | F                          | ramp  | t o m                  | ss of Facility<br>- Hawk                  | ins                  | -Esko                           | w Funer                            | ral                     | Home, PA   |
| Physicia<br>/Medic<br>Examin   | cal            |                | 23a. Part1. Enter the disease, or compt shock, or heart faiture. List only or immediate Cause (Final disease or condition | ications that caused ne cause on each lin                             | the deat    | 3                          | anter the mod                                       |                        |   |                      | r respiratory a                 | rrest,                             |                         | Approximate Interval Between Onset and Death Gundle                |
|  |                | Jeun           | resulting to deeth)   | b   | Due to (d   | or es e cons               | equence of):  |                        |   |                      |                                 |                                    |                         |  |
| 58750,<br>licete be executed<br>physician end<br>s the buriel-transit  |                | II Examiner    | Sequentially list conditions, if any, leading to tramediate cause. Enter Underlying Cause (Disease or Injury              |   | Due to (o   | or as a cons               | equence of):  |                        |   |                      |                                 |                                    |                         |  |
| - 5 00   |                |                | thet initieted events resulting In death) Last  | d   | Due to (o   | r as e cons                | equence of):  |                        |   |                      |                                 |                                    |                         |  |
| deeth deeth dfor u   |                | 200            | Part II. Other significant conditions con   | atributing to death by  | it not soo  | uitted in the              | undoduladio   | auno ab                | on to Bart I                              |                      | 22h Did                         | tohanna una nai                    | a dibuta t              | to the cause of death?   |
| D het the d by th  | Z              | by Physician's |   | mibaling to death bu  | 7 1101 163  | uneng in the               | underlying c  | auso giv               | en urranti.                               |                      |                                 |                                    |                         | obably 4 ☐ Unknown   |
| UIVISION Of VITAI RECORDS, P.O. or Attanding Physician: The lew requires thet the after death.  The floateder: After this cardificate hes been signed by the binnerel director, page 2 should be deleath in by the funerel director, page 2 should be deleath. |                | Completed      |   |   |             |                            |   |                        |   |                      | 24a. Was                        | en autopsy<br>rmed?                | av                      | Vere autopsy findings vallable prior to propertion of cause death? |
| The hate   |                | 5              |   |   |             |                            |   |                        |   |                      | 10                              | Yes 2000                           | 1                       | ☐ Yes 2☐ No  |
| Vital I  | é              | 0              | 25. Was case referred to medical examiner?  | lospital:   |             |                            |   | Otto                   |   | of Death             | (Check only o                   | one)                               |                         |  |
| VISION OF VITA Attending Physician: or death. ector: After this certific by the funeral director,  |                |                | 1 Yes 2 12 No  27. Manner of Deeth 1 12 Natural 5 Pending 2 Accident investigation  | 28a. Date of Injur<br>(Month, Day                                     | 1           | 28b. Time<br>Injury        |   | 28c. Injur<br>Wor      | 4 LI NUI                                  | 2                    |                                 | dence 6 Other                      |                         | ( <del>)</del>   |
| DIVISION Of VITAL RY To the Hospital or Attanding Physician: The I within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page  |                | Certifications | 3 Sulcide 4 Homlcide 6 Coutd not be determined  | 28e. Ptece of Injubuilding, etc.                                      | iry - At ho | ome, farm, s               | street, factory                                     | y, office              |   | 2                    | 28f. Location (:<br>City or Tox | Street end Numb<br>vn, Stete)      | er or Rur               | al Route Number,*  |
| ne Hospil<br>n 24 hour<br>ne Funera  |                |                | 29a. Certifier 1 ☐ Certifying Phya (Check only one) 1 ☐ Medicel Examir  | alcian: To the best of<br>ner: On the basis of<br>end manner sta      | examina     | wiedge, dea<br>tton and/or | ath occurred<br>investigation                       | at the tin             | ne, date and<br>pinion, death             | piece, a             | and due to the ed at the time,  | ceuse(s) and ma<br>date and place, | inner as a<br>and due t | stated.<br>to the cause(s)   |
| To the To the Comp   |                |                | 29b. Signature and that the officer   | /   |             |                            | 290   | D 3                    | e number<br>8+7                           | •                    |                                 | 29d. Date signed                   | d (Month,               | Dey, Year)   |
|  |                | 1              | 30. Name and address of person who co   |   |             |                            |   | ۸                      |   | 204                  | 0 m 14                          | D 2160                             | 1                       |  |
|  | State          |                | David Smith, 31. Date filed (Month, Day, Year)  | OO Desistes   | -de Clairie | distance.                  |   |                        | e., E                                     | ast                  | 011, M                          | D 2160                             | Т                       |  |
|  | istra          | -              | JUN 1 8 19  |   | sha D       | avidson                    | -Pandall  | 2                      |   |                      |                                 |                                    |                         |  |



State of Maryland / Department of Health and Mental Hygiene \@ \end{aligned} Certificate of Death 1 Decedent's Neme (First Middle Lest) 2. Date of Death 3. Time of Death Day 1998 Yeer JUNE **JAMES** 15 DAFFIN. JR. 1:00 AM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death 26305 TUNIS MILLS ROAD EASTON TALBOT If Under 1 der lif Under 24 Hrs. 8. Dete of Birth Months Deys Hours Min. MAY 7, 1955 6. Sex 1 ☑ M 2 ☐ F 7. Age (In yrs. lest birthdey) 9. Birthplece (State or Foreign Months 43 Yrs. MARYLAND 10c. City, Town or Location 10d. Inside City Limits TALBOT EASTON 1 ☐ Yes 2X No 10f. Zip Code 10g. Citizen of Whet Country? 26305 TUNIS MILLS ROAD 21601 USA Was Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 Married 1 ☐ Yes ZXNo If Yes, Give Year or Detes: 1 Yes 2 No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) -0-CARPENTER CONSTRUCTION 17. Fether's Name (First Middle Last) 18. Mother's Name (First, Middle, Meiden Sumeme) ROBERT JAMES DAFFIN, SR. ELEANOR SHIRLEY ALLEN 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) CAROL ANNE SHARP DAFFIN/ WIFE 26305 TUNIS MILLS ROAD, EASTON, MD 21601 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 ☐ Buriel XX Cremetion 3 ☐ Removel from Stete CHESAPEAKE CREMATION CTR 6-16 CHESTER, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Slowiffire of Funerel Service Ling 22. Neme end Address of Fecility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME, P.A. ent 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. 200 S. HARRISON ST., EASTON, MD 21601 Intervel Between Onset end Death MIDHNE 6ERM ann CELL CANCER Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequenca of): 23b. Did tobacco use contribute to the cause of death? 1 Yes No 3 Probably 4 Unknown 24b. Were eutopsy findings sveileble prior to completion of cause of deeth? 24e. Wes en eutopsy 1 ☐ Yes 2 ☐ No 26. Plece of Deeth (Check only one)

**Physician** /Medical Examiner

and

physician

2

peeu

certificete

that the death certificate be executed

Box 68760

P.O.

Records.

Division of Vital

**Physician** 

/Medical

Examiner

Director

Funeral

p

Completed

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28s-1 show traumatic avent, the Medical Examinar must be notified at

Pages 1 and 2 should be filed within 72 hours effer or nent of Health and Mental Hygiene. nt: If Item 27 is marked other than "natural", or Item

permit. Pages 1 end 2: Department of Health er Important: If Item 27 is any injury or other trau

Baltimore, Maryland 21215-0020

death with the Maryland

ROBERT

5. Sociel Security Number

212-66-0804

10e. Street end Number

10e State

MD

Usual Residence of Decedent

Elementery/Secondery (0-12)

10

20a. Method of Disposition

10h County

the 98 ö signed b Hospital or Attanding Physician:
 124 hours after death.
 Funeral Director: After this certifical letely filled in by the funeral director.

Physician/Medical þ Completed Be ို Certification:

Immediete Ceuse (Final disease or condition resulting In deeth) Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting In deeth) Lest Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 25. Wes case referred to medical exeminer? 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Naturel 2 ☐ Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 8 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer)

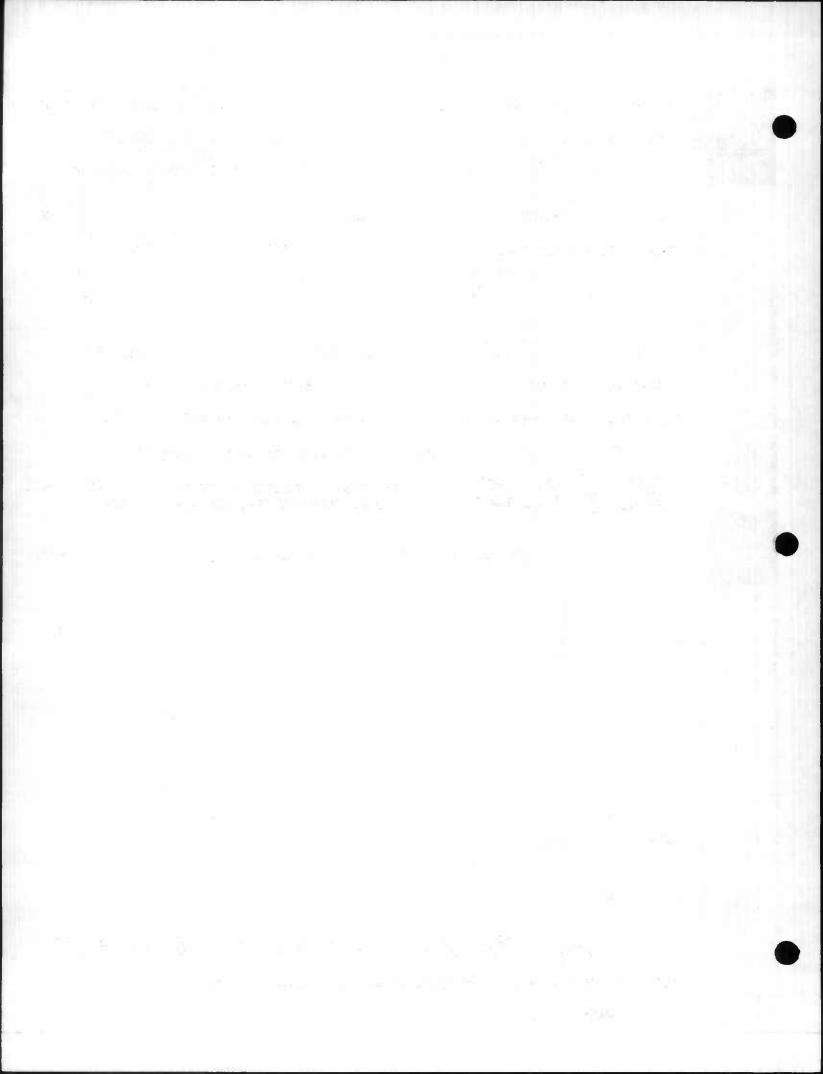
State Registrar

509 IDLEWILD AVENUE, EASTON, MD 21601 31. Date filed (Month, Dey, Year) 32. Registrar's Signeture Lulia Davidsor JUN 1 5 1998

30. Name and address of person who completed cause of death I tem 23e) (Type, Print)

STEPHEN P. CARNEY, M.D.,

within 2 To the I



| Physician |  |
|-----------|--|
| /Medical  |  |
| Examiner  |  |

Director

Funeral

12:35A.M.

10d. Insida City Limits

WHITE

21502

Approximate fntarval Batween Onset and Death

2 WEEKS

24b. Were eutopsy findings available prior to

completion of cause of death?

1 ☐ Yes 2 ☐ No

1 Yes 2 No

**Funeral** 

Director worle

the Maryland "natural", or Itama 23a or 28a-f ahov of cal Examiner must be notified at death with The Medical than

filed within 72 hours efter 7 is marked other traumatic event, Pages 1 end 2 should be nent of Health end Mental nt of Health e I: If item 27 is 7 or other tra Department Important: If any injury or

Baltimore, Maryland 21215-0020

Physiclan /Medical Examiner

> buriel-transit and for use es the

ETHEL EYLER

219-54-1967

by Completed Be 2 director, page 2 should filled in by the funeral Medical completely

Examiner Physician/Medical þ Be Completed 25. Was case referred to medical Certification: To 27. Manner of Death 29a. Cartifiar

After this certificate Director:

requires that the death certificate be executed Box 68760, P.O. The law Vital or Attanding Physician: of Division death. Hospital To the Hospital within 24 hours To the Funeral C

Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Date of Death Month Year JUNE 21, 1998 ETHEL IZETTA EYLER 4e. Fecliity Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death CUMBERLAND MEMORIAL HOSPITAL ALLEGANY If Under 24 Hrs. Hours Min. If Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) Birthpiece (State or Foreign Country) Months Deys 1 ☐ M 2 🂢 F Yrs. 219-54-1967 84 NOV 23 1913 MARYLAND 10e. State 10b. County 10c. City, Town or Location MARYLAND ALLEGANY CUMBERLAND 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 460 BALTIMORE AVENUE 21502 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 11. Marital Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, White, etc. 1 ☐ Yes 2 ☑ No 1 Never Married 2 Merried 1 ☐ Yes 2 ☑ No Specify: 3 Widowad 4 □ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working lifa. DO NOT use retired) Elementary/Sacondary (0-12) College (1-4or 5+) 8 HOUSE KEEPER HOUSE KEEPER 17. Fether's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumeme) JAMES TWIGG OKA McELFISH 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) ROBERT A. EYLER SON 352 NATIONAL HIGHWAY LAVALE MARYLAND 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 Burlel 2 □ Cremetion 3 □ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) ROCKY GAP VETERANS CEMETERY JUNE 23 1998 FLINTSTONE MD ture of Funeral Service 22. Neme end Address of Fecility MERRITT-ADAMS FUNERAL HOME eur 404 DECATUR STREET CUMBERLAND MARYLAND 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) ASPIRATION PNEUMONIA Due to (or as a consequence of): Sequentially list conditions, if any, leading to Immadiate causa. Entar Underlying Ceusa (Disaese or Injury that initiated events resulting in daeth) Last Due to (or as e consequence of): Due to (or es e consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

ABDOMINAL AORTIC ANEURYSM

Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work?

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 1 TYes 2 TNo 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

2 No

24e. Was en autopsy

1 Yes

Certifying Phyalcian: To the best of my knowledge, death occurred at the time, data end place, end dua to the causa(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) end mannar stated. 29c. Licensa number 29d. Date signed (Month, Dey, Year)

26. Placa of Death (Check only ona)

29b. Signeture end title of certifier Our

5 Pending Invastigation

6 Could not be daterminad

1 Yes 2 No

1 Natural

2 Accidant

4 Homicide

(Check only one)

3 Suicide

D 33280

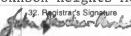
June 21 1998

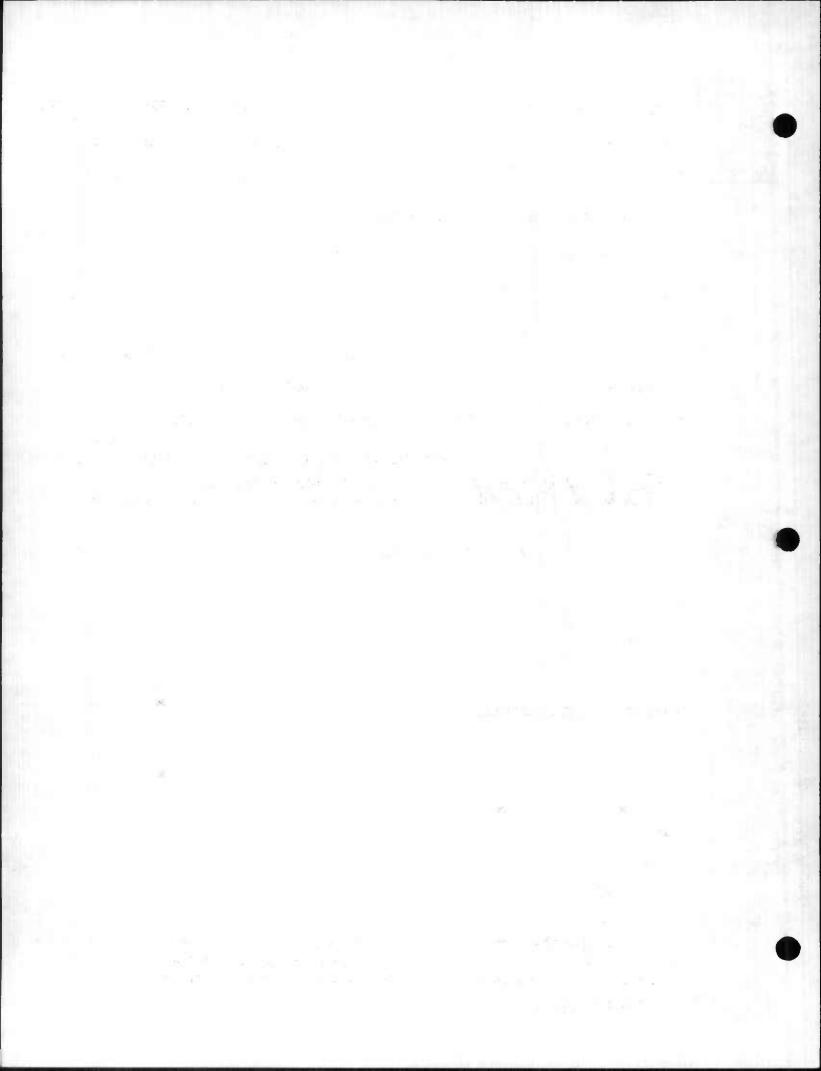
23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

Suite 101

30. Name and address of person who completed causa of death (Itam 23a) (Typa, Print) 625 Kent Avenue, Dr. Sunil Gupta, Johnson Heights Medical Building Cumberland, MD 21502

State Registrar





State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 2. Date of Deeth 3. Time of Death 1. Decedent's Neme (First, Middle, Last) Month Dey **Physician** Joseph Edward Elchhorn JUNE 19 1998 6:10PM /Medical 4a Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Allegany Sacred Heart Hospital Cumberland 5. Sociel Security Number If Under 1 Yaar If Undar 24 Hrs. Birthpleca (State or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** Days 1 M 2 F Months Hours Min 214-28-6306 67 Yrs. Maryland 13-Nov-30 Director Usual Residence of Decedant with the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or itema 23a or 28a-f ahow the Medical Examiner must be notified at 1 XYes 2 □ No Maryland Allegany Frostburg Directo 10e. Street end Number 140 Ormond Street 10f. Zip Coda 10g. Citizan of Whet Country? 21532-U.S.A. Funeral death permit. Pages 1 and 2 should be filed within 72 hours effer dea Department of Health and Mentel Hygiene. Important: if Item 27 is marked other any injury or other transportant. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No If Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian. 11. Marital Stetus Bleck, White, etc. 1 Yes 2 No If Yea, Give Yeer or Detes: 1 ☐ Never Married 2 🔀 Married 1 ☐ Yes 2 No Specify: SpecifyWhite Ą 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Brickmason Construction 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) Walter E. Eichhorn Kathleen H. Burdock 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Gwendolyn M. Eichhorn Wife 140 Ormand Street Frostburg Maryland 21532-20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State Restlawn Memorial Gardens 22-Jun-98 LaVale, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Nama end Address of Fecility alin Durst Funeral Home, 57 Frost Ave., Frostburg, MD 21532 23a ant 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intarvel Between Onset end Deeth **Physician** Immediate Ceuse (Finel disease or condition resulting in deeth) /Medical **Examiner** Examiner physician end the buriel-transit the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events rasulting in daeth) Last Box 68760. Physician/Medical 159 BS for 23b. Did tobacco use contributa to the cause of death? P.0. by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 6 12 Yes 2 No 3 Probably 4 Unknown that p Records, 24b. Were eutopsy findings aveileble prior to complation of cause of death? Completed 24e. Wes en eutopsy performed? director, page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No tun mo Division of Vital el or Attending Physician: T s after death. i Director: After this certificat of in by the funeral director, p Was case eferred to medical Be 26. Plece of Deeth (Check only one) To Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how Injury occurred 28e. Date of Injury (Month, Day Year) 28b. Time of Certification: 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not ba determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 24 hours after to Funeral Directions of Funeral Directions of the Funeral Directions of the Funeral Property of the Funeral Pr 4 Homicide Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier To the Hosp within 24 hos To the Fune completely fi edical (Check only one) 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature and title of cartifle JUNE 22 1998 and 0 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Bishop Welsh Rd Counterland Md 21502 31. Dete filed (Month, Dey, Year) 3 1998 Registrar

- Parity Domina Hit Design Design Design · Tarth bett south or any best like and

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 98 20 146

|  |   |  |  | Cer  | tificate of   | Death  |                                      | Reg. No.                             |                         |  |
|--|---|--|--|--|---|--|--------------------------------------|--------------------------------------|-------------------------|--|
| - Character  |   | 1. Decedent's Name (First, Middle, La  |  |  |   |  | 2. Date of Do                        |                                      | Year                    | 3. Time of Deeth   |
| Physician<br>/Medicai<br>Examiner  |   | MARJO  | DRIE DWYER   | FLANIGAN   | 1   |  | JUN                                  | 16 199                               |                         | 6:36 PM  |
|  |   | 4e. Facility Neme (If not institution, give  | e street end number)   |  |   | 4b. City, Town, or I                                     | ocation of Dear                      | th 4c. County                        | of Death                |  |
|  |   | NATIONAL NAVA  |  |  |   | BETHE  |                                      |                                      | NTGO                    |  |
| Funeral<br>Director  |   | 5. Social Security Number 6. S 722–18–5081  Usual Residence of Decedent  | DM ARE   | 8 Yrs.   | Months Deys   |  | 8. Dete of Bi<br>(Month, D<br>Oct. 3 | nth<br>ay, Year)<br>1919             | 9. Birth<br>Cou<br>Ne   | place (Stete or Foreigntry)<br>W York                                      |
| fand<br>M g M  |   | 10a. State 10b. County   | 10c.   | . City, Town or Loc  | cation  |  |                                      |                                      | T                       | 10d. tnslde City Limit   |
| with the Maryland<br>a or 25a-f show<br>Lbs.notified at  | io  | N/A N/A  |  | Washing  | ton, DC   |  |                                      |                                      |                         | 1 ☐ Yes 2 ☒ N  |
| E 28   | Si e  | 10e. Street and Number   | •  |  | 10f. Zip Code                                       |  |                                      | 10g. Citizen of V                    | Vhat Cou                | ntry?  |
| E 23 w   | le l  | 2119 Plymouth Cir  | cle, NW  |  | 200   | 012  |                                      |                                      | USA                     |  |
| 5-UUZU<br>72 hours after death with the Maryla<br>natural, or items 22e or 25s-f shor<br>dical Examiner must be notified at  | by Funeral Director   | 11. Maritel Status  1 □ Never Married 2 ☑ Married  3 □ Widowed 4 □ Divorced  | 12. Was Decedent Ever i<br>Armed Forces?<br>1 ☐ Yes 2 ☒ No<br>If Yes, Give<br>Year or Detes: | If   | Ves Decedent of<br>Yes, specify Cul<br>☐ Yes 2 ☑ No | Hispenic Origin? (Si<br>ban, Mexicen, Puerti<br>Specify: | pecify Yes or No<br>Rican, etc.)     |                                      | ck, White,              | can Indien,<br>etc.<br>hite  |
| 72 hours<br>"natural",<br>adical Ex  | Completed   | 15. Decedent's Ed<br>(Specify only highest gre   |  | 16e. Deced   | ent's Usuel Occu                                    | upetion<br>a during most of wor                          | kina                                 | 16b. Kind of B                       | usiness/In              | dustry   |
| within with the Mer  | mple  | Eiementery/Secondary (0-12)  | Coilege (1-4or 5+)   |  |   | during most of war<br>ed)                                |                                      |                                      |                         |  |
| Hygier thank   |   | 17. Fether's Neme (First, Middle, Last,  | 2  | H  | omemakeı  |  | no (Finat Adiodolo                   |                                      | wn H                    | ome  |
| should be fill marked off imatic even  | Be  |  |  |  |   |  | lle Kie                              | i, Meiden Sumen<br>1 ov              | 10)                     |  |
|  | 19a. Informant's Name/Reletionship (Type, Print) husband 19b. Mailing Address (Street and Nur |  |  |  |   |  |                                      |                                      | State Zi                | n Code)  |
| and 2 south an nat from  |   | WIlliam E. Flanig  |  |  |   | n Circle,  |                                      |                                      |                         |  |
| of Hear  |   | 20a. Method of Disposition   |  | b. Place of Dispos   | sition (Neme of                                     |  |                                      | 20c. Location -                      |                         |  |
| Pages<br>name of the   |   | 1 X Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif  | Removal from State   | -  | Nationa   | 1 Cemeter  | /23/98                               | livoinio                             |                         |  |
| permit. Pages 1 ar<br>Department of Hea<br>Important: If Item 3<br>any Injury or other<br>once.  |   | 21. Signature of Funeral Service Lore  |  | 22<br>Ho   | Neme end Addr<br>me, Inc.                           | ess of Facility Fra<br>500 Un                            | ancis J<br>iversit                   |                                      | s Fu                    | neral  |
|  |   | 23a. Pert1. Enter the disease, or com<br>shock, or heart failure. List only  | plicetions thet caused the d   |  |   | ring, MD   |                                      | arrest,                              |                         | Approximete<br>Intervel Between  |
| certificate be executed the ding physician and the burial-transit to the certificate as the cert | edicai Examiner   | disease or condition resulting in death)  Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last                               | b. STATUS Due t  | ARY ARTEI to (or as a consequence of the consequenc | uence of):  OCARDIA uence of):                      | L_INFARCT  | PION                                 |                                      |                         |  |
| OX O<br>OX O<br>Certific<br>nding p  | ≥   |  | d  |  |   |  |                                      |                                      |                         |  |
|  | cian  |  |  |  |   |  |                                      |                                      |                         |  |
| hat the d d by the detached  | by Physician  | Part It. Other significant conditions of   | ontributing to death but not   | resulting in the un  | derlying cause g                                    | iven in Pert t.  |                                      | tobacco use co<br>  Yes 2 □ No       |                         | o the cause of deat  |
| Of Vital Records, P.O. Bo Physician: The law requires that the death this certificate has been signed by the atter   | Completed b   |  | i.v.   |  |   |  |                                      | s an autopsy<br>ormed?               | av<br>cc                | fere autopsy findings<br>valiable prior to<br>impletion of ceuse<br>death? |
| The land   | Con   |  |  |  |   |  | 10                                   | Yes 2 No                             | 1                       | □Yes 2□No  |
| VICAL<br>Mclan: The<br>certificate<br>rector, par  | Be  | 25. Was cese referred to medical examiner?   |  |  |   | 26. Piece of Dea   | th (Check only                       | one)                                 |                         |  |
| Physician:<br>this certific<br>ral director,   | 10  | 1 Yes 2 No   |  | 2 ER/Outpatien   | 3LI DUA   |  |                                      | idence 6 Oth                         |                         | fy)  |
|  | Certification:  | 27. Manner of Deeth 1 \( \sum_{\text{Nature!}} \) 5 \( \sum_{\text{Pending}} \) Pending 2 \( \sum_{\text{Accident}} \) Accident 3 \( \sum_{\text{Suicide}} \) Suicide  28a. Dete of Injury (Month, Dey Year) 28b. Time of Injury M |  |  | M 1 [   | ury at<br>ork?<br>□ Yes 2 □ No                           | 28d. Describe                        | how injury occur                     | red                     |  |
| DIVISION  at or Attending a ster death. I Director: After ad in by the fune  | Sertific  | 4 Homicide determined  | et, factory, office  | 3  |   | (Street and Numb<br>own, Stete)                          | er or Rur                            | al Route Number,                     |                         |  |
| To the Hospital or A<br>within 24 hours after<br>To the Funeral Dire<br>completely filled in b   | edicai (  | 29a. Certifier X Certifying Ph (Check only one)  | ysicien: To the best of my<br>niner: On the basis of exam<br>and menner stated.              | knowledge, death<br>nination and/or inv  | occurred at the t<br>estigation, in my              | time, dete end piece<br>opinion, death occu              | , end due to the<br>rred at the time | ceuse(s) end ma<br>, date and piace, | anner as s<br>and due t | stated.<br>to the cause(s)   |
|  | Me  | 29b. Signeture end title of pertifier  | _  |  |   | nse number<br>-053645 (V                                 | /A)                                  | 29d. Dete signe                      | d (Month,               | Dey, Year)   |
| 12   |   | 30. Name and ourses of person who K. F. MORE, LT   | completed ceuse of death (   | Item 23a) (Type, I   | Print)  |  |                                      | MEDICAL<br>0889-560                  |                         | NTER   |
| St<br>Regist   | ate<br>rar  | 31. Date filed (Month, Dey, Year)  JUN 18 19   | 32. Registrars S   | ignature<br>Association  | الله الله   |  |                                      |                                      |                         |  |

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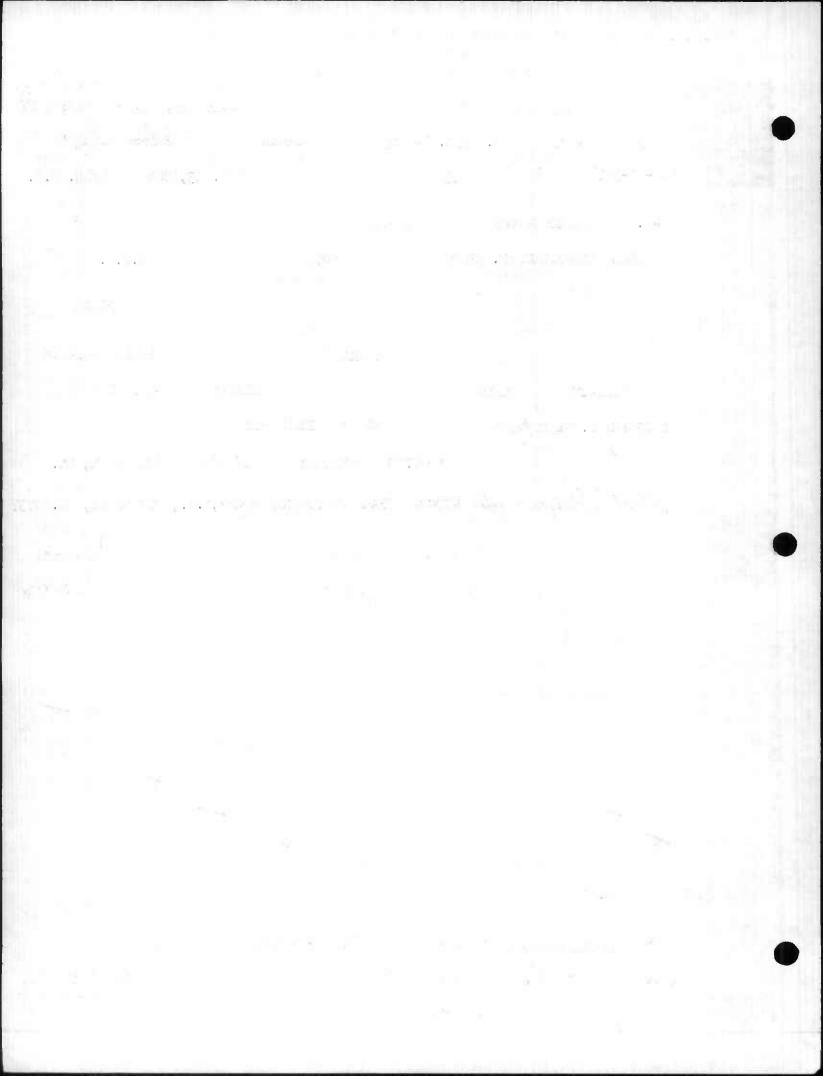
to be in latitud in a said.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** Month 12, Dey 1998 12:50 PM June Clifton Flood /Medical 4b. City, Town, or Location of Death 4e. Facility Neme (If not institution, give street and number) 4c. County of Death Examiner Prince George's 16010 Excalibur Rd. Apt. D- 105 Bowie If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Days Months Hours 1**™**M 2□ F 215-20-3274 Director NOV. 13,1924 WASH. D.C. Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Madical Examiner must be notified as 1 ☑ Yes 2 ☐ No Director MD. PRINCE GEORGES BOWIE 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 16010 EXCALIBUR RD. #D105 20716 U.S.A. Funeral death permit. Pages 1 and 2 should be filed within 72 hours after deat Department of Health and Mental Hygiene. Important: if flem 27 is marked other the any injury or other traumers. 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates: 14. Race - American Indien, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Namied 1 ☐ Yes 2 No Specify: þ Specify: 3 Widowed 4 Divorced BLACK 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) PUBLIC SCHOOLS 5+ TEACHER 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) ELLIOTT LTLLTAN SPENCER FLOOD 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) SAME AS ITEM #10 ROSEMARY C. FLOOD/WIFE 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) CHAMBERS CREMATORY 6/16/98 RIVERDALE, MD. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility sula M00091 CHAMBERS FUNERAL HOMES, P.A., RIVERDALE, MD. 20737 23a. Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner Examiner 00005 rung coma certificate be executed physicien and the buriel-trans Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medicai Due to (or as a consequence of) 950 for Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detech 1 Yes 2 No 3 Probably þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? hes 2010 certificate 1 ☐ Yes 2 ☐ No Division of Vital funeral director, Be 25. Was cese referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home Residence 2 1 Yes 1 Inpatient 2 ER/Outpatient 3 DOA 6 ☐Other (Specify) this 28a. Date of injury (Month, Day Year) 28d. Describe how injury occurred 27. Manner of Death 28b. Time of Certification: 28c. Injury at Work? Natural 2 Accident 5[]Pending death. 1 Tyes investigation f or Attend efter death Director: / 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Mospital 29a, Certifier (Check only one) rtifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as steted.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical To the Within 2 29d. Date signed (Month, Day, Year) 29b. Signature end title of certifier 29c. License number geller o son 30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print)

MARTIN D. WETTZ 7525 Freenway CT Onco Freeholds 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Registrar



State of Maryland / Dep.

| artment of Health and Mental | Hygiene 9 | 8 | 201   | 1 |
|------------------------------|-----------|---|-------|---|
| rtificate of Death           |           |   | E 0 1 | 7 |

| RICHARD | D. | FRANKLIN |
|---------|----|----------|
|         |    |          |

Reg. No 1. Decedant's Nama (First, Middle, Last) 2 Data of Death 3 Time of Death Month **Physician** Richard D. Franklin 1998 JUNE 10, 2130PM \* /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, giva street and number) **Examiner** BLACK WALNUT COVE-ON SAILBOAT TILGHMAN ISLAND TALBOT COUNTY If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Sept. 16, 1930 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** 1XM 2□ F Months Days Hours Min Ohio 67 296-26-4248 Yrs. Director Usuel Rasidenca of Decedant with the Manyland 10a. Stata 10b. County 10c. City, Town or Location 10d. inaida City Limits nem 27 is marked other than "natural", or itema 23a or 28a-f show other traumetic event, the Modical Examiner must be notified at 1 ☐ Yas 2√ No Md. Montgomery Montgomery Village Director 10f. Zip Coda 10g. Citizen of What Country? 10e Street and Number 19823 Greenside Terrace 20886 United States permit. Pages 1 and 2 should be filed within 72 hours aftar death 1 Department of Health and Mental Hygiene. Important: If fem 27 is marked other than "natural", or itema 23s any injury or other traumatic event, the Madical Examiner mans Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14 Race - American Indian Black, Whita, atc. 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Navar Marriad 257 Married Baltimore, Maryland 21215-0020 White 1 ☐ Yas 2 No Spacify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grada completed) 16a, Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) Collega (1-4or 5+) Elementery/Secondary (0-12) Computer Company President 18 Mothar's Name (First, Middla, Maidan Sumama) 17. Fathar's Nama (First, Middle, Last) Be Noel Franklin Helen Brown 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. tnformant's Name/Ralationship (Typa, Print) Lois Franklin (Wife) 19823 Greenside Terr. Montgomery Village, Md. 20886 20b. Placa of Disposition (Nama of camatery, crematory or other placa) June 12, 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 ☐ Burial 2 X Cramation 3 ☐ Ramoval from Stata Alexandria, Va. Metropolitan Crematory 4 □ Donation 5 □ Othar (Spacify) 22. Nama and Addrass of Facility DeVol Funeral Home 21. Signatura of Funaral Sarvica Licu 8 10 East Deer Park Dr. Gaithersburg, Md. 20877 uElis. 23a. Part1. Entar tha disaasa, or complications that caused tha daath. Do not anter tha mode of dying, such es cardiec or respiratory errast, shock, or haart failure. List only ona causa on aach lina. Approximete Intarval Between Onsat and Death **Physician** Immediata Causa (Final disaasa or condition rasulting in death) /Medical Atherosulamin landiovascular disege Examiner Examiner sician and burial-transit cartificata be axecuted Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Dua to (or as a consaquenca of): attending physician for usa as the buria Box 68760. Physician/Medical Dua to (or as a consaquanca of): signed by the a 23b. Did tobacco use contribute to the cause of death? P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 → Onknown Division of Vital Records, à 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy performed? need complation of cause of death? Parnel has 1 Yas 2 □ No 19Yes 2 No cartificata funaral director, Be 25. Was casa rafarrad to medical axaminar? 28. Plece of Daath (Check only ona) Other: 4 Nursing Homa 5 Rasidanca 6 Mothar (Specify) AT SCENE Hospital: 1⊠Yas 2□ No Certification: To 1 Inpetiant 2 ER/Outpatient 3 DOA 28a. Dete of tnjury (Month, Day Year) 27. Mannar of Daath 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Aftar 5 Pending Invastigation 1 Natural daath. 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be detarmined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) filled in by 4 ☐ Homicide

To the Hospital or Attend within 24 hours after death To the Funeral Director:

20

State

Registrar

Fowler David 31. Data filed (Month, Day, Year)

JUN

1 6 1998

30. Nama and address of person who complated cause of deeth (Item 23e) (Type, Print)

29a. Cartifiar

(Check only one)

29b. Signature and titla of certifier

Medical

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signatura
Alia New doon-Randall

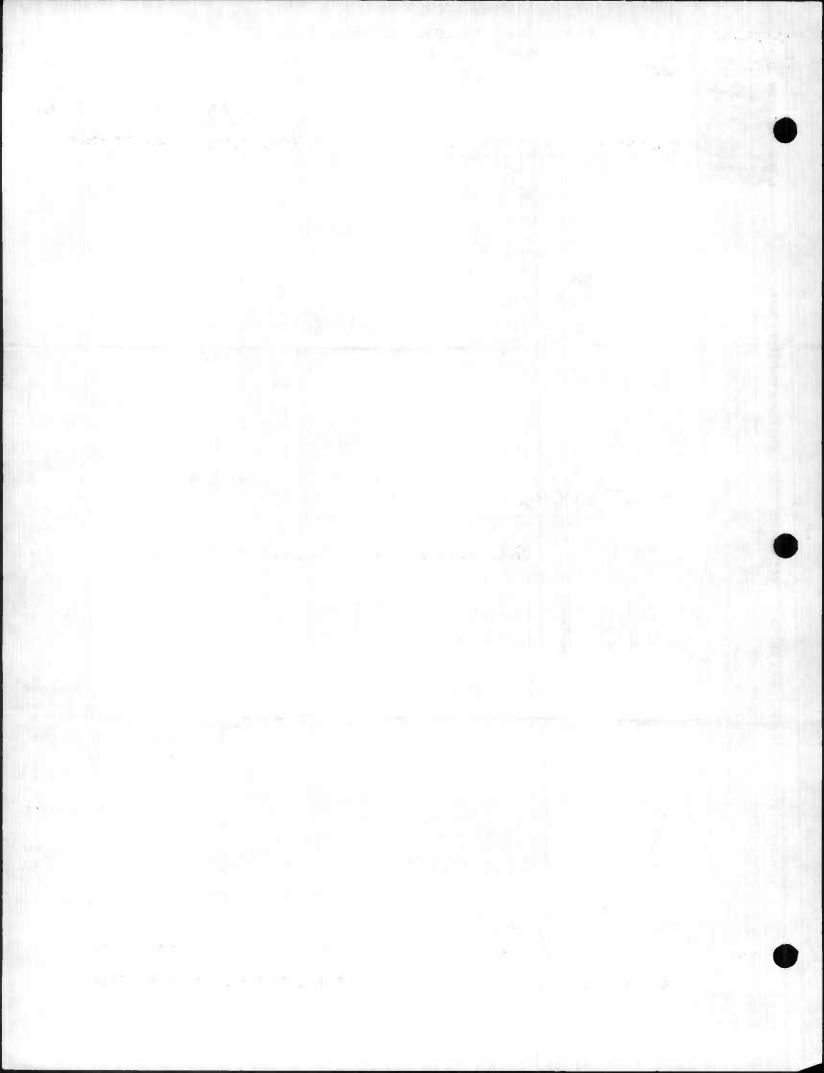
1 Certifying Physictan: To the best of my knowledge, death occurred at tha tima, data and placa, end dua to the causa(s) and mannar as stated

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated. 29c. Licanse number

O.C.M.E.

29d. Data signad (Month, Day, Year)

JUNE 11, 1998



98-3272-033 Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. jhm State of Maryland / Department of Health and Mental Hygiene HIAWATHA Certificate of Death FRAZIER 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** HIAWATHA L. FRAZIER JUNE 09, 1998 1415 PM ' /Medical 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not institution, give street end number) 4c. County of Death Examiner PRINCE GEORGES HOSPITAL PRINCE GEORGES CHEVERLY 8. Dete of Birth (Month, Pax. Year) Feb. 19, 1917 If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 9. Birthplace (Stete or Foreign 7. Age (In vrs. last birthday) **Funeral** 1 MM 2□ F Months Deys Hours Maryland 213-16-2236 81 Yrs. **Director** Usuel Residence of Decedent the Meryland 10d. Inside City Limits 10c. City. Town or Location 10a Stete 10b. County 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at 1X Yes 2 □ No Pr. Geo. Landover Director 10e. Street end Number 10f Zin Code 10g. Citizen of Whet Country? with 7609 Willow Hill Drive 20785 U.S.A. Funeral death 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces?

1 Wes 2 No
If Yes, Give 1944-46 14. Rece - American Indien, Bieck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after to Depertment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or ite, any injury or other traumetic event, the Medical Examina Never Married 2 Married Black Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify by 3 ☐ Widowed 4 ☐ Divorcad Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 4th Mechanic Auto 18. Mother's Neme (First, Middle, Maiden Surneme) 17. Fether's Name (First, Middle, Last) Be Unknown Mildred E. Frazier 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) Gloria S. Dove (Niece) 7609 Willow Hill Dr., Landover, MD 20785 Baltimore, 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stele 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State Metropolitan Fun. Srv.6/15/98 Alexandria, VA 4 ☐ Donetion 5 ☐ Other (Specify) ere of Funeral Service Lice 22. Name and Address of Facility
SNOWDEN FUNERAL HOME, P.A. 20850 ROCKVILLE, MD seese, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest lure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician IMedical** Immediate Cause (Final diseese or condition resulting in deeth) Examiner Examiner sicien and buriel-transit certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieled events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. physicien Physician/Medical the Due to (or es e consequenca of): esn signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? P.O. 2 No 3 Probably 4 Unknown py 24b. Were eutopsy findings aveileble prior to completion of cause of death? 24e. Wes an autopsy Completed Deen 105 2 No 2□ No Division of Vital 26. Place of Deeth (Check only one) Be 25. Wes case referred to medical examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 □ ER/Outpetient 3 □ DOA To this funeral 28e. Date of Injury (Month Day X Describe how injury occurred 27. Menner of Deeth 28b. Time of 28c. Injury et Work? Certification: After 1 Naturel 5 Pending Redestrion struck by auto 1 Yes death. 2 Accident 3 ☐ Suicide investigation UNIC or Attendi 6 Could not be determined Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, 28e. 4 Homicide Afre and It IIR Hospital Funeral 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated. 29a, Certifie Medical

24 To the I

> State Registrar

31. Dete filed (Month, Day, Year)

and title of certifier

you

5 1998

29b. Signature

WKE

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

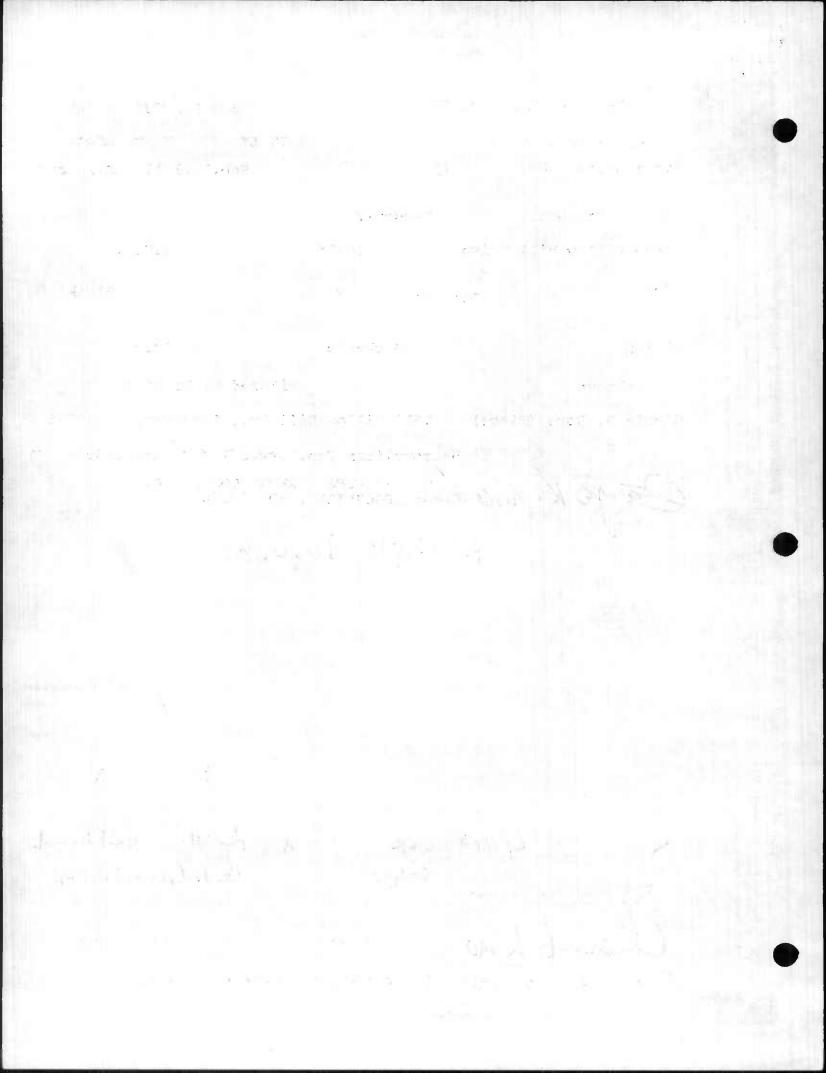
29c. License number

OCME

29d. Dete signed (Month, Day, Year)

JUNE 10, 1998

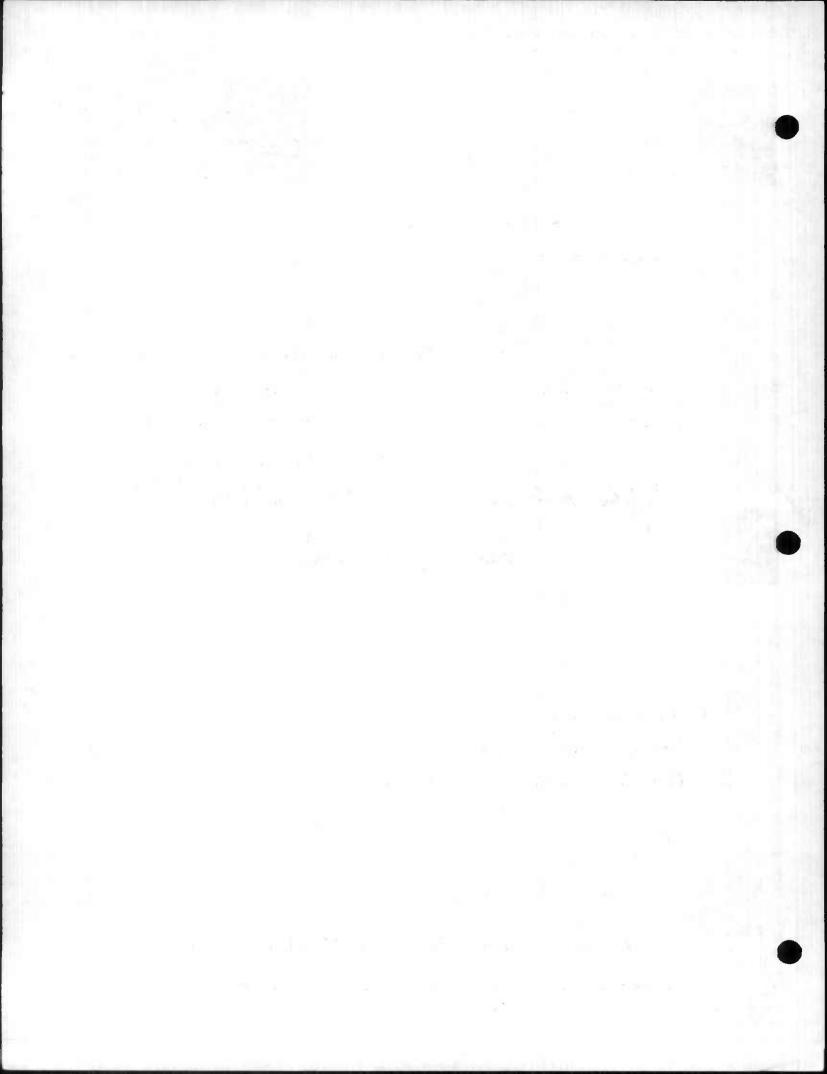
32. Registrer's Signeture Sitie Devide



| _  |  |   |  |                               |  | 001  | rtificate   | 6 01  | Dealii   |                          |  | Reg. No.   | 98  | C-010  |  |
|--|--|---|--|-------------------------------|--|--|---|---|--|--------------------------|--|--|---|--|--|
| /slcia   |  | Decedent's Neme (First, M.  | Middle, Las  | it)                           |  |  |   |   |  |                          | 2. Dete of De<br>Month   | eth<br>Dey   | Yeer  | 3. Time of De  |  |
| ledica   | al -   | CHALMER JAI   |  |                               |  |  |   |   |  |                          | JUNE   | 16   | 1998  | 2:55   |  |
| amine  | r  | 4e. Fecility Name (If not Instit  | tution, give   | street end n                  | umber)   |  |   |   | 4b. City, Town   | n, or Loc                | ation of Deet  | h 4c. Cour   | nty of Deeth                                  |  |  |
|  |  | 211 OAK STRE<br>5. Social Security Number   | ET 6. Se   |                               | 7 Ann //n  | e fact high day  | If Under  | 1 Vear  | CUMBER<br>If Under 24  |                          |  |  | LEGANY  |  |  |
| eral<br>tor  |  | 721-16-9268   |  | M 2□ F                        | 7. Age (in yi  | s. last birthday)<br>Yrs.  | Months  | Deys  |  | Min.                     | 8. Dete of Bir<br>(Month, De                                     | sy, Year)  |   | piece (State or Fo   |  |
| 101  | -  | Usual Residence of Deceder  | nt   |                               |  |  |   |   |  | 1                        | MARCH  | 20.1926  | 0   | PA.  |  |
| 4  |  | 10a. Stete 10b. Co  | unty   |                               | 10c. (   | City, Town or Lo   | ocation   |   |  |                          |  |  |   | 10d. Inside City L   |  |
|  | ō  | MARYLAND A  | LLEGA  | NY                            |  | CUMBERL.   | AND   |   |  |                          |  |  |   | 1X Yes 2   |  |
|  | Director   | 10e. Street end Number  |  |                               |  |  | 10f. Zip  | Code  |  |                          |  | 10g. Citizen o   | of Whet Cour                                  | ntry?  |  |
|  |  | 211 OAK STRE  | FТ   |                               |  |  | 21  | 502   |  |                          |  | 11 (   | S.A.  |  |  |
| 9  | ner  | 11. Meritel Status  |  | 12. Wes Dec                   | cedent Ever in   | U,S. 13. \   | Was Deced   | dent of H   | lispanic Orlgin<br>en, Mexican, F  | ? (Spec                  | ify Yes or No  | - 14. R  | ece - Americ                                  |  |  |
|  | 211 OAK STREE  11. Meritel Status  1 Never Merried 2 Ma  3 Widowed 4 Divorce  15. Decede   |   |  | 1X Yes                        | 2 No   |  | 1 ☐ Yes 2   |   | Specify:   |                          |  |  |   | eck, White, etc.   |  |
|  | ) Ted  | 15. Dece  | edent's Ed   | ucation                       | 1  | 16e. Deced   | dent's Usue   | el Occup  | ation  | fumekin                  |  | 16b. Kind of   | Business/In                                   | dustry   |  |
| (Specify Etementery/Second   |  |   | highest grede completed) -12) College (1-4or 5+)   |                               |  | life. I  | (Give kind of work done during most of workin<br>life. DO NOT use retired)  |   |  |                          |  |  |   |  |  |
|  | 5  | 8   | IAN-B&   | N-B&O RAILROAD                |  |  |   |   | OAD  |                          |  |  |   |  |  |
| 0  |  | 17. Fether's Neme (First, Mid   |  |                               |  |  |   |   | 18. Mother's   | Neme (                   | First, Middle  | , Maiden Sum   | eme)  |  |  |
| 1  | 0  | WILLIAM MORR  |  |                               |  |  |   |   | MARY N   | MAGD                     | ALINE  | KILCOI   | N   |  |  |
| 15. Deceden (Specify only higher   15. December   15. Decem |  |   |  | ype, Print)                   |  | 1  |   |   | t end Number or Rural Route Number, City or Town, S.   |                          |  |  |   |  |  |
|  |  |   |  |                               |  |  |   |   |  |                          | 21502  | 2  |   |  |  |
|  | 2  | 20a. Method of Disposition  1  Buriel 2  Cremet  4  Donetion 5  Othe  |  |                               | Stete ROC  | Piece of Dispo<br>cemetery, cren<br>CKY GAP  | vition (Nem<br>netory or ot<br>VET C  | ne <i>of</i><br>ther plea<br>CEME   | TERY J   | UNE                      | Dete<br>18 19  | 20c. Location<br>98 RFD  | FLINT   | own, Stete<br>STONE MD   |  |
| once.  |  | 21. Signature of Funeral Sen  | vice Licens  | Ñ .                           | it   | 22<br>ME   | . Name end<br>ERRITT  | d Addre   | ss of Fecility<br>AMS FU   | NERA                     | L HOMI   | E  |   |  |  |
|  | -  | 230 Ports Enter the disease   | X·   | Herr                          | ~~   | 1.0  | 14 DEC  | CLA DITT  | TO CHEST TO THE  | 77 C                     | TOTAL CONTRACTOR   | A ATTA ATTA  | DAT AND                                       | D  |  |
| 22   |  |   | e. or comp   | licetions thet                | caused the de  | eth Do not ente  | er the mode   | e of dvin   | R STRE   | ET C                     | UMBERI   | JAND MA  | KILANI  |  |  |
| an   |  | 23e. Pert 1. Enter the disease shock, or heert fellure.   | e, or comp<br>List only o  | licetions thet<br>ne ceuse on | caused the de<br>eech line.  | eth. Do not ente   | er the mode   | e of dyin   | g, such es ca  | rdiec or                 | respiretory e  | rest,  | KILANI  | Approximete<br>Interval Between  |  |
| an<br>cai  |  | Immediate Cause (Final  | e, or comp<br>List only o  |                               |  | eth. Do not ente   | er the mode   | e of dyin   | ig, such es ca   | rdiec or                 | respiretory e  | rest,  | KILAN   | Approximete  |  |
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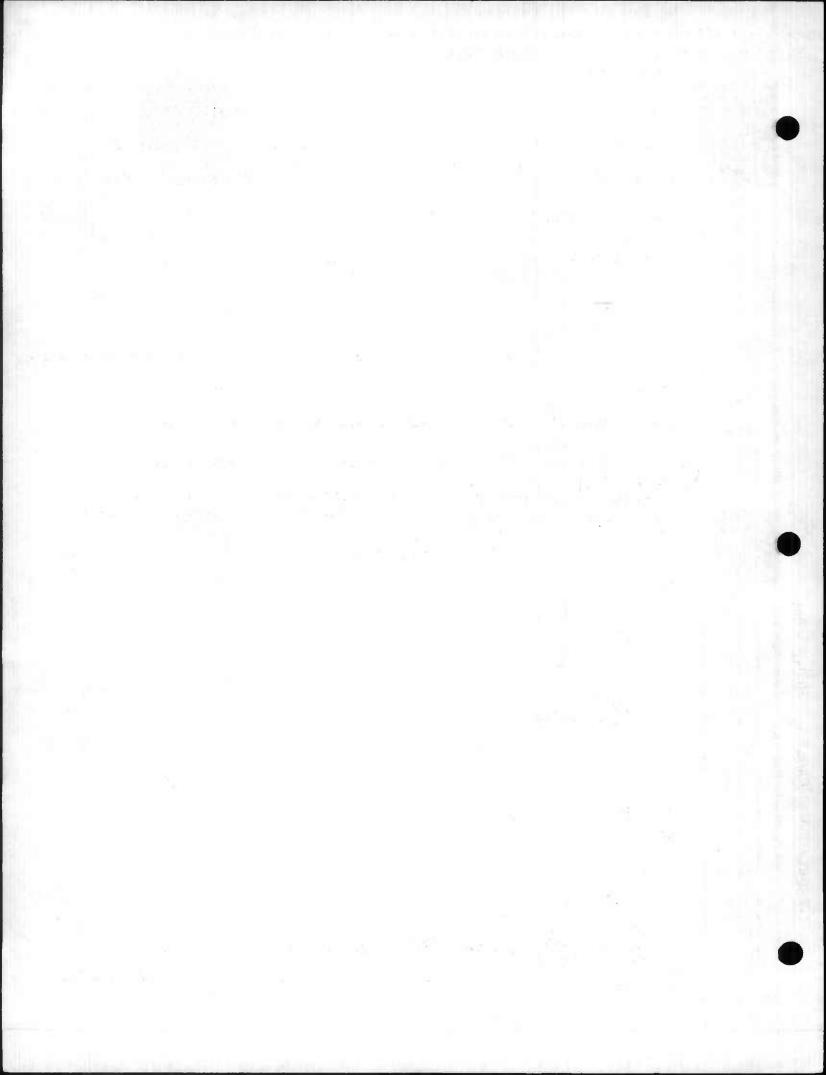
| 111                    |  |   |  |  |  |  | Cer  | tificate of   | Death   | nentai Hy  | Reg. No.  |  |  |
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|                        | Exami  |   | 4a. Facility Nama (If not inst   | itution, give  | street and number  | r)   |  |   | 4b. City, Town, or L  | ocation of Deatl   | h 4c. County  | of Death   |  |
|                        |  |   | Holy Cross   | Hospit   | tal  |  |  |   | Silver  | Spring   | М   | lontgo   | omerv  |
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|                        | ahow all   |   | 10a. State 10b. Co   | Junty  |  | 10c. City,   | , Town or Lo   | cation  |   |  |   | 1  | 0d. Inside City Limits   |
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|                        | r dos  | Funeral Director  | 11. Marital Status   |  | 12. Was Decedent<br>Armed Forces   | t Evar in U,S  | S. 13. V   | Was Decedant of I<br>Yas, specify Cub   | Hispanic Origin? (Sp<br>ean, Maxican, Puarto  | ecify Yes or No<br>Rican, atc.)  | - 14. Rac   | e - Amaric   |  |
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| 5                      | Medi yield of 2 should be find within 72 hours after death with the Marylar and Mental Hygiene.  If it merked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at To Be Completed by Funeral Director   |   | 15. Dec<br>(Specify only f   | edent's Edu<br>nighast grad  |  |  | 16a. Deced<br>(Give  | lent's Usual Occu<br>kind of work done  | pation<br>during most of worked)  | ing  | 16b. Kind of Bi   | usiness/Inc  | dustry   |
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| Ma                     | 12 sho<br>h and<br>h and<br>haum   |   | 19s. Informant's Name/Reis   |  |  | ()   |  |   | t and Number or Rui   |  |   |  | Code)  |
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| Baltimore,             | 80-1   |   | 1 ☑ Burial 2 ☐ Crema   | tion 3 🗆 F   | Removal from State   | 200. FR  | metery, cren   | sition (Nema of<br>netory or other ple  |   | Date   | 20c. Location -   |  |  |
| Ë                      | Department<br>Department<br>Important: I<br>any Injury o   |   | 4 □ Donation 5 □ Oth   |  |  | Par  |  | Memoria.  |   |  | Rockvill  |  |  |
| Sal                    | Departition of the point of the |   | 21. Signature of Funeral Sa  | vice Licens  | ee   |  |  |   | ess of Facility Fra   |  |   |  | neral  |
| ш                      | 202 # S  |   | 1 John   | 10   | Urph.  |  |  | ome, Inc.<br>Llver Spi  |   | niversity Blvd. West 20901  Jiac or respiratory arrest, Approxim.  |   |  |  |
|                        | Physician<br>/Medical<br>Examiner  | er  | Immediate Cause (Final disease or condition resulting in deeth)  | List Grilly Gr   |  | nona   | y €<br>as a conseq   | mbolism   | ^   |  |   | 1 1 1  | Interval Between<br>Onsat and Death  |
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| of Vital Records, P.O. | or Attending Physician: The law requires that the deeth certif fler death. Ifer death. Ife | edical Certification: To Be Completed by Physician/Medical  | Part II. Other significant con  Coronary  Abdomina  25. Was case referred to many animer?  1 Yes 2 No  27. Manner of Death 1 Natural 5 P. Accidant 3 Sulcida 6 C. d.   | Arter  Ar | The Disc and Inpatient Place of Input Month, De Belcian: To the best   | but not result ient 2 Eury ey Year)  | as a consequence of the second | t 3 DOA Ot 28c. Inju Wo M 1 aat, factory, office  | 26. Place of Daai her: 4 Nursing Ho ry at rk? ] Yes 2 No  | 24a. Was performent of the Check only of the Check on the Check only of the Check only of the Check on the | Yes 2 No an autopsy primed?  Yes 2 No ona) dence 6 Oth how injury occur  Street end Numb wn, Stete)  causa(s) and ma date and place,                  | 3 Prol 24b. We ave condition of the Cond | era autopsy findings allable prior to mpletion of cause death?  Yes 2 No  No  No No No No No No No No No No No |
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| of Vital Records, P.O. | or Attending Physician: The law requires that the deeth certif fler death. Ifer death. Ife | Medical Certification: To Be Completed by Physician/Medical | Part II. Other significant con  Coronary  Abdomina  25. Was case referred to me examiner?  1 Yes 2 No  27. Manner of Death 1 Natural 5 P. 2 Accidant 3 Sulcida 6 C. 4 Homicida dd  29a. Certifier (Check only one)  29b. Signatura and titla of cone  30. Neme and addrass of pe  A1 Jawad B. W.  31. Date filed (Month, Day, 1)  1 And 1  | adical Hamber and the sending vestigation ould not be stermined stiffing Physical Examination of the sending vestigation ould not be stermined stiffing Physical Examination of the sending sending and the sending se | Hospital: Minpati 28a. Data of Injuding, e   | but not result to the total to | ER/Outpatien 28b. Time of Injury me, farm, strandon and/or inv   | t 3 DOA Ot 28c. Injune Man 1 aat, factory, office to occurred at the transitional in my 1 Print)  Pk. Rocks   | 26. Place of Daai her: 4 Nursing Ho ry at rk? I Yes 2 No  ime, date and placa, opinion, death occur se number | 24a. Was performent to the Check only of the Check on the Check only of the Check only of the Check on the | Yes 2 No an autopsy primed?  Yes 2 No ona)  dence 6 Oth how injury occur  Street end Numb wn, Stete)  causa(s) and ma date and place, 29d. Data signe | 3 Prol 24b. We ave conditions of the conditions  | era autopsy findings allable prior to mpletion of cause death?  Yes 2 No  No  No No No No No No No No No No No |



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O Q

| ITEMS: #1   | 11   | PER F.H. G761 7-24-  | 98 WR.  |                               | Certificate of   |   |   | Reg. No.                               | 4   | 1152  |  |  |
|---|--|--|---|-------------------------------|--|---|---|--|---|---|--|--|
| Physic<br>/Medi   |  | Decedent's Nama (First, Mide     FRANCES   | ila, Last)<br>I. GREENLE]   | LGH                           |  |   | 2. Data of Dec<br>Month<br>06-14-         | Day                                    |   | 3. Time of Death 3:50AM   |  |  |
| Examir  |  | 4a. Facility Name (If not institution  | on, give street and number  | 7)                            |  | 4b. City, Town, or Lo                                   |   | -                                      | of Death  | 3333441   |  |  |
|   |  | SUBURDAN HOS   | PITAL   |                               |  | BETHESDA  | A   | MONTGO                                 | OMERY   |   |  |  |
| Funeral<br>Director   |  | 5. Social Security Number  113 38 7693 Usual Residence of Decedant   | 8. Sex<br>1 □ M 2/OXF 7. A  | ga (In yrs. last birtho<br>96 | Months   Days  | If Undar 24 Hrs.<br>Hours Min.                          | 8. Data of Birt<br>(Month, Da)<br>01-22-1 | h<br>y, Year)                          | 9. Birthplac  |   |  |  |
| ehow<br>ed at   |  | 10a. Stata 10b. Count  |   | 10c. City, Town o             |  |   |   |  | Day Year 998 3:50AM 4c. County of Death  MONTGOMERY  9. Birthplace (State or Forel County) California  10d. Inside City Limit Yes 2 No. Citizen of What Country?  USA  14. Race - American Indian, Black, White, atc. Specify: White b. Kind of Business/Industry  V't & Private Secto idan Sumama)  Zity or Town, State, Zip Code) 20852 c. Location - City or Town, State alhalla, NY |   |  |  |
| the Me  | recto  | MD MONTO   | OMERY   | ROCKV                         | 10f. Zip Code  |   |   | 10g Chizan of W                        | hat Country   | **  |  |  |
| death with the Merylend<br>ms 23e or 28e-f ehow<br>Finant be redfied at   | al Di  | 6160 Montros   | e Road  |                               | 20852  | 2   |   |  | nat odantr)   |   |  |  |
| p 2 2   | by Funeral Director                          | 11. Marital Status  1 Navar Married 2 Ma 3 Widowed 4 Divorce   | M Van Chin  | (No                           | 13. Was Decedant of I<br>If Yes, specify Cub<br>1 ☐ Yas 2 ☐ No           | dispanic Origin? (Sp<br>an, Maxican, Puarto<br>Specify: | ecify Yes or No-<br>Rican, atc.)          |  | , Whita, ato  | 3.  |  |  |
| 15-0<br>172 he<br>natur   | Completed                                    | 15. Deceda<br>(Specify only high<br>Elementery/Secondary (0-12)  | nt's Education<br>est grade completed)  College (1-4or                  | 5+) (G                        | ecedant's Usual Occup<br>five kind of work done<br>te. DO NOT use retire | during most of work<br>d)                               | 10  |  |   |   |  |  |
| E Hyg   | Bec  | 17. Father's Name (First, Middle   |   | 500                           | Lai Wolker   | 1   | Gov't & Private Secto                     |  |   |   |  |  |
| re, Maryland 212: It and 2 should be filed within Health and Mental Hygiene. Item 27 is marked other than other traumatic event, for Me | ToB  | Morris Nasati  |   |                               |  |   | er Hurwi                                  |  |   |   |  |  |
| e, Mar<br>and 2 sho<br>tealth and<br>m 27 le m  |  | 19a. Informant's Name/Ralation<br>Stephen Greenle  |   | 1                             | lailing Addrass (Street<br>.7 Empire I                                   |   |   |  | Stata, Zip C  | oda)  |  |  |
| or other trau   |  | 20a. Method of Disposition 1 □ Burial 2 □ Cremation  | XX Ramoval from State   | 200. Place of Di              | isposition (Nama of cramatory or other pla                               |   | Data                                      |  | City or Town  | n, Stata  |  |  |
| Baltimo<br>permit. Page<br>Department of<br>Important: If<br>any injury or<br>astos.  | 0  | 4 Donation 6 Other (   | Spirotty)   |                               | Gardens 22. Name and Addra   |   | -15-98                                    | Valhalla                               | a, NY   |   |  |  |
| Balt<br>permit.<br>Departs<br>imports<br>any ink  |  | W.K.   |   | /                             |  | -Goldberg   | g Memori                                  | al Chape                               | e1  |   |  |  |
| Physician   |  | 23a. Part1. Enter the disease, c<br>shock, or heart fattore. Lis   | r complications that cause<br>t only one cause on each l                | tha death. Do not             | Intertine made si by   | ng, sucifas cardiac                                     | opresBiratGr/Val                          | dalle, MI                              | 208   | peroximata<br>itarval Between<br>inset and Death                |  |  |
| /Medical<br>Examiner  |  | Immediate Cause (Final disease or condition resulting in death)  | a   | le                            | prix   |   |   |  | 1/2   | oy  |  |  |
| 70 8  | ner  |  |   | Due to (or as a con           | sequence of):  |   |   |  | 1   |   |  |  |
| 58760,<br>icate be executed<br>physicien and<br>s the buriel-transit  | Examiner                                     | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted avants  | Б.  | Dua to (or as a cor           | nsequance of):   |   |   |  |   |   |  |  |
| ₩ D 8   | <b>VMedical</b>                              | Cause (Disease of Injury that initiated avants rasulting in death) Last  | d   | Dua to (or as a con           | sequence of):  |   |   |  |   |   |  |  |
| Batter For L  | ciar   |  |   |                               |  |   | 1   |  |   |   |  |  |
| , P.O. BOX ( that the death certif ed by the attending detached for use at  | Physician/M                                  | Part II. Other significant conditions of the con | 4.  | but not resulting in th       | a undarlying causa gh  | /an in Part I.  |   |  | tribute to ti<br>3 ☐ Probal   | he cause of death?<br>bly Unknown                               |  |  |
| ords, requires een sign hould be  | Completed by                                 |  |   |                               |  |   | 24a. Was                                  | an autopsy<br>med?                     | availa  | e eutopsy findings<br>able prior to<br>bletion of cause<br>eth? |  |  |
| = F # d   | Com  |  |   |                               |  |   | 101                                       | res 20 No                              | 101   | fas 2□ No   |  |  |
| f Vital ysician: Th is certificate director, pa   | Be   | 25. Was casa refarred to medica  | Hospital:   |                               |  | 26. Plece of Daat                                       | h (Check only o                           | na)                                    |   |   |  |  |
| <u> </u>  | atlon: To                                    | 1 Yas 2 No  27. Manner of Seath Natural 5 Pendi 2 Accident Invest  | atlent 3 DOA Others of Sec. Injury World 1                              | 4 U Nursing Ho                |  | dance 6 Other   | -   |  |   |   |  |  |
| - X C   | Certification:                               | 3 Suicide 6 Could datan  | , straet, fectory, office   |                               | 28f. Location (S<br>City or Tox  | Street and Numbe<br>on, Steta)                          | or Rural F                                | Routa Number,                          |   |   |  |  |
| To the Hospital of within 24 hours at To the Funeral D completely filled I  | edical                                       | 29a. Certifiar (Check only one) Certifyi   | ng Physician: To the best<br>Examiner: On the basis of<br>end menner si | of examination and/o          | aeth occurrad at tha tir<br>r Investigetion, in my o                     | ma, date end plece,<br>ppinlon, daath occuri            | end due to the ored at tha tima,          | ceusa(s) and man<br>data and place, as | nar as statend due to the   | ed.<br>na causa(s)  |  |  |
| To the<br>To the  | 29b. Signature and title of certifier 29c. L |  |   |                               |  | se number   |   | 29d. Data signed                       |   | y, Year)  |  |  |
| D   |  | you y  | Jehuln  | - 170                         | DLa  |   |   | JUNE                                   | 14,1  | 998   |  |  |
|   |  | 30. Name and address of person   | who completed ceuse of the dh 94  | death (Itam 23a) (Ty          | pe, Print)  Gez-SETEL  | wn Rd   | Dether                                    | 1/5 141                                | 6 20  | 874   |  |  |
| Sta<br>Registr  | 25.1   | 31. Seta filed (Month, Dey, Year   | 1998 Julia  | rar's Signature               | talls  | · ·   |   |  |   |   |  |  |

GREENLEIGH, FRANCES



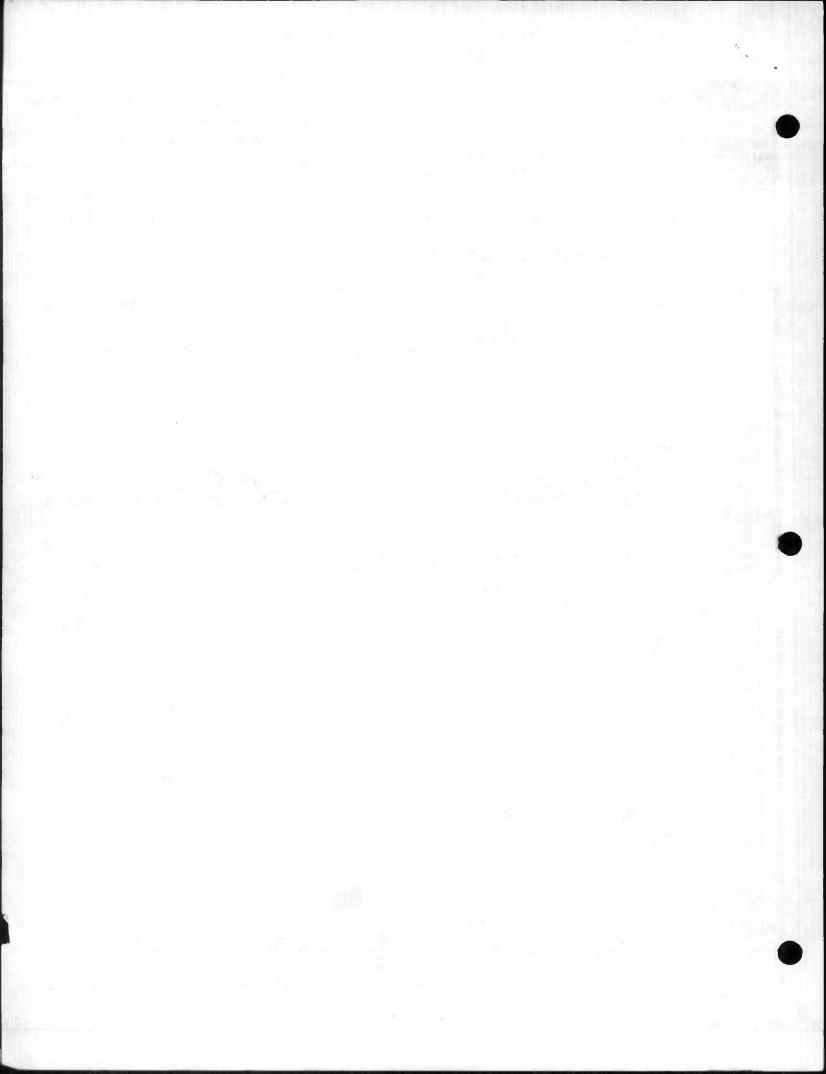
Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Dete of Deeth 3. Time of Deeth Guarino DB, 1998 **Physician** Sarah June 11:05 pm /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 1□M XXF 88 Yrs. Director 038-09-9081 3. 1909 GEORGIA Usual Residence of Decedent show 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Examiner must be notified at 1 Xes 2 No Director 288-11 N/A N/A WASHINGTON, D.C. 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ŏ Items 23a 6101 16th STREET, N.W., APT. 804 20011 U.S.A. by Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) should be filed within 72 hours efter und Mental Hygiene. marked other than "natural", or Iter 1 ☐ Yes 2 ☒ Ŋo If Yea, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🗓 No Specify: Specify: WHITE 3 X Widowed 4 ☐ Divorced Completed traumatic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Buainess/Industry Etementery/Secondary (0-12) College (1-4or 5+) LIBRARIAN LIBRARY SERVICE 17. Father's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Peges 1 and 2 should be famoust of Health end Mental I 2 FRANK A. HAMILTON MAUDE KIRBY 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informant's Neme/Reletionship (Type, Print) CHARLES KREISCHER (NEPHEW) 745 STARLIGHT DRIVE ATLANTA GEORGIA 30342 Department of Health Important: If Item 27 any injury or other tr 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete JUNE 9 1 Kon State 2 □ Cremetion 3 □ Removal from State 4 Donetion Other (Specify) WEST HILL CEMETERY 1998 DALTON GEORGIA 22. Name and Address of FacilityHINES- RINALDI FUNERAL HOME, INC. 21. Signature of Funerel Service Licen 11800 NEW HAMPSHIRE AVENUE SILVER SPRING MARYLAND 20904-2891 Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medicai Immediate Cause (Finel Corenary disease or condition resulting in deeth) arter y ears Examiner Due to (or as e consequence of) Examiner Hypertonsion The law requires that the death certificete be executed ettending physician and for use es the buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting In deeth) Lest Due to (or es e consequence of): P.O. Box 68760. anoxia Physician/Medicai Due to (or es e consequence of): signed by the el Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes INo 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. þ 24b. Were eutopsy findings eveilable prior to completion of ceuse of death? Completed 24e. Wes en eutopsy performed? page 2 s certificate 2/2 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours efter deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director, it Be 25. Was case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes No Certification: To 27. Manner of Deeth Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending 1 Neturel Iniury 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the ceuse(s) end menner es steted. 29a. Certifler Medical (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and due to the cause(s) and manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Lockwood Dr. Silver Spring Kobort . F. - Kel 10801 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture Jillia Deviden State

**DHMH 16 Rev 6/95** 

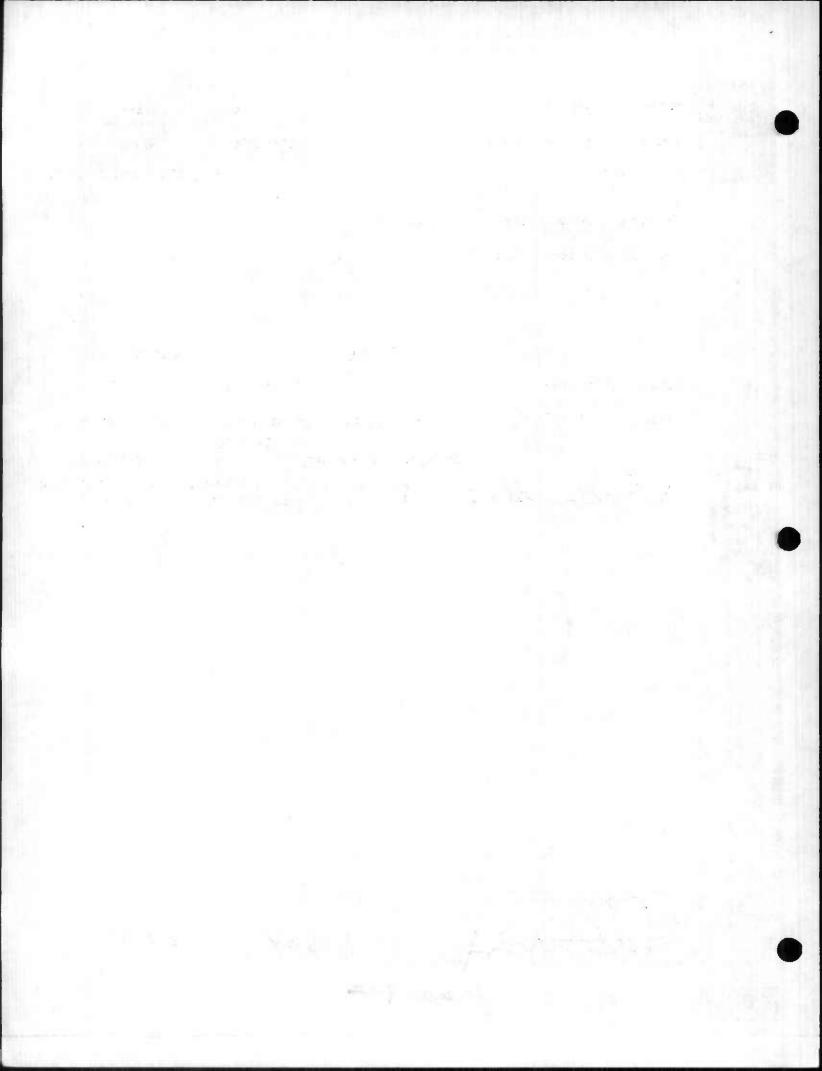
Registrar

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State of Maryland / Department of Health and Mental Hygiene 9 8

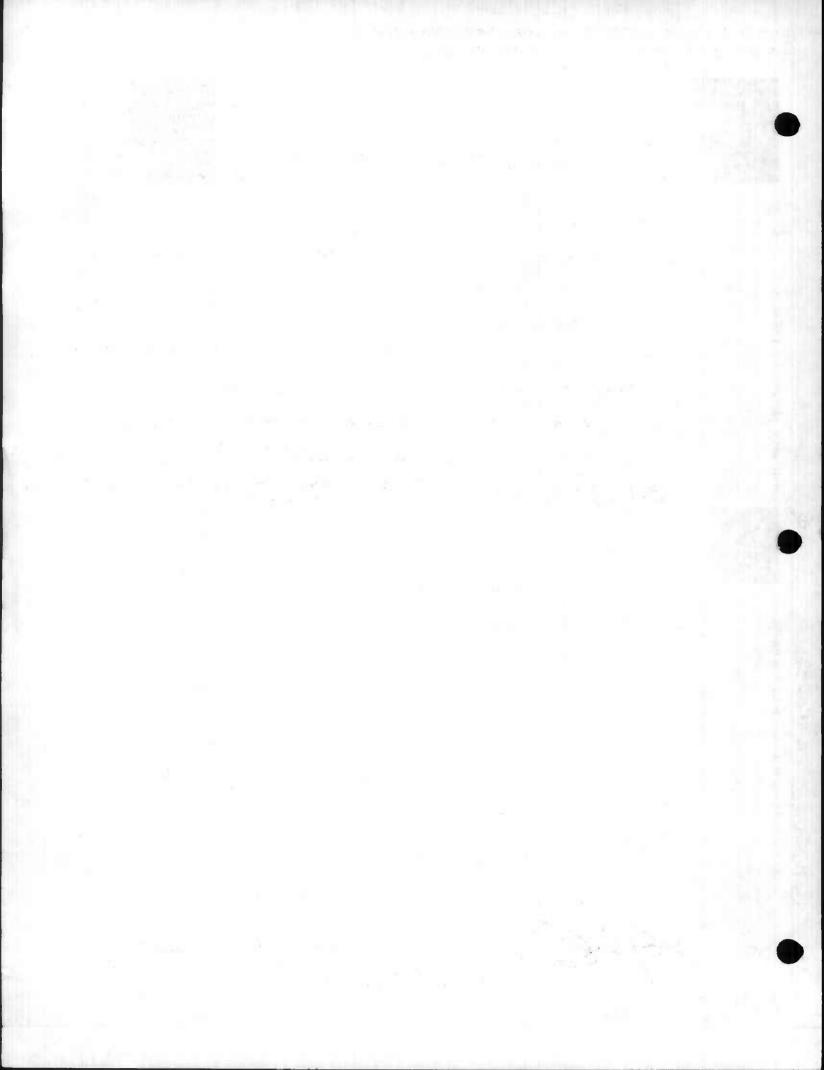
| _                   |  |  |  |   | ,                               | Cer                        | tificate                     | of Death  |   | Reg. No.                         | 20                                | 154   |
|---------------------|--|--|--|---|---------------------------------|----------------------------|------------------------------|---|---|----------------------------------|-----------------------------------|---|
| н                   | Physic   | an   | 1. Decedent's Neme (First, Middle, Las   |   |                                 |                            |                              |   | 2. Date of Dea                          | ath<br>Dey                       | Yeer 3.                           | Time of Death   |
|                     | /Medi  |  | Harley D. Godfrey  |   |                                 |                            |                              |   | June                                    |                                  | L998 7:                           | 30 a.m.   |
| ľ                   | Examir   | ner  | 4e. Facility Name (If not institution, give  |   |                                 |                            |                              | 4b. City, Town, o                               | r Location of Deeth                     | 4c. County                       | of Death                          |   |
| _                   |  |  | 500 Red Lion Bran  |   |                                 |                            | If I Index 4                 | Milli   |   | Qı                               | ieen Ani                          |   |
| ш                   | Funerai  |  | 5. Sociel Security Number 6. Se  | XM 2□F  | e (In yrs. lesi                 | t birthday) .<br>Yrs.      | If Under 1 Months [          | ear If Under 24 Hi                              | n. (Month, De                           |                                  |                                   | (State or Foreign                                     |
|                     | Director   |  | 151-20-4825 Usual Residence of Decedent  |   | 75                              | 113.                       |                              |   | June 7                                  | 1923                             | Mt. La                            | urel, NJ  |
|                     | land<br>w  |  | 10a. Stete 10b. County   |   | 10c. City, T                    | own or Loc                 | cation                       |   |   |                                  | 10d. I                            | nside City Limita                                     |
|                     | Mary   | to   | Maryland Queen   | Annes   | Mil1                            | ingto                      | m                            |   |   |                                  | 1                                 | I ☐ Yes 2 ☒ No  |
|                     | r 28a  | Director   | 10e. Street and Number   | ingu  | 10f. Zip Co                     | de                         |                              | 10g. Citizen of                                 | What Country?                           |                                  |                                   |   |
|                     | 3a o   |  | 500 Red Lion Bran  | ch Road   |                                 |                            | 216                          | 51  |   | U.S.A.                           |                                   |   |
|                     | death death  | Funeral  | 11. Marital Status   | 12. Wes Decedent B  | Ever In U,S.                    | 13. V                      |                              | of Hispenic Origin? (<br>Cuban, Mexicen, Pue    | Specify Yes or No-                      | 14. Rac                          | Race - American Indian,           |   |
| Maryland 21215-0020 | 72 hours after death with the Maryland "natural", or items 23s or 28s-1 show deat Examine must be notified   | by   | 1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced                             | Armed Forces?  1 ☐ Yes 25 ☐ ↑  If Yes, Give  Year or Dates: | lo                              |                            | Yes, specify ☐ Yes 24        |   | no Hicen, etc.)                         | Specif.                          | ck, White, etc.  White            | е   |
| 5-0                 | 72 hc  | Completed  | 15. Decedent's Edu<br>(Specify only highest gred                                   | ucetion   | 1                               | 6a. Deced                  | ent's Usual C                | ccupation                                       | ndina                                   | 16b. Kind of B                   | usiness/Industr                   | у   |
| 21                  | E . C  | pje  | Elementary/Secondary (0-12)  | College (1-4or 5  | +)                              | life. D                    | O NOT use                    | lone during most of w<br>etired)                | Orking                                  |                                  |                                   |   |
| 21                  | 70 00 5  | 00   | 8  |   |                                 | Fa                         | rming                        |   |   | Agricu                           | lture                             |   |
| pu                  | 0 = 0 5  | Be   | 17. Father's Name (First, Middle, Last)  |   |                                 |                            |                              | 18. Mother's N                                  | ame (First, Middle,                     |                                  |                                   |   |
| yla                 | should be<br>nd Mental<br>marked o   | T <sub>o</sub>   | Robert E. Godfrey  |   |                                 |                            |                              | Hazel   | Wells                                   |                                  |                                   |   |
| lar                 | 2 shc<br>and<br>is m   |  | 19a. Informant's Name/Relationship (T  |   | 19b. Mailin                     | g Address (S               | treet end Number or F        | Rural Route Numbe                               | r, City or Town,                        | Stete, Zip Cod                   | (e)                               |   |
|                     | DEPA   |  | Doris B. Godfrey/  | Wife  |                                 | 500 F                      | Red Li                       | on Branch                                       | Road, Mil                               | lington                          | n, MD                             | 21651   |
| altimore,           | pemit. Peges 1 ar<br>Department of Heal<br>Important: If Itam 2<br>any Injury or other<br>once.  |  | 20e. Method of Disposition 1 ☐ Burial 2 🖾 Cremetion 3 ☐ F                          | Removal from State  | 20b. Place<br>ceme              | e of Dispos<br>etery, crem | ition (Neme<br>etory or othe | of<br>r place) June 1                           | 7. 1998                                 | 20c. Location                    | City or Town,                     | State   |
| E                   | Peges<br>ment of H<br>ant: If he<br>ury or of  |  | 4 □ Donation 5 □ Other (Specify)   |   | Chesa                           | peake                      | Crem                         | ation Cent                                      | er. LLC S                               | Stevens                          | ville.                            | MD  |
| Sall                | permit. Pe<br>Departmer<br>important:<br>any injury  |  | 21. Signature of Funeral Service Licens  |   |                                 | 22.                        | Name end A                   | ddress of Facility                              | o C Marma                               | B                                | and Ham                           | - D A   |
| m                   | 20.5 2 3   |  | 23e. Part1. Enter the disease, or composhock, or heart failure. List only o        | ellows  |                                 | P                          | O Bo                         | Helfenbei                                       | lington                                 | Marylar                          | al 2165                           | 2, P.A.   |
|                     | 100  |  | 23e. Part1. Enter the disease, or comp   | icetions thet caused  | the deeth. [                    | Do not ente                | r the mode o                 | dying, such as cerdi                            | ac or respiretory er                    | rest,                            | App                               | proximete<br>prvel Between                            |
|                     | Physician<br>/Medicai<br>Examiner  | Jer  | Immediate Cause (Final disease or condition resulting in death)                    | a   | Due to (or as                   | ull<br>s e consequ         | uence of):                   | Муссо   | erdia                                   | Depar                            | ctul/                             | MMEDI   |
| 0,                  | death certificate be executed<br>e attending physician end<br>ad for use es the buriel-transit   | Examiner   | Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying | b   | Due to (or es                   | e consequ                  | ience of):                   |   |   |                                  |                                   |   |
| 68760,              | nysici<br>he bu  | edicai   | Cause (Disease or injury that initiated events resulting in deeth) Lest            | C. ————————————————————————————————————                     | Due to (or as                   | a consequ                  | ence of):                    |   |   |                                  |                                   |   |
|                     | ng ph  | 5  |  |   |                                 |                            |                              |   |   |                                  |                                   |   |
| Вох                 | eath cer<br>attendir<br>I for use  | an   |  | d   |                                 |                            |                              |   |   |                                  |                                   |   |
|                     | the at<br>the at   | Sici   | Pert il. Other aignificent conditions cor  | ntributing to death bu                                      | t not resultin                  | g in the un                | derlying ceus                | e given in Part I.                              | 23b. Did t                              | obacco uae co                    | ntribute to the                   | cause of death?                                       |
| s, P.O.             | that the ed by detac   | by Physician/  | 1 ty pert  | usy   |                                 |                            |                              |   | 1 🗆 1                                   | ′es 2□ No                        | 3 Probably                        | 4 Unknown   |
| of Vital Record     | s been s<br>2 should   | Completed  |  |   |                                 |                            |                              |   | 24e. Wes a perfor                       |                                  | eveilabl                          | utopsy tindings<br>le prior to<br>tion of cause<br>n? |
| <u>m</u>            | The la   | FO.  |  |   |                                 |                            |                              |   | 1□ Y                                    | es 20 No                         | 1 🗆 Yes                           | s 2 No  |
| ita                 | certificete<br>rector, pag   | Bec  | 25. Was cese referred to medicei   |   |                                 |                            |                              | 26. Plece of De                                 | eth (Check only or                      |                                  |                                   |   |
| >                   | yslel<br>is cer<br>direc   | To   | examiner?  | fospital:   | nt 2 ER/                        | Outpatient                 | 3□ DOA                       | Other   | Home 5 AResid                           |                                  | er (Specify)                      |   |
| 0                   | g Ph<br>er th  |  | 27. Manner of Deeth  | 28a. Date of Injun<br>(Month, Dey                           | y 281                           | b. Time of                 | 28c.                         | Injury et<br>Work?                              | 28d. Describe h                         |                                  |                                   |   |
| 0                   | ath.<br>r: Aft   | atio   | 1 ØNaturel 5 ☐ Pending<br>2 ☐ Accident Investigation                               | (WORKI, Day   | rear/                           | Injury                     | М                            | 1 Yes 2 No                                      |   |                                  |                                   |   |
| Division            | To the Hospital or Attending Physician: The I within 24 hours efter death.  To the Funeral Director: After this certificate his completely filled in by the funeral director, page |  | 3 ☐ Suicide 6 ☐ Could not be<br>4 ☐ Homlcide determined                            | fice  | 28f. Location (S<br>City or Tow |                            | er or Rural Rou              | ite Number,                                     |   |                                  |                                   |   |
|                     | To the Hospital of within 24 hours ell To the Funeral D completely filted in   | 29a. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred at the Check of Medical Examiner: On the basis of examination and/or investigation, in nend menner stated. |  |   |                                 |                            |                              | ne time, dete end pled<br>my opinion, death occ | e, end due to the curred at the time, o | ause(s) and ma<br>ate end plece, | anner as stated<br>and due to the | cause(a)  |
|                     | Within To the comp   | 2  | 29b. Signature and title of certifier ".   | \   |                                 |                            | 29c. Li                      | cense number                                    | 2                                       |                                  | d (Month, Dey,                    | Year)   |
|                     |  | 12   | 1 ()   | tol 1   |                                 |                            | E                            | 005754  |   | 6.17                             | -48                               |   |
|                     |  |  | 30. Name end eddress of person who co  | mpleted ceuse of de   | (Item 23                        | a) (Type, P                | rint)                        |   |   |                                  |                                   |   |
|                     |  |  | Dr. Ralph E. Li  |   |                                 |                            |                              | oad, Graso                                      | nville.                                 | D 2163                           | 3                                 |   |
|                     | Sta  | te   | 31. Date filed (Month, Pay, Year)  | 32. Hep 179   | la sylvavia                     | bon-R                      | ndelle                       | oad, Graso                                      | , , , , , , , , , , , , , , , , , , ,   |                                  |                                   |   |



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|  |  |  |  | Certific   | cate of                           | Death                                     |                                 | Reg. No.                             | 2013   | 2  |  |  |  |
|--|--|--|--|--|-----------------------------------|---|---------------------------------|--------------------------------------|--|--|--|--|--|
| Physi  | cian   | Decedant's Nama (First, Middla, Last   | )  |  |                                   |   | 2. Data of Dea<br>Month         | Day                                  | 3. Tima of I   |  |  |  |  |
| /Med   |  | Laura Lynn Gill  |  |  | 1-                                |   |                                 | 6, 1998                              |  | AM   |  |  |  |
| Exam   | iner   | 4a. Facility Nama (If not institution, giva  | straat and number)   |  | 1                                 | 4b. City, Town, or I                      | ocation of Death                | 4c. County                           | of Death   |  |  |  |  |
|  | .,   | Suburban Hospita   | 1  |  |                                   | Bethes                                    |                                 |                                      | tgomery  |  |  |  |  |
| Funera   | al   | 5. Social Sacurity Number 6. Sa  | 7. Aga (In yrs.  | Mor  | ndar 1 Yaar<br>oths Days          | If Undar 24 Hrs.<br>Hours Min.            | 8. Data of Birtl<br>(Month, Day | Year)                                | 9. Birthplace (Stata or Country)   | r Foreign  |  |  |  |
| Directo  | r  | 219-92-6064  | 35   | Yrs.   |                                   |   | April 23                        | , 1963                               | Maryland   |  |  |  |  |
| Da *   |  | Usual Rasidance of Decedanf  10a. Sfata 10b. County  | 100.0  | ity, Town or Location                                  |                                   |   |                                 |                                      | 101 1-11-0   | 11.9   |  |  |  |
| aryla  | _  | Toa. Stata Tob. County   | 106. C   | ity, Town or Location                                  |                                   |   |                                 |                                      |  |  |  |  |  |
| ified within 72 hours after death with the Maryland Hygiene. There is no a service to the service of the market than "netural", or them 23s or 28s-f show mt, the Medical Exercise must be notified at | Director   | Maryland Frederic  | k  | Frederick  |                                   |   |                                 |                                      | 1 XI Yas   | 2 🗆 No   |  |  |  |
| th 45  | i e  | 10e. Street and Number   |  | 10   | f. Zip Coda                       |   |                                 | 10g. Cittzan of V                    | hat Country?   |  |  |  |  |
| 15 W   |  | 2421 Dunmore Cou   | rt   |  | 2170                              | )2  |                                 | United                               | or Town, Stata, Zip Code)  ryland 21703  .ocation - City or Town, Stata  hesda, Maryland |  |  |  |  |
| ge ge  | Funeral  | 11. Maritai Sfatus   | 12. Was Decedanf Evar in L<br>Armed Forcas?                | J,S. 13. Was D   | acedant of H                      | lispanic Origin? (S<br>an, Maxican, Puart | pecify Yas or No-               |                                      | - Amarican Indian,   | Country?  tates marican Indian, Thita, atc.  White ssaIndustry  Corporation  a, Zip Coda)  21703 or Town, Stata  Maryland nevy Chase, Inc. |  |  |  |
| y at a   |  | 1 Navar Marrtad 2 Married  | 1 ☐ Yas 2 🕅 No   |  |                                   |   | o rican, atc.)                  |                                      |  |  |  |  |  |
| ours.  | ò  | 3 ☐ Widowed 4 🖔 Divorced   | If Yas, Giva<br>Yaar or Datas:                             | 104  | as 2 🗓 No                         | Specity:                                  |                                 | Specify                              |  |  |  |  |  |
| 2 ho   | Completed  | 15. Decedant's Edu   | cetion   | 16a. Decedant's  | Usual Occup                       | ation                                     | 4.4                             | 16b. Kind of Bu                      | siness/Industry  |  |  |  |  |
| d within 72 hours af<br>giene.<br>r than "natural", or   | Die o  | (Specify only highast grad   | Coltega (1-4or 5+)   | lifa. DO No  | OT usa retire                     | during most of word)                      | King                            |                                      |  |  |  |  |  |
| T the  | E  | 12   | Oologa (1 401 31)  | Acco   | untant                            |   |                                 |                                      |  |  |  |  |  |
| be filed<br>d others went,   | Be   | 17. Fathar's Nama (First, Middla, Last)  |  |  |                                   | 18. Mothar's Nar                          | na (First, Middla,              | Maidan Surnam                        | a)   |  |  |  |  |
| d be some  | To B   | Leslie L. Turne  | r. Sr.   | Harmon   |                                   |   |                                 |                                      |  |  |  |  |  |
| d 2 should be filed within the and Mental Hygiene. 7 is marked other than treumatic svent, tre Me  | -  | 19a. Informant's Name/Ratationship (Tr   |  | Harmon al Routa Number, City or Town, Stata, Zip Coda) |                                   |   |                                 |                                      |  |  |  |  |  |
| and 2  |  | Leslie Lee Turner,   | In /brother  |  |                                   |   |                                 |                                      |  |  |  |  |  |
| 一工品卷   |  | 20a. Mathod of Disposition   |  | - 4 - 1 . 141  | 141                               |   |                                 |                                      |  |  |  |  |  |
| Pages<br>nant of<br>nt: If its<br>iry or o   |  | 1 ☐ Burial 2 🖾 Cramation 3 ☐ F   | lamoval from Stata   | Place of Disposition<br>cematary, cramatory            | or othar pla                      | ce) June 19                               | , 1998                          |                                      | .,,,,  |  |  |  |  |
|  |  | 4 Donation 5 Other (Specify)   | Mo   | ntgomery   | Cremat                            | orium, l                                  | nc.                             | Bethesda                             | a, Maryland  | 1  |  |  |  |
| permit. Pages<br>Department of<br>Important: If It<br>any Injury or or   |  | 21. Signature of Funaral Sarvice Licens  | ullen Laure  | Rober  | t A. Pu                           |   |                                 |                                      | -Chevy Chase,<br>20814-3501  | Inc.   |  |  |  |
|  |  | 23a. Part1. Entar tha disaasa, or composhock, or haart faitura. List only o  | ications that ceused the dae                               |  |                                   |   |                                 |                                      | Approximata  | i<br>Noon  |  |  |  |
| Physiciar<br>/Medica<br>Examine  | r<br>r   | Immediata Causa (Final<br>diseasa or condition<br>rasulting in daath)  |  | or as a consequance                                    |                                   | Bleed                                     |                                 |                                      | Onsat and D  | leath  |  |  |  |
| bet hsr  | 듣  |  | . Cerebral A   |  | <b>)</b>                          |   |                                 |                                      |  |  |  |  |  |
| ifficate be executed<br>g physician and<br>as the burial-transit   | Examiner   | Sequantially list conditions, if any, laading to immadiata ceusa. Entar Underlying Causa (Disaase or Injury  | Dua to (   | or as a consequance                                    | of):                              |   |                                 |                                      |  |  |  |  |  |
| ificata be exa<br>g physician a<br>as tha burial-  |  | Causa (Disaase or Injury   | Brain Deat   | h  |                                   |   |                                 |                                      |  |  |  |  |  |
| phys tha   | edicai   | that initiated avants rasulting in death) Last   | Dua to (e  | or as a consequance                                    | of):                              |   |                                 |                                      | İ  |  |  |  |  |
| ·= 0 6   |  |  | d  |  |                                   |   |                                 |                                      |  |  |  |  |  |
| eath carti   | a  |  |  |  |                                   |   |                                 |                                      | i  |  |  |  |  |
| tha de   | Physician/N  | Part II. Other significant conditions con  | ntributing to death but not rac                            | sutting in the underly                                 | ing causa giv                     | van In Part i.                            | 23b. Dld t                      | obacco use cor                       | tribute to the cause of  | f death?   |  |  |  |
| res that the de<br>signed by the a   | by Ph  |  |  |  |                                   |   | 101                             | fes 2□ No                            | 3 □ Probably 4 📉 t   | Unknown  |  |  |  |
| aw requi   | Completed  |  |  |  |                                   |   | 24a. Was a                      | an autopsy<br>med?                   | 24b. Wara autopsy fir<br>available prior to<br>completion of ca<br>of daath?             | 0  |  |  |  |
| Tha i  | E O  |  |  |  |                                   |   | 1 🗆 Y                           | as 2KINo                             | 1 Yas 2 1  | No   |  |  |  |
|  | BeC  | 25. Was cesa rafarred to medical   |  |  |                                   | 26. Place of Dea                          | ith (Check only o               | na)                                  |  |  |  |  |  |
| Physician:<br>this cartific  | 0  | axaminar?<br>1 ☐ Yas 2 ☒ No  | lospital: 1 X Inpatiant 2                                  | ER/Outpatient 3[                                       | DOA Oth                           | ne.                                       | loma 5□Rasid                    |                                      | ar (Specify)   |  |  |  |  |
| Phys<br>rrthis<br>aral di  | ΞŢ   | 27. Mannar of Death  | 28a. Data of Injury  | 28b. Tima of   | 28c. Injur<br>Wor                 |   | 28d. Dascribe h                 |                                      |  |  |  |  |  |
| ding F<br>th.<br>Aftar<br>a funar  | 5  | 1 ØNatural 5 ☐ Panding<br>2 ☐ Accidant invastigation   | (Month, Day Year)  | tnjury   |                                   | Yas 2□No                                  |                                 |                                      |  |  |  |  |  |
| or Attending attending attendant.  Director: After d in by the fune  | 27. Mannar of Death  1 Natural  2 Accidant  3 Suicida  4 Homicida  28a. Data of Injury (Month, Day Year)  28b. Tima of tnjury Wor (Month, Day Year)  28b. Tima of tnjury Wor Wor  28c. Injury  28b. Tima of tnjury Wor  28c. Injury Wor  28d. Total of Injury Wor  28d. Total  28d. Data of Injury Wor  28d. Total  28d. Tima of tnjury Wor  28d. Tima of tnjury Wor  28d. Injury Wor  28d. Tima of tnjury Wor  28d. Injury Wo |  |  |  |                                   |   | 28f. Location (S<br>City or Tow | Street and Numb<br>n, Stata)         | er or Rural Routa Numb   | ber,   |  |  |  |
| Hospita<br>14 hours<br>Funeral<br>taty fille   | edical C   | 29a. Certifiar (Check only 2 Medical Exami   | alclan: To the best of my knowner: On the basts of examine | owledga, death occu<br>ation and/or invastig           | rred at tha tir<br>ation, in my o | ma, data and piace                        | , and dua to tha o              | causa(s) and ma<br>data and ptace, a | nnar as stated.<br>and dua to tha ceusa(s)   | )  |  |  |  |
| within 2<br>To the   | Med  |  | and mannar stated.   |  | 29c. Licans                       | a number                                  |                                 | 20d Data sien                        | Month Day Voer   |  |  |  |  |
| P V C O  | -  | 29b. Signatura error tale of certifier   |  |  |                                   | 202211                                    | 1                               |                                      | i (Month, Day, Year)   |  |  |  |  |
| 10   |  | A THE STATE OF THE |  |  | D                                 | 29224                                     |                                 | June 1                               | 7, 1998  |  |  |  |  |
|  | -  | 30. Name and address of person who co  | inpleted causa of death (Ite                               | m 23a) (Type, Print)                                   |                                   | 2 98                                      | 01 ge                           | dergeo                               | AXL  |  |  |  |  |
|  |  | 1/SAIEC  | JAMS   | 1017   | , 1                               | Sil                                       | du B                            | Day                                  | MO   |  |  |  |  |
|  |  | 31 Day filed (Month, Day, Year)  | 32. Ragistrar's Sign                                       |  |                                   |   |                                 |                                      |  |  |  |  |  |

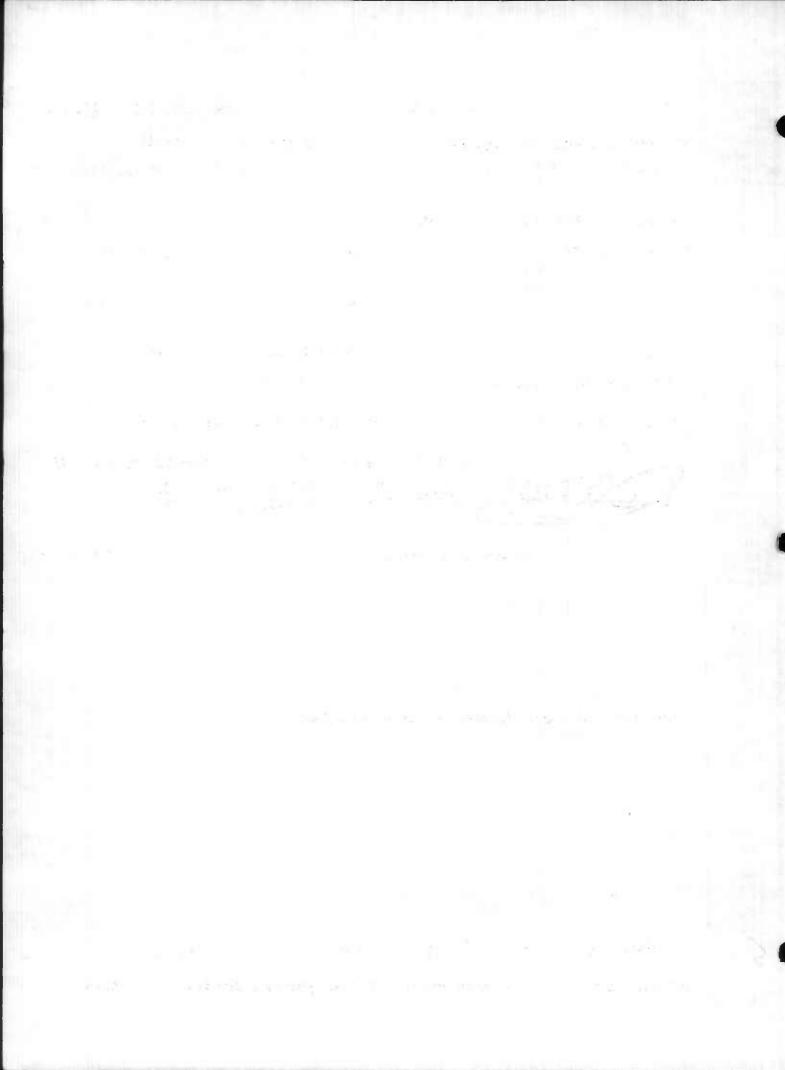
Gill, Laura 6-16-58 2 40m



State of Maryland / Department of Health and Mental Hygiene 9 8 20 | 56

|   |     |  |   |                    | C                     | Certificate of                             | of Death             |                     | Reg. No   | 0.                        | 1 va        |   |  |
|---|-----|--|---|--------------------|-----------------------|--|----------------------|---------------------|---|---------------------------|-------------|---|--|
| Physician   |     | 1. Decedent's Name (First, Middle, Li  | ast)  |                    |                       |  |                      | 2. Dete of<br>Month |   |                           | Yeer        | 3. Time of the                                    |  |
| /Medical  | •   | CHARLES PI   | ERCE  | GABELE             | R,JR                  | •  |                      | June                |   | ຣີ້, 19                   |             | 10:40AM   |  |
| Examiner  | ۱   | 4e. Facility Neme (If not institution, gi  | ve street end nur                                 | n <i>ber)</i>      |                       |  | 4b. City, Town,      | or Location of D    | eeth 4c   | c. County                 | of Deeth    |   |  |
|   | ۱   | VA Maryland Healt  |   |                    |                       | Williams & W.                              | Perry                |                     |   | Ceci                      |             |   |  |
| neral<br>ector  |     | 022-18-4789  | Sex<br>M 2□ F                                     | 7. Age (In yrs. 76 | Yrs                   | Months De                                  |                      | Win. A PRIL         | Birth<br>Dev. Year<br>24,                                 | 922                       | 9. Birthi   | pleca (Stete or Foreig<br>pto):<br>ACHUSETTS      |  |
| show<br>ad at   | -   | Usual Residence of Decedent  10e. Stete 10b. County  |   | 10c, City          | v. Town o             | or Location                                |                      |                     |   |                           |             | 10d. Inside City Limit                            |  |
| notified a  | 3   |  | RFAX  | McL                |                       |  |                      |                     |   |                           |             | 1 ☐ Yes 2 ☐ No                                    |  |
| iner must be notified<br>Funeral Director                       |     | 10e. Street end Number<br>904 LAWTON STREET  |   |                    |                       | 10f. Zip Cod                               | е                    |                     |   |                           | What Cou    |   |  |
| ret mus   |     | 11. Marital Status   | 12. Was Deca                                      | ıdant Evar in U,   | S.                    | 13. Wes Decedent                           | of Hispanic Origin   | ? (Specify Yas or   |   |                           |             | can Indien,                                       |  |
| by by   | 1   | 1 Never Marriad 2 Married 3 Widowed 4 Divorcad   | Armed For<br>Y ☐ Yas<br>If Yes, Giv<br>Yaar or Da | rces?<br>2 No      |                       | If Yas, specify C                          | uban, Mexican, P     | uerto Rican, etc.)  |   |                           | ck, White,  |   |  |
| nt, the Medical Exp<br>Completed by                             |     | 15. Decedent's E<br>(Specify only highest gr   |   |                    | 16e. De               | ecedent's Usuel Oc<br>Giva kind of work do | cupetion             | working             | 16b. K  | Kind of Business/Industry |             |   |  |
| event, the Medical<br>Be Completed                              |     | Elementery/Secondery (0-12)  | 5+ College (1                                     | -4or 5+)           | Iñ                    | fe. DO NOT use re                          | tired)               |                     |   | 074                       |             |   |  |
| F. O.   |     | 17. Fether's Neme (First, Middle, Lasi   |   | •                  | AIK                   | R MARITIM                                  |                      |                     |   | CIA                       |             |   |  |
| other traumatic event, the Medical Examiner must be notified at |     | CHARLES PIERCE GABELER, SR.  RUTH  19e. Informent's Name/Relationship (Type, Print)  19b. Meiling Address (Street and Number |   |                    |                       |  |                      |                     | 's Neme ( <i>First, Middle, Malden Surneme</i> )<br>RTLEY |                           |             |   |  |
|   |     |  |   |                    |                       |  |                      |                     |   |                           |             |   |  |
| that th   | -   | LANE R. GABELER 904 LAWTON STREET, MCLEAN, VIRGINIA 2  |   |                    |                       |  |                      |                     |   |                           |             |   |  |
| 0   |     | 20e. Method of Disposition  1 ☐ Buriel 2 ☐ Cremetion 3 ☐   | Removal from S                                    |                    | ace of Di<br>emetery, | isposition (Neme of<br>cremetory or other  | plece)               | Date                | 20c. L  | ocation -                 | City or To  | own, Stete  |  |
| Inry  |     | 4 Donetion 5 Other (Speci  | fy)   |                    | EMAT:                 | ION CENTE                                  |                      | 6/19/9              | 8 CHAN  | VIILL                     | y, v        | IRGINIA   |  |
| Department of important: if it is any injury or once.           |     | 21 Signeture of Eunoper Service Lice   | nsae O  |                    |                       | 22. Name end Ad                            | dress of Fecility    |                     |   |                           |             |   |  |
| E 6 0   |     | Jambello   | eleka   | Qa,C               | -3ºP                  |  | J. MURPH<br>LSON BLV |                     |   |                           | ic.         |   |  |
|   | 1   | 23a. Pert1. Enter the disease, or conshock, or heart fellura. Hist child   | guications IIIII Co<br>one couse on e             | the death          | . Do not              | anter tha mode of                          | dying, such es car   | diac or respiretor  | y errest,   | 205                       |             | Approximete<br>Intervel Between                   |  |
| sician  |     | -  |   |                    |                       |  |                      |                     |   |                           |             | Onset end Deeth                                   |  |
| edical<br>miner   | - 1 | Immediete Ceuse (Finel diseese or condition  | Pneum   | onia bi            | late                  | ral  |                      |                     |   |                           | r           | nine days   |  |
|   |     | resulting In death)  | _   | Due to (o          | r es e cor            | sequence of):                              |                      |                     |   |                           | -           |   |  |
| nine  |     |  | b   |                    |                       |  |                      |                     |   |                           |             |   |  |
| the buriel-trensit  |     | Sequentielly list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Disease or injury                  |   | Due to (or         | es e cor              | sequence of):                              |                      |                     |   |                           |             |   |  |
|   |     | ceuse. Enter UnderlyIng<br>Ceuse (Diseese or injury<br>that Initiated events   | C   |                    |                       |  |                      |                     |   |                           | i           |   |  |
| 8 8   |     | resulting in deeth) Lest   |   | Due to (or         | es e con              | sequence of):                              |                      |                     |   |                           |             |   |  |
| 2 2   |     |  | d   |                    |                       |  |                      |                     |   |                           |             |   |  |
| oy me arre-<br>stached for<br>Physicia                          |     | Pert II. Other significant conditions  | contributing to de                                | ath but not rasu   | iting in th           | e underlying causa                         | given in Part I.     |                     |   |                           |             | o the cause of death                              |  |
| o deta  |     | Parkinson's disea  | ase, Dia  | betes m            | elli                  | tus, Hype                                  | ertension            | 1                   | ⊔ Y00 2   | 2 LANO                    | 3 LI Pro    | bably 4 Unknow                                    |  |
|   |     |  |   |                    |                       |  |                      |                     | as an auto  | psy                       | 24b. W      | ere autopsy findings                              |  |
| paga 2 should to  |     |  |   |                    |                       |  |                      | pe                  | erformed?   |                           | CO          | reileble prior to<br>empletion of cause<br>deeth? |  |
| Page 2  |     |  |   |                    |                       |  |                      |                     | ☐ Yes 2   | No.                       |             | ☐ Yes 2☐ No                                       |  |
| Be C  |     | 25. Wes cese referred to medical   |   |                    |                       |  | OC Disco of          |                     |   | X No                      | 11          | _ 185 ZU NO                                       |  |
| 3 00  |     | exeminer?<br>1 ☐ Yes 2 ☒ No  | Hospitei:   | npatient 2         | ER/Outpa              | atient 3 DOA                               | Other                | Deeth (Check on     |   | e 🗆 🗆                     | or /Cnooii  | 6.1   |  |
|   |     | 27. Menner of Deeth  | 28e. Dete o                                       | of tnjury          | 28b. Tim              |  | njury et<br>Vork?    | ng Home 5 ☐ R       |   |                           |             | <b>y</b> /  |  |
| e fune<br>atlon   |     | 1 X Naturet 5 ☐ Pending Investigatio   |   | h, Dey Year)       | Inju                  |  | Vork?<br>☐ Yes 2☐ No |                     |   |                           |             |   |  |
| by the  |     | 3 Suicide 6 Could not be determined  | 286. Piece  | of Injury - At ho  | me, ferm              | , street, factory, offi                    | CO CO                | 28f. Locatio        | n (Street e   | nd Numb                   | er or Rure  | el Route Number,                                  |  |
| Certification:  |     | - LI TOTTION   | buildin   | ng, etc. (Specify  | ,                     |  |                      | City or             | Town, Stet  | 0)                        |             |   |  |
| completely filled in by Medical Certifi                         |     |  |   |                    |                       |  |                      |                     |   | teted.<br>o the ceuse(s)  |             |   |  |
| completely filled in by the                                     |     | 29b. Signarage end titla of cartifier  | )   |                    |                       | 29c. Lice                                  | ense number          |                     | 29d. Da   | ata signad                | d (Month,   | Day, Year)  |  |
|   |     | > Hallicia,  | anotos  | M.                 | $\lambda$             | 161  | .094–1               |                     | Time  | 16                        | 100         | )Ω  |  |
|   | 1   | 30. Name and address of person who   | completed cause                                   | e of deeth (Item   | 23e) (Tv              |  | .U74-I               |                     | June  | = TO                      | , 199       | 70  |  |
|   |     | MELECIA SANTOS, N  |   |                    |                       |  | o System             | . Parru             | Point   | <b>-</b> МТ               | ו כי        | 1902  |  |
| State   | 1   | 31. Dete filed (Month, Dey, Yeer)  | 32gRg   | gistrar's Signat   | ure.                  |  | C DYSCEII            | 1 Terra             | TOTH  | C/ 1111                   | <i>-</i> 21 | .502  |  |
| Registrar   |     | JUN 1 9 199  | 18 94   | a Davidson         | ~- Aan                | delle                                      |                      |                     |   |                           |             |   |  |

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** David Q. June 16, 1998 Gaul 12:00 N /Medical 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street and number) 4c. County of Deeth Examiner Suburban Hospital Bethesda Montgomery 5. Social Security Number 6. Sex 1 **X** M 2 ☐ F If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Months Deys Hours Min. Yrs. 79 123-10-3925 19, New York Director Usuel Residence of Decedent the Maryland v 28a-f show 10a, Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Directo Maryland Montgomery Bethesda 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? with 1 "natural", or items 23s or edical Examiner must be 6213 Berkshire Drive 20814 United States permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Medical Examinet must once. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 M Yes 2 □ No If Yes, Give Year or Dates: WWII 14. Raca - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 4 transportation engineer Urban Public Transportation 18. Mother's Neme (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) John Gaul Josephine Quaid 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Betty M. Gaul 6213 Berkshire Drive, Bethesda, Maryland 20814 (wife) 20b. Placa of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 Cremation 3 ☐ Removat from State 6-20-98 Beltsville, Maryland Chesapeake Crematory 4 ☐ Donetion 5 ☐ Other (Specify) Rapp Funeral Services, P.A. 21. Signature of Funeral Service Licenses rol Jekn 933 Gist Avenue, Silver Spring, Maryland 20910 0 23a. Part1. Enter the disease, or compilcations that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical tmmediate Cause (Final Respiratory Collapse acute disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner Feeding Tube acute physician and the bunal-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of): Sepsis indef P.O. Box 68760. Physician/Medical that initiated events resulting in death) Lest Due to (or as a consequenca of): attending pt signed by the a d be detached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings evailable prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? s certificate has blinector, page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: funeral director, Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ⅓ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Certification: To After this 28e. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of Injury 28c. Injury at Work? 1 Natural
2 X Accident 5 Pending 1 Yes 2 No death. June 16, 98 11:00 A<sup>M</sup> investigation Tube in lung octor: / 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number of Rural Route Number, City of Town, State) 8000 01d George town Rd 2 4 Homicide or A after Direct 24 hours after Funeral Dire letaly lilled in b Bethesda, Maryland 20814 Hospital Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner as stated.

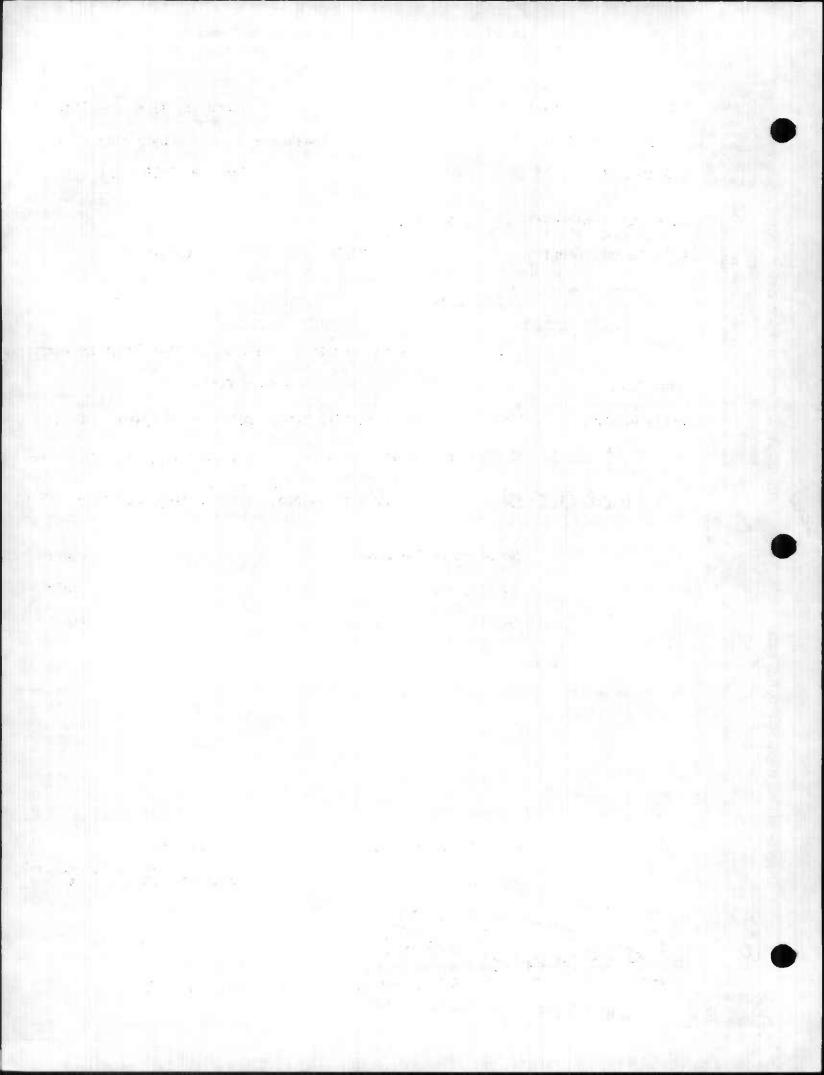
I Medical Examiner: On the best of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner asset. 29a. Certifier edical To the Hosp within 24 hor To the Fune completely li (Check only one) 29b. Signature and title of cega-29c. License number 29d. Date signed (Month, Day, Year) D07099 D June 17, 1998 30. Name and address of person will a (item 23a) (Type, Print) Francis C. Mavle, M.D., 10215 Fernwood Road #301, Bethesda, MD

Aggistrace Signature Randall

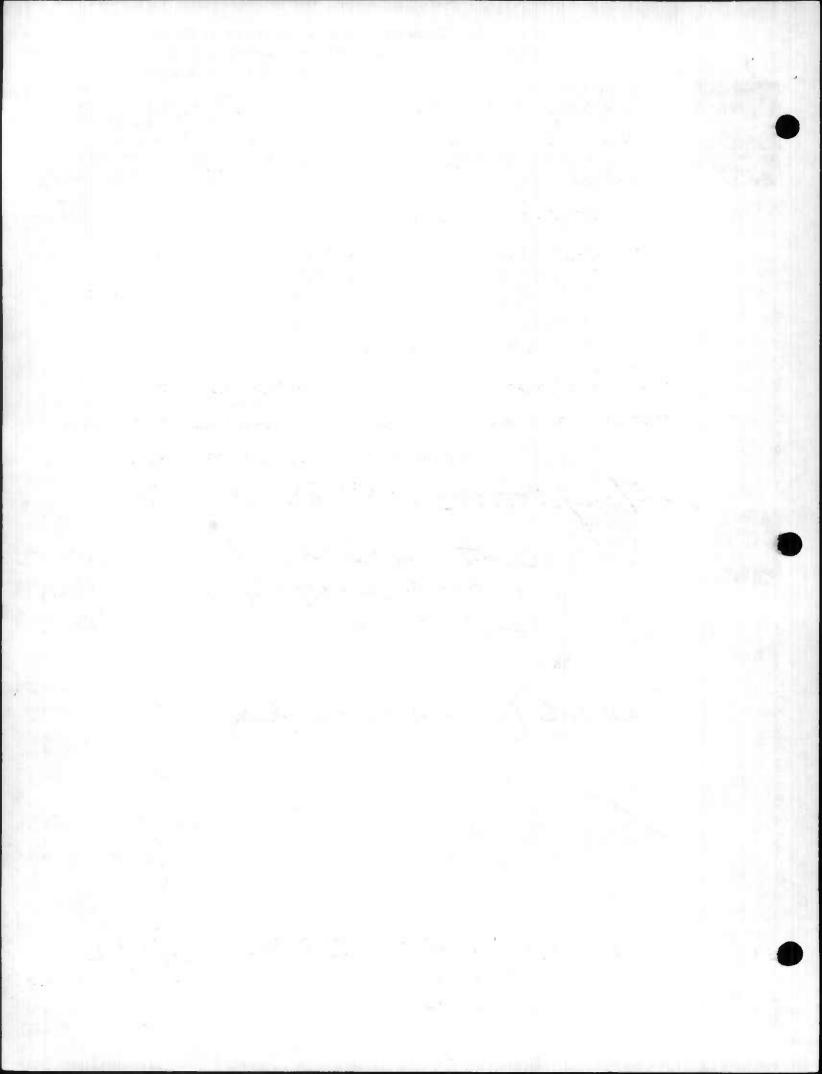
Registrar

State

31. Date filed (Month, Day, Year)
JUN 1 9 1998

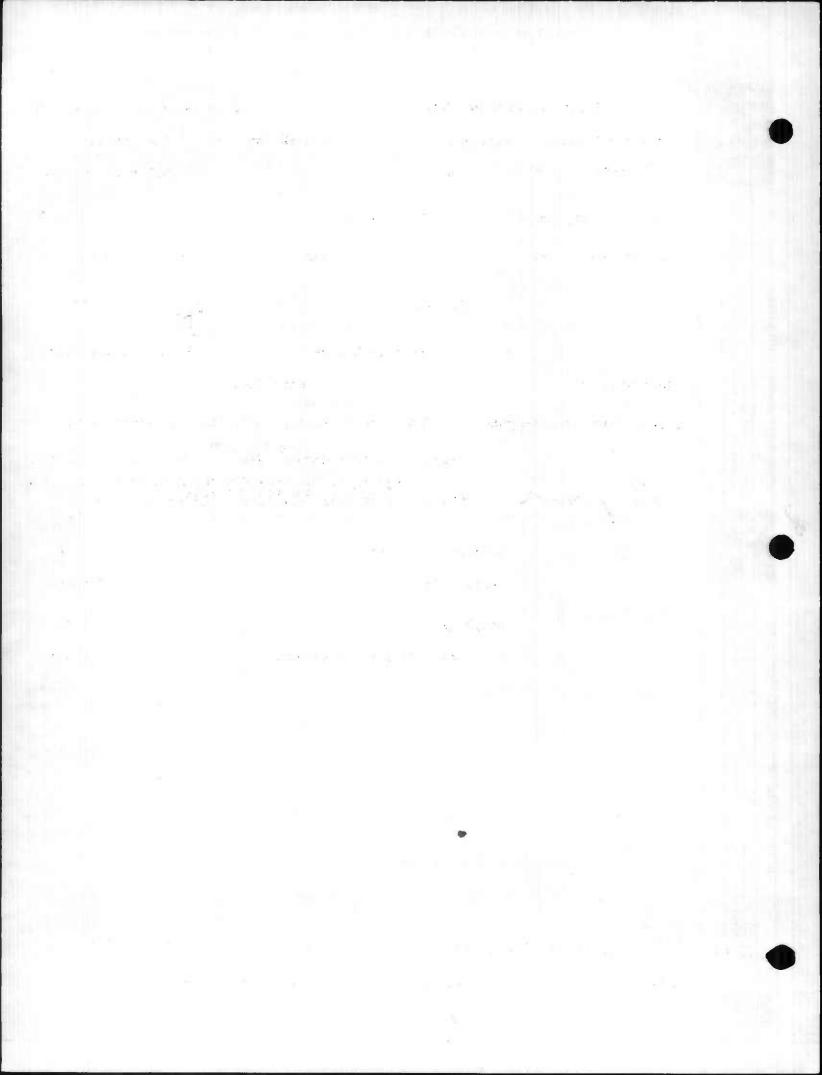


| •  |                          |  |   | - I y la la l           | Certificate of   |  | F                                | leg. No.   | 20158   |
|--|--------------------------|--|---|-------------------------|--|--|----------------------------------|--|---|
| Physic<br>/Med   |                          | Decedent's Neme (First, Middle, Last, ORVAL  | WILLIAM   | GE.                     | ARHART   |  | 2. Deta of Dea<br>Month<br>MAY 3 | Dey Yeer   | 3. Time of Deeth . 4:30 PM  |
| Exam<br>Funera<br>Directo  |                          | 4a. Facility Neme (If not institution, give NATIONAL LU  5. Social Security Number 6. Sec 12   | THERAN H  | OME<br>(In yrs. last bi |  | ROCKVII  If Under 24 Hrs. Hours Min.                   |                                  | 4c. County of Dee  MONTGC  (Year)  9. Bin C  PEN                 |   |
| with the Maryland<br>a or 28s-f show<br>be notified at   |                          | Usual Residence of Decedent  10e. Stete 10b. County  MD MONTGO   | MERY  | 10c. City, Tow          | n or Location  |  | 0/12/1                           | 920 FER  | 10d. Insida City Limits 1 ☑ Yas 2 ☐ No  |
| E 23 H   | ral Director             | 10e. Street and Number 9701 VEIRS  |   |                         | 10f. Zip Coda<br>208   | 50   | 1                                | 0g. Citizan of Whet Co   | ounfry?   |
| The Ites   | by Funeral               | 11. Maritel Stafus  1 □ Naver Marriad 2 □ Married  3 ☒ Widowed 4 □ Divorced  | 12. Wes Decedent E<br>Armed Forces?<br>1 X Yas 2 □ No<br>If Yes, Give<br>Yeer or Dates: | var in U,S.<br>o        | 13. Wes Decedant of H If Yes, specify Cube 1 ☐ Yes 2X No                                     | ispenic Origin? (Sp<br>on, Mexicen, Puerto<br>Specify: | eclfy Yes or No-<br>Ricen, etc.) | 14. Rece - Ame<br>Bleck, Whi<br>Specify: WH                      | te, atc.  |
| 21215-00<br>d within 72 hour<br>plent.<br>rr than "natural"<br>the Medical Ex  | Completed                | 15. Decedent's Edu<br>(Specify only highest grade<br>Elementary/Secondary (0-12)   | cetion<br>e completed)<br>College (1-4or 5+<br>4YRS                                     | -)                      | Decedent's Usual Occup<br>(Give kind of work done of<br>life. DO NOT use retired<br>ENGINEER | etlon<br>during most of work<br>)                      | ing                              | 16b. Kind of Business N/A  | /Industry   |
| Maryland 21215-0020<br>d 2 should be filed within 72 hours at<br>th and Mental Hygiene.<br>7 is marked other than "natural, or<br>traumatic event, the Medical Exam  | To Be C                  | 17. Fether's Name (First, Middle, Last)  RALPH W. GEA  19e. Informent's Neme/Relettorship (Ty  |   | 194                     | o. Mailing Address (Street   | 18. Mother's Name VERDI                                | E I. E                           | BERRY  | Zin Codel   |
| 등장하늘   |                          | DAVID GEARHART  20e. Method of Disposition  1 Disposition  2 Cramation 3 DR  | (SON)   | 20b. Plece o            | 57752 SUTTO<br>f Disposition (Name of<br>ry, crematory or other place<br>ETOWN MED           | ON DR., P  | URCELL                           | VILLE, VA<br>20c. Location - City or                             | . 20132<br>Town, Stela  |
| Baltimore permit. Pages 1 a Department of His Important: If item any injury or oth   |                          | 4 Donation 5 □ Other (Specify)  21. Signetura of Funeral Service License   |   | & Short                 | 22. Name end Addres  | ss of Fecility<br>ROYSTER                              | FUNERA                           |  |   |
| C 68 / 60,  Afficate be executed  Trificate be executed  Trificate be executed  Trificate buriel-trensit  Trificate buriel-trensit  Trificate buriel-trensit   | edical Examiner          | 23e. Pert1. Enter the disease or complishock, or heart feilure. List only or Immediate Ceuse (Final disease or condition resulting In deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last | 15ch  | Que to (or es e         | consequence of):   | g, such es cerdiec                                     | nface                            | eftor  | Approximete Intervel Between Onsat and Deeth  2 O Minklude  // Carlot   |
| (ecords, F.O. box to leave requires that the death certificate been signed by the ettending as been deteched for use as  | Completed by Physician/M | Pert II. Other significant conditions con  |   | not resulting i         | n the underlying ceuse give  | en in Pert I.  | 23b. Did to                      | n eutopsy 24b.   | e to the cause of death?  robably 4 Unknown  Were eutopsy findinge evailable prior to completion of cause of death? |
| VITAL H<br>sician: The<br>certificate h<br>irector, page   | Be                       | 25. Wes case referred to medical exeminer?  □ Yes 22 No H  | Hospitel:   |                         | other and soal Other   | 26. Plece of Deet                                      |                                  | 16)  | 1 ☐ Yes 2 ☐ No  |
| ISION OF   | ertification: To         | 27. Manner of Deeth  1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be   | 1 ☐ Inpatient  28e. Dete of Injury (Month, Day)   | Year) 28b.              | Time of 28c. Injury  | 4 Nursing Ho<br>/ ef<br>⟨?<br>Yes 2 □ No               | 28d. Describe ho                 | ence 6 Other (Spe<br>bw injury occurred<br>Freat and Number or R |   |
| Lothe Hospital or A within 24 hours efter to the Funeral Direction place of the funeral birection between the funeral place of the funeral birection between the funeral birection between filled in birection by the funeral birection birection birection by the funeral birection birection by the funeral birection birection | edicai Certi             | 29e. Certifying Phys   | building, efc.  | (Specify) my knowledge  | o, death occurred et the tim   | ne, dete end piece,                                    | City or Town                     | n, State) euse(s) end menner e                                   | s steted.   |
| To the Hospital within 24 hours To the Funeral completely filled   | Med                      | 29b. Signetura end title of certifier  | end manner state  | ed.<br>Zeesk            | 29c. License   |  | 700                              | 9d. Date signed (Mont  |   |
|  |                          | 30. Name and address of person who co  CHPOLES W- K  31. Data filed (Month, Day, Year)   | CARESH,   | mo.                     | (Type, Print) (1916)   | 25 DAV   | E Ra                             | et 71d n   | 22850   |
| Regist   | ate<br>rar               | JUN I 6 199  | 98 Suha   | 'aldignature            | Novaras  |  |                                  |  |   |



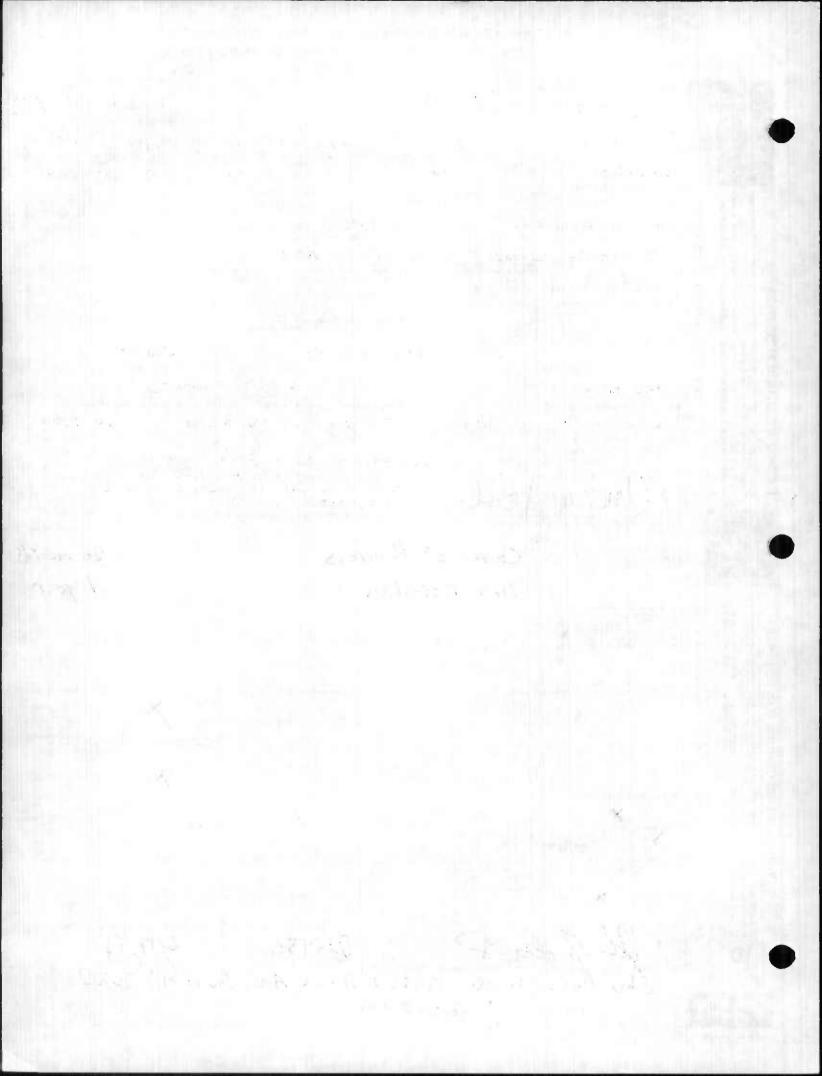
State of Maryland / Department of Health and Mental Hygiene

|  |                |   |                               |   | C                         | ertifica  | te of            | Death                              |           |   | Reg. No.                    | 0 6                         | UI                | 0 0                                    |
|--|----------------|---|-------------------------------|---|---------------------------|---|------------------|------------------------------------|-----------|---|-----------------------------|-----------------------------|-------------------|--|
|  |                | 1. Decedent's Nama (First, Middla,  | Last)                         |   |                           |   |                  |                                    |           | 2. Dete of De                           |                             | Veer                        | 3. Tin            | ne of Death                            |
| Physici  |                | Robert  | B. Gib                        | bons, S   | Sr.                       |   |                  |                                    |           | June :                                  | 14, 199                     | Yeer<br>8                   | 5:                | 00 PM                                  |
| /Medic   |                | 4a Facility Name (If not institution,   | giva street and I             | number)   |                           |   |                  | 4b. City, To                       | wn, or Lo | ocation of Daet                         |                             | nty of Deeth                |                   |  |
| LAGINI   | •              | Brighton Garden   | ns by Ma                      | rriott  |                           |   |                  | Nortl                              | n Bet     | thesda                                  | Mor                         | tgome                       | ry                |  |
| Funeral<br>Director  |                | 5. Sociel Security Number 019-24-4834   | 6. Sax<br>1 ፟ M 2 ☐ F         |   | rs. last birthda<br>5 Yrs | Months  | r 1 Yaar<br>Deys |                                    | Min.      | 8. Dete of Bir<br>(Month, De<br>June 27 | rth<br>ay, Year)<br>7. 1932 | Col                         | untry)            | ate or Foreign                         |
| Q  |                | Usuel Residance of Dacedant   |                               |   |                           |   |                  |                                    |           |   |                             |                             |                   |  |
| Merylen<br>H show  | tor            | Maryland Montgo   | mery                          |   | City, Town or<br>North I  |   | da               |                                    |           |   |                             |                             |                   | de City Limits<br>Yes 2 No             |
| h the  | Directo        | 10e. Street and Number  |                               |   |                           | 10f. Z  | ip Code          |                                    |           |   | 10g. Citizen                | of What Co                  | untry?            |  |
| h witi   |                | 5550 Tuckerman 1  | Lane                          |   |                           |   | 208              | 52                                 |           |   | Unite                       | d Sta                       | tes               |  |
| Nore, Maryland 21215-0020 ges 1 end 2 should be filed within 72 hours after deeth with the Meryland it of Heelih and Mental Hygiene. And Heelih and Mental Hygiene are returned; or items 23s or 28s-f show or other traumatic event, the Medical Examiner must be notified. | / Funerai      | 11. Meritai Status  1 Never Merried 2 Marrie  | Armed<br>1 1 1 1 Yas          | ecedent Ever in<br>Forces?<br>s 2 No<br>Give    |                           | 3. Was Dec<br>If Yes, sp  |                  |                                    |           | ecify Yas or No<br>Ricen, etc.)         |                             | lace - Amer<br>Bleck, White | atc.              | in,                                    |
| DOOURS<br>POURS  | d by           | 3 ☐ Widowed 4 ☑ Divorced  | Year or                       | Datas: 1954                                     | -1956                     |   |                  |                                    |           |   | Specify: White              |                             |                   |  |
| 21215-0020<br>d within 72 hours at<br>giene.<br>or then "natural", or<br>or the Medical Exam   | Completed      | 15. Decedent's<br>(Specify only highest   | s Education<br>grede complete | d)  | /G                        | cedent's Us<br>ive kind of w<br>a. DO NOT                                     | ork done         | durina mos                         | t of work | ing                                     | 16b. Kind of                | Business/I                  | Business/Industry |  |
| 12.  | E              | Eiamantary/Secondary (0-12)   | College<br>4                  | (1-4or 5+)                                      |                           | tems M  |                  |                                    |           |   | Federa                      | 1 Gov                       | ernm              | ent                                    |
| d 212<br>filed within<br>Hygiene.<br>other then  |                | 17. Fether's Neme (First, Middle, L   | · ·                           |   | Jys                       | Lems r.   | anag             |                                    | er's Name | e (First, Middla                        |                             |                             | CLIIIII           | EIIC                                   |
| Baltimore, Maryland 212: permit. Peges 1 end 2 should be filed within Depertment of Heelth end Mental Hygiene. Important: If item 27 is merked other than any injury or other traumatic evant, the Monce.  | To Be          | John Gibbons  |                               |   | r-                        |   |                  | Mar                                | y Sh      | ea                                      |                             |                             |                   |  |
| Aar<br>2 sho<br>2 sho<br>1 end<br>1 s m  |                | 19e. Informent'e Neme/Reietionship ( <i>Type, Print</i> )  19b. Mailing Address ( <i>Street end Number or Rural Route Number, City or Town, State</i> 7801 Lytham Place, Tiamsville, Maryland |                               |   |                           |   |                  |                                    |           |   |                             |                             |                   |  |
| e, Ped teelth m 27 m 27 her t  |                | Teri P. Patterson/Daughter 7801 Lytham Place, Ijamsvil.  20e. Mathod of Disposition 20b. Place of Disposition (Name of Date   |                               |   |                           |   |                  |                                    |           |   |                             |                             |                   |  |
| Or of H its  |                | 1 Buriaf 2 Cremation  | 1998                          | 20c. Locatio                                    |                           |   |                  |                                    |           |   |                             |                             |                   |  |
| Limen<br>men<br>tant:  |                | 4 □ Donetion 5 □ Other (Sp.   | **                            | Me  | ontgom                    | ery Cı  | emat             | orium                              | , In      | С.                                      | Bethes                      |                             |                   |  |
| Baltimore, N permit. Peges 1 end: Department of Health important: If item 27: any injury or other tr   |                | 21. Signature of Funerei Servica L  | icensee                       | M003  |                           | Robert<br>300 W   | est              | Pumph<br>Montg                     | rey :     | Funeral<br>y Avenu<br>d 2085            | Home/<br>1e<br>50-2805      |                             | ille              | Inc.                                   |
|  |                | 23a. Part1. Enter the disease, or of shock, or heaft feilure. List of   | complications the             |   |                           | enter the mo  | de of dy         | ing, such es                       | cardiac   | or respiratory                          | errest,                     | 1                           | Approx            | Imeta                                  |
| Physician  |                | shock, or heart feilure. List o   | inly one cause of             | n eech line.                                    |                           |   |                  |                                    |           |   |                             | i                           |                   | l Between<br>and Deeth                 |
| /Medical<br>Examiner   |                | Immediate Ceuse (Final disease or condition resulting in death)   | е                             | spirat  |                           |   | _                |                                    |           |   |                             | 1                           | 1 we              | ek                                     |
| b ii   | Examiner       |   | _ D                           | Dua to (or as a consequence of):  Dehydration   |                           |   |                  |                                    |           |   |                             | 1 mo                        | nth               |  |
| acute<br>end<br>Ftran  | хап            | Sequentially list conditions,   |                               | Due to  | o (or es a con            | sequenca of   | ):               |                                    |           |   |                             | 1                           |                   |  |
| 60,<br>be en   |                | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury   | c                             | ysphag:   | ia                        |   |                  |                                    |           |   |                             | 1                           | 2 mo              | nths                                   |
| 68760, Ufficete be exa g physician es the buriel   | edical         | that initiated events<br>resulting in death) Last   |                               |   | (or as a con              |   |                  |                                    |           |   |                             | 1                           |                   |  |
| Box 68760,<br>eath certificete be executed<br>attending physician end<br>for use as the buriet-transit   | 3              |   | d                             | End Stag  | ge Par                    | kinsor  | 's I             | iseas                              | e         |   |                             | 1                           | ye                | ars                                    |
| Bo<br>Beath c<br>attend  | cia            | Don't Other size House and House  | a contribution to             | donth but not                                   | requiting to th           | o un do dula m  |                  | una la Part                        | 1         | 23h Did                                 | tobacco usa                 | contribute                  | to the ce         | use of death?                          |
| ords, P.O. Box 68760, requires that the death certificate be executed een signed by the attending physician and hould be deteched for use as the buriel-transit  | y Physician    | Part ff. Other eignificant condition  | is contributing to            | geath but not                                   | resulting in th           | a underlying  | Cause gi         | ven in ren                         |           |   |                             |                             |                   | 4 Unknown                              |
| () _ D 0   | Completed by   |   |                               |   |                           |   |                  |                                    |           |   | s en autopsy<br>ormed?      | 6                           | eveilabie p       | psy findings<br>prior to<br>n of ceuse |
| The law ete hes b  | E              |   |                               |   |                           |   |                  |                                    |           | 40                                      | Yes 2⊠No                    |                             | 1 🗆 Yas           | o□ N=                                  |
| - F 5 6  |                | 25. Wes case referred to medical  |                               |   |                           |   |                  | 00 01-                             | 1 D 1     |   |                             |                             | 1 1 1 1 1 2 3     | 2 No                                   |
| of Vita<br>Physician:<br>this certificant  | o Be           | exeminer?  1 Yes 2X No  | Hospitel:                     | Timetical 6                                     | □ EB/O. 4==               | *in=* 20 F  | On Ot            | her                                |           | h <i>(Check only</i><br>ome 5□ Ras      |                             | Other (Cne                  | nih d             |  |
| 0 5 5 0  | 5 To           | 27. Manner of Deeth   |                               | ☐ Inpatient 2<br>ta of Injury<br>onth, Day Year | P ☐ ER/Outpa<br>28b. Tim  |   | 28c. Inju        |                                    |           | 28d. Dascribe                           |                             |                             | unyj              |  |
| On<br>dlng<br>th.  | to             | 1 X Naturai 5 ☐ Pending<br>2 ☐ Accident investige   |                               | onth, Day Year                                  | ) inju                    | y<br>M  |                  | ork?<br>]Yas 2.⊡                   | No        |   |                             |                             |                   |  |
| Division or Attending effer death. Diractor: After   | fica           | 3 Suicide 6 Could no  | ot be 28e. Pla                | ica of Injury - A                               | t home, farm,             | street, fecto   | ry, office       | )                                  |           | 28f. Location                           |                             | mber or Au                  | iral Routa        | Number,                                |
| Div Jeffer din b   | Certification: | 4 Homicida  | bui                           | ilding, etc. (Spe                               | ecity)                    |   | ,                |                                    |           | City or To                              | wn, Stete)                  |                             |                   |  |
| Division To the Hospital or Attending if within 24 hours efter death To the Funeral Director: After completely filled in by the funer  | edical C       | 29e. Certifier (Check only one)  1 ☑ Certifying 2 ☐ Medicai E   |                               |   |                           |   |                  | and dua to the<br>red at the time, |           |   |                             | usa(s)                      |                   |  |
| a the  | Med            | 29b. Signature and title of certifiar   | eno ma                        | anner stated.                                   |                           | 2   | 9c. Licen        | se number                          |           |   | 29d. Data sid               | ned (Mont                   | h. Dav. Ye        | er)                                    |
|  |                | Signature and title of continual  | 14-0                          |   |                           | 29c. License number 29d. Data signed (Month, Day, Year)  D31282 June 15, 1998 |                  |                                    |           | /                                       |                             |                             |                   |  |
| 12+1   |                | Cluber  | VI pe                         | _ mo.   |                           |   | 1001             | . 202                              |           |   | Julie 1                     | J, 1)                       | 70                |  |
|  |                | 30. Name and address of person who complated cause of death (Item 23e) (Type, Print)  Albert K. Lee, M.D. 8218 Wisconsin Avenue, Bethesda, Maryland 20814                                     |                               |   |                           |   |                  |                                    |           |   |                             |                             |                   |  |
| Sta  | te             | Albert K. Lee, 1 31. Data filed (Month, Day, Year)  | 32                            | . Registrer's Si                                | gnature                   |   | e, E             | ecnes                              | ua,       | rialyläi                                | 14 ZUC                      | 14                          |                   |  |
| Registr  | _              | JUN 1 9 19  |                               | the Devids                                      |                           | 402   |                  |                                    |           |   |                             |                             |                   |  |
| DHMH 16 Rev 6/95   | ,              | OUN Ta (3   | 30 7                          |   |                           |   |                  |                                    |           |   |                             |                             | -,                |  |



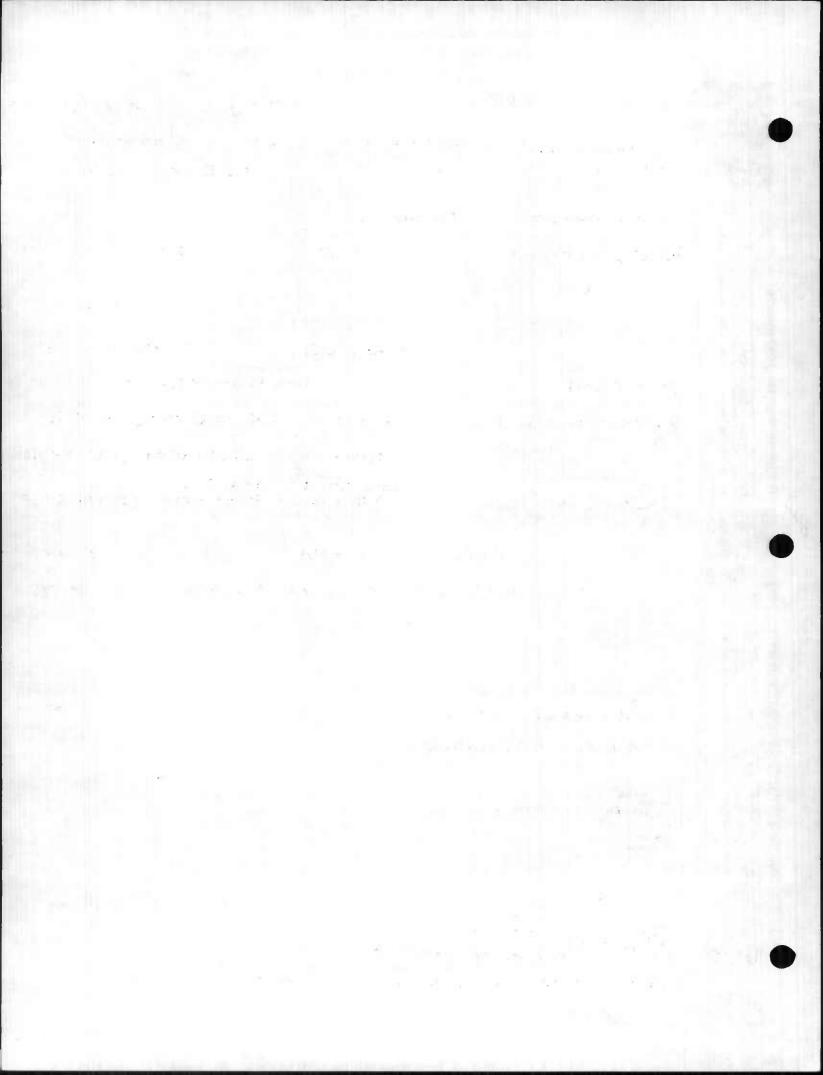
# Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|   |  | State Of Ivial                       | -                            | Certificate of   |   |                                 | Reg. No.                          | 20160   |      |  |
|---|--|--------------------------------------|------------------------------|--|---|---------------------------------|-----------------------------------|---|------|--|
| Physician<br>/Medical   | 1. Decedent's Neme (First, Middle,   | 7 91                                 | les                          |  |   | 2. Dete of De<br>Month          | Day                               | Year 4/8A   | 7    |  |
| Examiner  | 4a Facility Neme (If not institution, g  | Health Sei                           | Un Call S                    | (Ver Spin  | 4b. City, Town, or Lo                           | 8. Date of Bir                  | Mo                                | of Death  19011000  9. Birthplece (Stete or Form                                    | y    |  |
| Funeral<br>Director   | 548-02-7852  | 1□ M 21xF                            | 44 Y                         | Months Days  |   | Month, De                       | y, Year)                          | California  | ugii |  |
| erylend<br>ehow   | Usuel Residence of Decedent  10a. Stete 10b. County  | - 1                                  | Oc. City, Town               | or Location  |   |                                 |                                   | 10d. tnside City Lin  | nits |  |
| the Meryle<br>28s-f sho<br>porting  | MD Montg   | omery                                | Silv                         | er Spring  |   |                                 |                                   | 1 ☐ Yes 2 🔀   | No   |  |
| deeth with the Meryland<br>ms 23s or 28s-f show<br>Linust be notified at  | 13817 Castle B   | oulevard                             |                              | 10f. Zip Code  | 20904   | -                               | 10g. Citizen of V                 | What Country?   |      |  |
| 020<br>urs after<br>art, or its   | 3 ☐ Widowed 4 ☐ Divorced   | 12. Wes Decedent Ev<br>Armed Forces? | er In U,S.                   | 13. Was Decedent of If Yes, specify Cub  1 ☐ Yes 2 ☒ No                  | Hispenic Origin? (Spe<br>een, Mexican, Puerto I | ocify Yes or No<br>Rican, etc.) |                                   | e - American Indian,<br>k, White, etc.  |      |  |
| - c . g -   | 15. Decedent's (Specify only highest of  |                                      | 16e. C                       | ecedent's Usuel Occu<br>Give kind of work done<br>ife. DO NOT use retire | petion<br>during most of working                | ng                              | 16b. Kind of Bu                   | siness/Industry   |      |  |
| nd 2121 e filed within el Hygiene. other than a vant, the Was   | Elementery/Secondery (0-12)  | College (1-4or 5+)                   |                              | al Secreta   |   | Clerical                        |                                   |   |      |  |
| Maryland d 2 should be file th end Mentel Hy 7 is marked othe traumatic avant   | 17. Fether's Neme (First, Middle, La   | st)                                  |                              |  | 18. Mother's Name                               |                                 |                                   | Θ)  |      |  |
| anylan should be and Mentel or marked o umatic ava  | Paul Molles  19e. Informent's Neme/Reletionship  | Tuno Printl                          | Essie I                      |  |   | State Zin Code)                 |                                   |   |      |  |
| e, Mar<br>1 and 2 sho<br>Health end<br>em 27 is m   | Michael Giles  |                                      | Boulevard                    |  |   |                                 |                                   |   |      |  |
| or of H   | 20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremetion 3  4 ☐ Donetion 5 ☐ Other (Special Control of the Control  | Removel from Stete                   | 20b. Pleca of C<br>cemetery, | Disposition (Neme of cremetory or other ple<br>d National                | (ace) 6/  | 20/98                           |                                   | City or Town, Stete   |      |  |
| Baltim permit. Pe Departmen Important: any Injury   | 21. Signature of Funeral Service Lic   |                                      |                              |  | ess of Fecility Frances                         | ncis J.                         | Collin                            | s Funeral   |      |  |
| Physician<br>/Medical<br>Examiner   | 23e. Pent1. Enter the disease, or co<br>shock, or heert teilure. List on<br>tmmediate Cause (Finel<br>disease or condition<br>resulting in death)  | · Cancer                             | of ue to (or es e co         | enter the mode of dy   |   |                                 | rrest,                            | Approximate Interval Between Onset end Death  36 Men?  1 4cq m                      | ,    |  |
| death certificate be executed death certificate be executed e ettending physician end sof for use as the bunel-transit sician/Medical Examiner  | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In deeth) Last   | D.                                   | Metas<br>de to (or es e co   | nsequence of):   |   |                                 |                                   | 7 7647  |      |  |
| ds, P.O. Box ires thet the death cert signed by the ettending d be deteched for use d by Physician/M  | Pert fl. Other stgniflcant conditions  | contributing to death but            | not resulting in t           | he underlying cause gi   | iven in Part I.                                 | 23b. Did                        | tobacco use con                   | ntribute to the causs of de   | ath? |  |
| rhet the head by A detection y Ph   |  |                                      |                              |  |   | 10                              | Yss 21 No                         | 3 Probably 4 Unkr   | IOWN |  |
| v requestions should  |  |                                      |                              | 4  |   | 24e. Wes                        | en autopsy<br>ormed?              | 24b. Were eutopsy finding<br>eveilable prior to<br>completion of cause<br>of deeth? |      |  |
| Vital Relationary Vital Relations of Certificate hes irector, page 2  |  |                                      |                              |  |   | 10                              | Yes 2 No                          | 1 ☐ Yes 2 ☐ No  |      |  |
| /ita  | 25. Wes case referred to medical examiner?   | Hospital:                            |                              | _   Or   | 26. Place of Death                              |                                 |                                   |   |      |  |
| of of this side   | 1 Yes 2 No   | 28e. Date of Injury                  | 28b. Tir                     | ne of 28c. fnju  | 4 nd Nursing Hor                                |                                 | dence 6 □Oth<br>how injury occurr |   |      |  |
| ath.<br>v: After<br>be fun  | 1 Neturel 5 Pending 2 Accident Investigat  |                                      | <i>(ear)</i> Inj             |  | Yes 2 No  |                                 |                                   |   |      |  |
| Division of Attending effer death. Director: After d in by the fune ertification  | 3 ☐ Suicide 4 ☐ Homicide  6 ☐ Could not be determined  28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify)  |                                      |                              |  |   |                                 | Street end Numb<br>wn, Stete)     | er or Rural Route Number,   |      |  |
| Division or<br>To the Hospital or Attending Ph<br>Within 24 hours efter destribility<br>To the Funeral Director: After thi<br>completely filled in by the funeral<br>Medical Certification: | 29a. Certifier  (Check only one)  1 Cartifying Physicien: To the best of my knowledge, deeth occurred et the time, date and piece, end due to the ceuse(s) end menner (Check only one)  1 Cartifying Physicien: To the best of my knowledge, deeth occurred et the time, date and piece, end due to the ceuse(s) end menner end of investigation, in my opinion, deeth occurred et the time, date and piece, end due to the ceuse(s) end menner end of investigation, in my opinion, deeth occurred et the time, date and piece, end due to the ceuse(s) end menner end of investigation in my opinion, deeth occurred et the time, date and piece, end due to the ceuse(s) end menner end of investigation in my opinion, deeth occurred et the time, date and piece, end due to the ceuse(s) end menner end of investigation in my opinion, deeth occurred et the time, date and piece, end due to the ceuse(s) end menner end of investigation in my opinion                                       |                              |  |   |                                 |                                   |   |      |  |
| V Vithi<br>Company  | 29b. Signeture and title of certifies  | oles up                              | )                            | 29c. Licen   | 5430  |                                 | 29d. Dete signe                   | d (Month, Day, Year)  |      |  |
|   | John MARC  | completed cause of dee               | 1395                         | 2 Baltin   | are Ave.  | Laure                           | 1, MD                             | 20707   |      |  |
| State<br>Registrar  | 31. Dete filed (Month, Dey, Year)  JUN 181   | 32. Finegistrer                      | Signeture                    | andell-  |   |                                 |                                   |   |      |  |



State of Maryland / Department of Health and Mental Hygiene Q

|  |   |   | Certific   | ate of Dea  |                                    |  | Reg. No.                     | 20                                  | 161   |
|--|---|---|--|---|------------------------------------|--|------------------------------|-------------------------------------|---|
| Physician<br>/Medical  | 1. Decedent's Neme (First, Middle, Las<br>ERIC  | GORDON  |  |   | HALL                               | 2. Dete of Dea<br>Month                  | Dev                          | Year<br>998 1                       | i058 Am   |
| Examiner   | 4a Fecility Name (If not institution, give  | street end number)  |  | 4b. Cit   | y, Town, or Loc                    | cation of Death                          | 4c. County                   | of Death                            |   |
| Funeral<br>Director  | 219-90-0704   | ADVENTIS' 7. Age (In  | T HOSPITA<br>yrs. last birthday) If Ur<br>Mont                                 | nder 1 Year If U  | OCKVII<br>ndar 24 Hrs.<br>urs Min. | B. Date of Birt<br>Month, Dej<br>Ct. 12, |                              | TGOME  9. Birthplace Country) Burma | RY<br>a (Stete or Foreign                                   |
| pue *  | Usual Rasidence of Decedant  10a. State 10b. County   | 100   | : City, Town or Location   |   |                                    |  |                              | 10d.                                | Inside City Limits  |
| f sho  | Maryland Montgom  |   | aithersburg  |   |                                    |  |                              |                                     | 1X Yes 2□No   |
| vith the Mar<br>or 28a-f s<br>be notified<br>Director  | 10e. Street end Number  | .,  |  | Zip Code  |                                    |  | 10g. Citizan of V            | Vhat Country?                       | }   |
| ath with the Maryler 23e or 28e-f show wat be notified at  | 931 Clopper Road,   | T-3   |  | 20878   |                                    |  | Pakista                      | an                                  |   |
| urs after des<br>sir, or fleme<br>summer m<br>by Fune  | 11. Marital Status  1 Never Married 2 Married  3 Wildowed 4 Divorced  | 12. Wes Decedent Ever Armed Forces? 1  Yes 2 No If Yes, Give Yaar or Dates:                     |  | ecedent of Hispani<br>specify Cuban, Me<br>s 2 X No Spe |                                    | cify Yes or No-<br>Rican, etc.)          | 14. Race<br>Blace<br>Specify | e - American I<br>kk, White, etc.   |   |
| ied within 72 ho<br>ygjena.<br>Ner than "natura<br>rt, the Moderal<br>Completed  | 15. Decedent's Ed<br>(Specify only highest grad   | ucation   | 16a. Decedent's l  | Jsuel Occupation<br>work done during<br>Tuse retired    | most of working                    | 00                                       | 16b. Kind of Bu              | siness/Indust                       | iry   |
| within then then the then the then the then the then the then the the the the the the the the the the  | Elementary/Secondary (0-12)   | College (1-4or 5+)  |  | rce Offic   |                                    |  | Pakista                      | n Air I                             | Force   |
|  | 17. Fathar's Name (First, Middle, Last)   | 5+  | AIT FUI  |   |                                    |  | Maiden Sumem                 |                                     | or ce   |
| Bar 6  | Ernest E. Hall  |   |  |   |                                    |  | Chapmai                      |                                     |   |
| end Ment<br>s marks<br>sumatics  | 19e. Informant'a Name/Relationship (7   | vpe. Print)   | 19b. Mailing Add   | ress (Street and N                                      |                                    |  | -                            |                                     | de)   |
| 15 to  | Gillian Louise Ha   |   |  | per Road  |                                    |  |                              |                                     | 20878   |
| -155   | 20a. Method of Disposition  | 20  | Db. Placa of Disposition (   | or other plece)   |                                    | Date                                     | 20c. Location -              |                                     |   |
| t: H   | 1  Burial 2  Cramation 3  |   | Gate of Hea  | even Ceme   | tery 6-                            | -22-98                                   | Silver                       | Spring                              | , Marylan   |
| Departmen<br>Important<br>any Injury<br>pnce.  | 21. Signature of Funarel Sarvice Licent   | × 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |  | and Address of F<br>Funeral<br>Gist Aven                |                                    |  |                              | arvlan                              | d 20910   |
| Physician  | 23a. Part1. Enter the disease, or comp<br>shock, or heert failure. List only of   | lications that caused the one cause on each line.   |  |   |                                    |  |                              | Ap                                  | proximate<br>terval Batween<br>aset and Deeth               |
| /Medical<br>Examiner   | Immediata Ceuse (Finel diseese or condition resulting in death)   | e. CERE   |  |   |                                    |  |                              | 2                                   | DAYS  |
| E E  |   | ACLETE  | to (or es e consequenca  | IASCIILA  | R AL                               | CIDE                                     | NT.                          | 7                                   | BDAYS   |
| in end<br>ial-transit<br>Examiner  | Sequentially list conditions,   | Due   | to (or es e consequenca  | of):  |                                    |  |                              |                                     |   |
|  | Sequantially list conditions, if any, laeding to immadiale ceuse. Enter Underlying Cause (Disease or Injury that initiated events | C   |  |   |                                    |  |                              |                                     |   |
| as the   | that initiated events<br>resulting in death) Lest   | Due t   | o (or as a consequence   | of):  |                                    |  |                              |                                     |   |
| ettendin<br>for usa<br>cian/M  | Ded II Other plenificant conditions of  | atilities to death but and  | range datases to the constraint of   | an anuna nivaa la l                                     | Dod I                              | 22h Did 6                                | ohaaaa uaa aa                | ntelbute to the                     | e course of death?  |
| bed by the ettending detached for usa  | Part II. Other significant conditions of RES PIRA70   |   |  | ng cause given in a                                     | Реп I.                             |  | Yss 2 No                     |                                     | s cause of death?   |
| cate has been signed to page 2 should be det   | KESPIRATO<br>ATRIAL   | FIBRILLATI  | oN,  |   |                                    |  | en eutopsy<br>rmed?          | availe                              | autopsy findings<br>ble prior to<br>letion of ceuse<br>ath? |
| ate hes been signed by page 2 should be detected by PICOMPIECE by PICOMPIECE BY PICOMP |   |   |  |   |                                    | 101                                      | es 25 No                     | 1 🗆 Y                               | es 2 No   |
|  | 25. Was case referred to medical  |   |  | 26.   | Place of Death                     | (Check only o                            | ne)                          |                                     |   |
| is certifical director.  | examiner?   | Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) |  |   |                                    |  |                              |                                     |   |
| after death.  Director: After th d in by the funeral ertification:   | 27. Manner of Death  1 Netural 5 Pending 2 Accident Investigation   | 28a. Date of Injury<br>(Month, Dey Yea  | Year) 28b. Time of 28c. Injury et Work?  M 28c. Injury et Work?  1 □ Yes 2 □ N |   | 2 🗆 No                             |  |                              |                                     |   |
| tal or Attending P<br>is after deeth.  al Director: After t<br>led in by the funers  Certification:  | 3 ☐ Suicida 6 ☐ Could not be<br>4 ☐ Homicide determined   | 28a. Place of Injury - A building, etc. (Sp.  | At homa, farm, straat, fac<br>pecify)  | ctory, offica   | 2                                  | 28f. Location (S<br>City or Tov          | Street end Numb<br>m, Stete) | er or Rural Ro                      | oute Number,  |
| Funer<br>Funer<br>tely fil   | (Check only 2 Madical Exam  | rsician: To the best of my<br>Iner: On the besis of exam<br>and manner stated.                  | nination end/or Investiga  | tion, In my opinion                                     | , deeth occurre                    |  |                              |                                     |   |
| within 2   | 29b. Signature and title of certifier   | horoses   |  | 29c. Licansa num  | ber                                |  | 29d. Date signe              |                                     |   |
| 0(15)  | 29b. Signature and title of certifier   | Fren CARE   | CONSULTANT   | D 301   | 12                                 |  | JUHE                         | 17 1                                | 7781  |
|  | Name and eddress of parson who of VIRENDIA K-SA   | ompleted cause of death   | (Item 23a) (Type, Print)   |   |                                    | BETH                                     | ESDA N                       | 4) 20                               | 1847  |
| State  | 31. Date filed (Month, Dey, Year)   |   | igneture Randelle  |   |                                    |  |                              |                                     |   |



Hammer

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

| 9 | 0 | 2    | 0 | 1 | 6 | 1 |
|---|---|------|---|---|---|---|
|   |   | 0.00 | 4 | ě | V | E |

Year

1998

4c. County of Death

Montgomery

3. Tima of Death

Birthplaca (Stata or Foreign Country)

10d, Inside City Limits

Yas 2 No

1905 Guilford, CT.

14. Race - Amaricen Indian.

20816

Caucasian

Biack, Whita, etc.

11:00 a.m.

2. Data of Death

June 16,

Month

4b. City, Town, or Location of Death

**Examiner** 5016 Newport Avenue Bethesda If Undar 1 Year | If Undar 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral** Days 1 □ M 2X F Months Hours Min. Yrs. 578-62-2349 92 Sept. 6, Director Usuel Residence of Decedent the Marylend 10a State 10b. County 10c. City. Town or Location 7 is marked other than "natural", or items 23a or 28s-f ehow traumstic event, the Medical Examinal maintible notified at Director Montgomery Bethesda 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? U.S.A. 5016 Newport Avenue 20816 Funeral 72 hours efter death 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ▼ No Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: by 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada complated) filed within 7 Hyglene. D.C. Public Collega (1-4or 5+) Elamentery/Secondery (0-12) Schools School Teacher permit. Pages 1 and 2 should be file Department of Health and Mentel Hy Important: If item 27 Is marked othe eny injury or other traumatic event, pages. 18. Mothar's Nama (First, Middla, Maiden Surnama) 17. Fathar's Nama (First, Middla, Last) Frederick Wildman Bertha Aprill 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Raiationship (Type, Print) Gail K. Polsby 5651 Bent Branch Rd. Bethesda, Md. 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 

Burial 2 □ Cramation 3 □ Ramoval from Stata
□ Donation 5 □ Other (Specify) Arlington Natl. Cemetery 6/24/98 Arlington, Virginia 22. Nama and Addrass of Facility Joseph Gawler's Sons, Inc. 21. Signature of Funaral Sarvice Lim 5130 Wisconsin Avenue, N.W. WDC 20016 disease, or complications that causad tha daath. Do not antar tha mode of dying, such as cerdiac or respiratory arrest, the real state of the cause on each line. **Physician** /Medical Immediata Causa (Final disaase or condition rasulting in death) Acute Stroke Examiner Due to (or es e consequence of) Examiner

12 Hours

Approximate Interval Batwaan Onsat and Death

Arteriosclerotic Cerebrovascular Disease Dua to (or as a consequence of):

10 Years

Dua to (or as a consequance of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes ZX No 3 Probably 4 Unknown

24a. Was an autopsy

24b. Wara autopsy findings availabla prior to complation of causa of daath?

1 Yas 2 No

1 Yas 2 No

28. Place of Death (Check only ona)

| 25. | Was ces | a rafarrad to medice |
|-----|---------|----------------------|
|     | 1 Yas   | 2 No                 |

Sequantially list conditions, if any, laading to immadiata ceuse. Enter Underlying Ceuse (Diseasa or injury that initiated evants resulting in deeth) Last

1. Decedant's Nama (First, Middle, Last)

Wildman

4a Facility Nama (If not Institution, giva street and number)

Elise

**Physician** 

/Medical

27. Mannar of Death 5 Pending Invastigation 1 Natural 2 Accidant

6 Could not be determined

Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 28b. Tima of 28a. Data of Injury (Month, Day Year)

28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yas 2 ☐ No

Other: 4 Nursing Homa 5 X Rasidance 6 Othar (Specify) 28d. Dascribe how Injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

29a. Certifier

3 ☐ Suicida

4 Homicida

1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and dua to the cause(s) and mannar as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated.

29b. Signatura and titla of Artifiar

29c. Licansa number

29d. Data signad (Month, Day, Year)

my

JUN 1 8 1998

D 15049

06/17/1998

30. Nama and address of person who complated cease (death (Itam 23a) (Type, Print)

M.D. 5480 Wisconsin Avenue #1625 Chevy Chase, Md. John F. Gustafson, 31. Data filed (Month, Day, Year)

State Registrar 32 Registrary Signatur

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certificate

After this

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Physiclan/Medical

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Certification:

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The law requires that the death certificete be executed

Box 68760,

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Division of Vital Records,

or Attending Physician:

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within 24 hours a To the Funeral C Hospital

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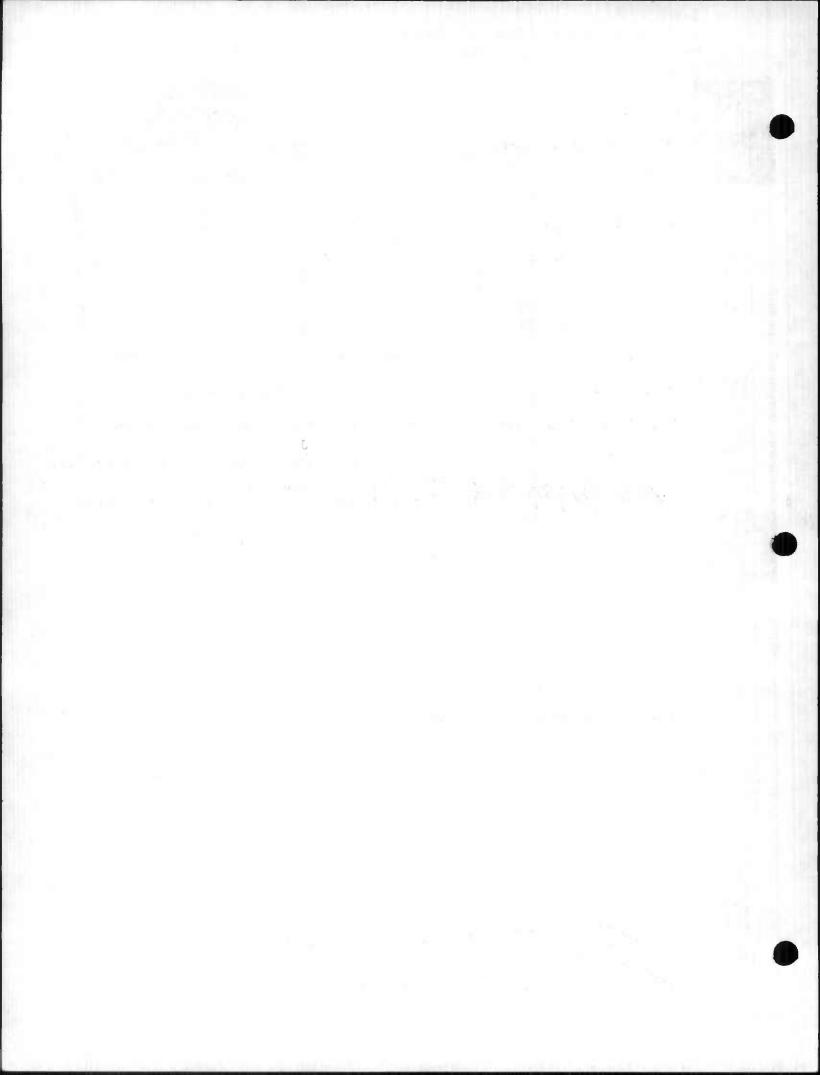
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State of Maryland / Department of Health and Mental Hygiene

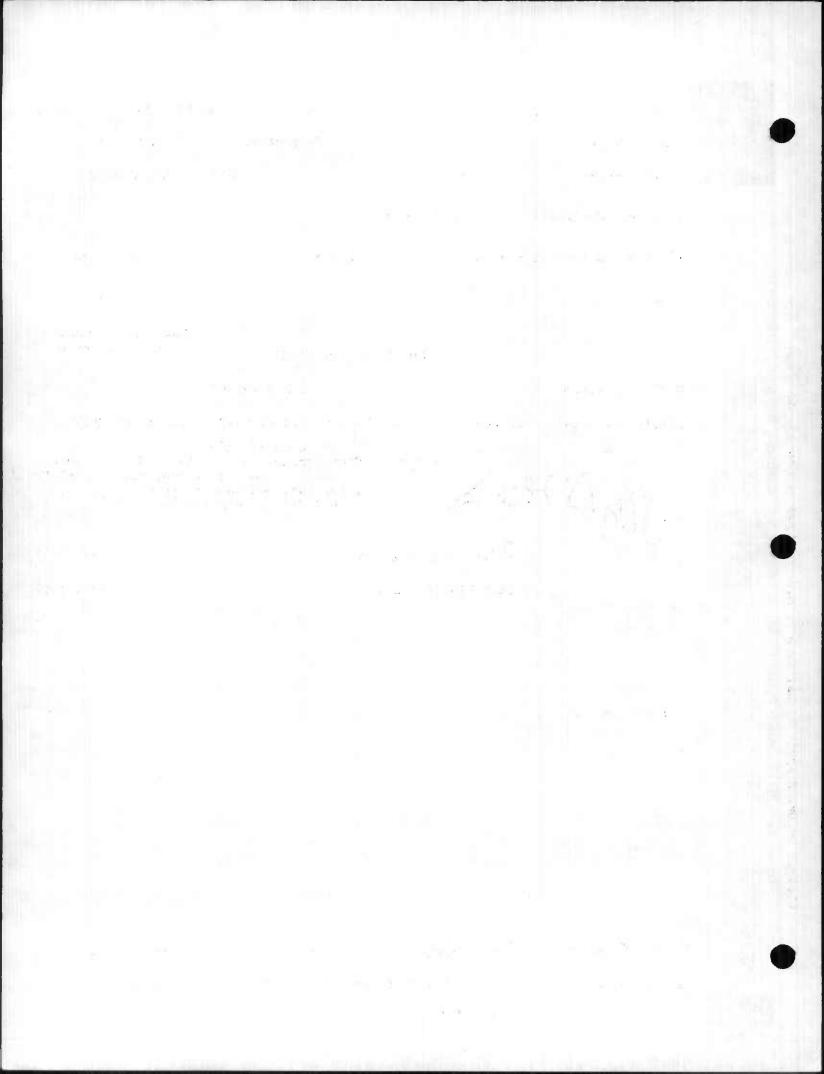
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|--|----------------|---|------------------------|--|--------------------|---------------------------------------|---------|-----------------------------|------------------|-------------------------|------------------------|--------------------------------|-------------------|--------------|--------------------------|-----------|----------------------|
|  |                | 1. Decedent's Name  | e (First, Middle       | Last)                                  |                    |                                       |         |                             |                  |                         |                        | 2. Dete of                     |                   |              |                          | 3. Ti     | me of Death          |
| Physic   |                | Manne T   | TT n and a d n a       |  |                    |                                       |         |                             |                  |                         |                        | Month                          |                   | Day          | Year                     |           |                      |
| /Medi  |                | Mary I.   |                        |  |                    |                                       |         |                             |                  | h Cih. Ta               | num or L               | June                           |                   | 1998         |                          | 15        | 30 PM                |
| Exami  | ner            | 4e. Facility Neme (II   | not institution,       | give street and n                      | um <i>oer)</i>     |                                       |         |                             | 9                | b. City, To             | own, or L              | ocation of De                  | em                | 4c. County   | of Death                 |           |                      |
| 11   |                | Manor Ca  | are Che                | vy Chase                               | 2                  |                                       |         |                             | С                | hevy                    | Chas                   | se                             |                   | Monto        | omer                     | V         |                      |
| Funeral  |                | 5. Sociel Security No   | umber                  | 6. Sex                                 | 7. Age             | (In yrs. last birth                   | day)    | If Under 1<br>Months        | Year             | If Under<br>Hours       | 24 Hrs.<br>Min.        | 8. Date of I                   | Birth             |              |                          | place (S  | tate or Foreign      |
| Director   |                | 577-32-33   | 122                    | 1 □ M 2 🔀 F                            |                    | 97 Y                                  | S.      |                             | Juju             | 110010                  | 141111                 | Nov.                           |                   |              | Oh:                      |           |                      |
| D.   | ]              | Usual Residence of  |                        |  |                    |                                       |         |                             |                  |                         |                        |                                |                   |              |                          |           |                      |
| ylan   |                | 10a. State  | 10b. County            |  |                    | 10c. City, Town                       | or Loc  | ation                       |                  |                         |                        |                                |                   |              | 1                        | 0d. Insl  | Ide City Limits      |
| Mar Mar  | ğ              | Maryland  | Mont                   | gomery                                 |                    | Ken                                   | ein     | gton                        |                  |                         |                        |                                |                   |              |                          | 1 📉       | Yes 2 □ No           |
| 288<br>288   | Director       | 10e. Street and Nun   |                        | 80111027                               |                    | Rein                                  | J X 11  | 10f. Zip C                  | ode              |                         |                        |                                | 100               | Citizen of   | What Cour                | ntry?     |                      |
| with with  |                | 2010 17-  |                        |  |                    |                                       |         |                             |                  | _                       |                        |                                |                   |              |                          |           |                      |
| 72 hours efter death with the Manyland<br>*natural*, or Hems 23a or 28a-f show<br>solical Examiner must be notified at   | Funeral        | 3910 War  | rner St                |  |                    |                                       |         |                             | 089              |                         |                        |                                |                   | Jnited       |                          |           |                      |
| ten de   | L.             | 11. Marital Stetus  |                        | 12. Wes Dec<br>Armed F<br>ad 1 ☐ Yes   | cedent E<br>orces? | ver in U,S.                           | 13. W   | Yes, specify                | of Hi            | ispenic Or<br>n, Mexica | igin? (Sp<br>n, Puerto | ecify Yes or l<br>Rican, etc.) | VO-               |              | e - Americ<br>ck, White, |           | an,                  |
| of of  |                | 1 Never Marrie  |                        | ed 1 ☐ Yes<br>If Yes, G                | 2 🔯 N              | 0                                     | 1       | ☐ Yes 2                     | X No             | Specify                 |                        |                                |                   | Specif       | v.                       |           |                      |
| OUT THE  | d by           | 3 X Widowed   | 4 Divorced             | Yeer or I                              |                    |                                       |         |                             |                  |                         |                        |                                |                   | Opecin       | W                        | hite      | 9                    |
| 72 h<br>netu   | e              | /Speci  | 15. Decedent's         | s Education                            | n                  | 16a. D                                | ecede   | ent's Usual                 | Occupe           | etion                   | et of work             | loa                            | 161               | b. Kind of B | usiness/Ind              | dustry    |                      |
| within<br>ene.<br>then   | Completed      | Elementery/Secon  |                        | College                                |                    |                                       | ife. D  | O NOT use                   | retired          | )                       | IL OF WORK             | ing                            |                   |              |                          |           |                      |
| filed withir<br>Hygiene.<br>ther then  | 10             | 12  | (0 .2)                 | 00090                                  | (1 40.0            | "                                     | Но      | memak                       | er               |                         |                        |                                |                   | Own H        | Iome                     |           |                      |
| be filed<br>Il Hygie<br>other  |                | 17. Father's Neme (   | First, Middle, L       | ast)                                   |                    |                                       |         |                             |                  | 18. Moth                | er's Nam               | e (First, Midd                 | le, Mai           |              |                          |           |                      |
| ontal  | Be C           | Henry Ga  | arrott                 |  |                    |                                       |         |                             |                  |                         | 1 .                    | /1 m                           | 4                 |              |                          |           |                      |
| ges 1 end 2 should be filed<br>t of Health and Mental Hyg<br>If Itam 27 is marked other<br>or other traumatic avent,   | 10             | 19a. Informant's Na   |                        | n /T.m - D ''                          |                    | 44.                                   | 4022    | a like appearance of        |                  |                         |                        | il Tay                         |                   |              | Ou                       |           |                      |
| 2 s<br>is r  |                |   |                        |  |                    |                                       |         |                             |                  |                         |                        | al Route Nun                   |                   |              |                          | Code)     |                      |
| ealth<br>n 27  |                | Peter G.  |                        | ns / son                               |                    | 391                                   | 0 1     | Varner                      | St               | reet                    | , Ke                   | nsingt                         |                   |              |                          |           | 895                  |
| Demil. Pages 1 and 2 should be filed within 72 hours of Department of Health and Mental Hygiene. Important: if item 27 is merked other than "natural", or may injury or other traumatic avent, ite Medical Examples. |                | 20a. Method of Disp   |                        | 3 □Removal from                        | . 01-1-            | 20b. Place of D                       | crem.   | ition (Name<br>atory or oth | of<br>er plac    | e) Jun                  | e 14                   | , P1998                        | 200               | . Location - | City or To               | wn, Ste   | ete                  |
| Pag<br>ant<br>nt: H  |                | 4 □ Donation  |                        |  | 1 State            | Montgor                               |         |                             |                  |                         |                        |                                | Ro                | thesd        | o Me                     | 2771      | and                  |
| permit. Pa<br>Departman<br>Important:<br>any injury  |                | 21. Signature of Fur  |                        |  | 0                  | M00831                                |         |                             |                  |                         |                        | ic.                            | ре                | LIIESU       | a, Me                    | ггуг      | anu                  |
| pemit. Pages 1 and 2<br>Department of Health a<br>Important: if tem 27 is<br>any injury or other tra<br>once.  |                | 126   | an                     | mille                                  | 20                 | 4240                                  | Kot     | pert A.                     | Pun              | phrey                   | Fune                   | ral Home                       | /Be               | thesda       | -Chevy                   | Cha       | se, Inc.             |
|  |                | Yeuroan   | ا ، رواجي              | Corpus -                               | /                  |                                       |         |                             |                  |                         |                        | Bethesda                       |                   |              | 2081                     | 4-35      | 501                  |
|  |                | 23a. Part1. Enter th<br>shock, or heer                                | ne diseese, or o       | complications that<br>nly one cause on | caused to          | the deeth. Do no<br>e.                | tente   | r the mode                  | of dying         | g, such es              | cerdiac                | or respiratory                 | errest            |              |                          | Appro     | ximete<br>al Between |
| Physician  |                |   |                        |  |                    |                                       |         |                             |                  |                         |                        |                                |                   |              | 1                        | Onset     | end Death            |
| /Medical   |                | Immediate Ceuse (I<br>disease or condition                            |                        | D                                      | 1                  |                                       |         |                             |                  |                         |                        |                                |                   |              | 1                        | 1.        |                      |
| Examiner   |                | resulting in death)   | 1                      | e. Bro                                 |                    | pneumoni                              |         |                             |                  |                         |                        |                                |                   |              | -                        | da        | lys                  |
|  | ē              |   |                        |  | L                  | Due to (or es e co                    | nsequ   | ience of):                  |                  |                         |                        |                                |                   |              | 1                        |           |                      |
| ped is   | Examiner       |   |                        | b                                      |                    |                                       |         |                             |                  |                         |                        |                                |                   |              | <u> </u>                 |           |                      |
| and  | xar            | Sequentially list con<br>if any, leeding to im-<br>cause. Enter Under | nditions,              |  |                    | Due to (or es e co                    | nsequ   | ence of):                   |                  |                         |                        |                                |                   |              |                          |           |                      |
| ificete be ax<br>g physician<br>as the bunal   |                | cause. Enter Under<br>Cause (Disease or I                             | rlying                 | 6                                      |                    |                                       |         |                             |                  |                         |                        |                                |                   |              |                          |           |                      |
| certificate be axecuted diding physician and use as the bunal-transit  | edicai         | that Initiated events<br>resulting In death) L                        |                        | 0.                                     | D                  | ue to (or as a cor                    | nsequ   | ence of):                   |                  |                         |                        |                                |                   |              |                          |           |                      |
| ng p   | Nec            |   |                        |  |                    |                                       |         |                             |                  |                         |                        |                                |                   |              | 1                        |           |                      |
|  | II/W           |   |                        | d                                      |                    |                                       |         |                             | -                |                         |                        |                                |                   |              | -                        |           |                      |
| The law requiras that the death<br>ata has been signed by the atter<br>page 2 should be datached for r   | Physician      | Part II. Other signific   | cent condition         | a contribution to a                    | dooth but          | t not requiting in t                  | ho un   | dorfuina anu                |                  | on in Part              |                        | ash Di                         | d taba            |              | maniferate de            | the ea    | was of death?        |
| the cy the ciche   | ys             | raitii. Other signifi   | Cant Condition         | a continuating to c                    | Jeath Du           | t not resulting in t                  | ile un  | deriying cau                | se give          | en in Fart              | ١.                     |                                |                   |              |                          |           | use of death?        |
| that<br>ed b   | P P            | Shingles  | s, Aspi                | ration p                               | neum               | onia                                  |         |                             |                  |                         |                        | 11                             | Yes               | 2□ No        | 3∐ Prol                  | bably     | 4 💢 Unknow           |
| sign<br>d be   | l by           |   |                        |  |                    |                                       |         |                             |                  |                         |                        |                                |                   |              | T                        |           | 0.0                  |
| nbe  | Completed      |   |                        |  |                    |                                       |         |                             |                  |                         |                        | 24e. We                        | es an a<br>rforme | utopsy<br>d? | ave                      | eileble p |                      |
| as b   | ם              |   |                        |  |                    |                                       |         |                             |                  |                         |                        |                                |                   |              | of                       | deeth?    | n of cause           |
| The la<br>ata ha<br>page   | FO             |   |                        |  |                    |                                       |         |                             |                  |                         |                        | 1                              | Yes               | 200 No       | 1                        | TYes      | 2□ No                |
|  |                | 25. Was case referr   | ed to medical          |  |                    |                                       |         |                             |                  | 00 DI                   | ( D )                  |                                |                   | -206.10      |                          | 3         |                      |
| Physician:<br>r this certifica   | Be             | examiner?   |                        | Hospital:                              |                    |                                       |         |                             | Othe             | ar.                     |                        | h (Check onl                   |                   |              |                          |           |                      |
| Physician: The law requiras the thick certificate has been signed and director, page 2 should be   | 2              | 1 Yes 2 1   |                        | 1 1 1                                  | Inpatier           | · · · · · · · · · · · · · · · · · · · |         |                             |                  | 4 100 141               | ursing Ho              | me 5 Re                        |                   |              | , , ,                    | y)        |                      |
| i or Attending Petar daath. I Director: After to in by the funera  | Certification: | 27. Manner of Death<br>1 ☑ Netural                                    | 5 ☐ Pending            | 28e. Date<br>(Mor                      | of Injury          | Year) 28b. Tin                        |         | 286                         | . Injury<br>Work | et<br>c?                |                        | 28d. Describ                   | e how             | Injury occur | red                      |           |                      |
| Attending<br>ir daath.<br>ector: Afte<br>by the fune   | ati            | 2 Accident  | Investiga              | ition                                  |                    |                                       |         | М                           | 1 🗆 '            | Yes 2 🗆                 | No                     |                                |                   |              |                          |           |                      |
| After day  | ≝              | 3 ☐ Suicide<br>4 ☐ Homicide   | 6 Could no<br>determin | ed 28e. Plac                           |                    | ry - At home, farm                    | n, stre | et, factory, c              | ffice            |                         |                        | 28f. Location                  |                   |              | er or Rura               | l Route   | Number,              |
| d P P  | - L            | 4 🗆 Homicide  |                        | build                                  | aing, etc.         | (Specify)                             |         |                             |                  |                         |                        | City or 7                      | OWII, S           | iaie)        |                          |           |                      |
| ours<br>ours<br>fille  |                | 29a. Certifier  | No Certifying          | Physicien: To the                      | e hest of          | my knowledge o                        | leath i | occurred et                 | the tim          | e dete er               | d plece                | and due to th                  | e ceus            | e(s) and m   | anner ec el              | tated     |                      |
| To the Hospital or Attanding Ph<br>within 24 hours aftar death.<br>To the Funeral Director: After thi<br>completaly filled in by the funeral   | edical         |   | 2 Medical E            | xaminer: On the b                      | pasis of e         | examination and/o                     | or inve | stigation, in               | my or            | olnion, dee             | th occur               | red et the tim                 | e, dete           | end plece,   | end due to               | the ce    | use(s)               |
| thin   | M e            | 29b. Signature engli  | he he nordisin-        | 9110 11101                             | and stall          | · ·                                   |         | 200 1                       | icens            | number                  |                        |                                | 204               | Data elec    | d (Alanth                | Dev V     | nor)                 |
| F ₹ 5 8  | 7              | 250. Signature entr   | Lo certiner            | 11 /                                   | 11                 |                                       |         | 29C. L                      |                  |                         | 00                     |                                | ∠90.              | Dete signe   | u (MONTH,                | Day, TE   | out)                 |
| 10   |                | 1   | fam for                | /                                      |                    | 1                                     | 4       | -25                         | 1                | 333                     | 3 ブ                    |                                | т.                | une 1        | 2. 10                    | 198       |                      |
| 10   |                | 30. Name and soore  | ess of person w        | ho completed ceu                       | se of de           | ath (Item 23e) (Tr                    | pe, P   | nnt)                        |                  |                         |                        |                                |                   | ane 1        | 4 17                     | 20        |                      |
|  |                | Lee Sonat   |                        |  |                    | 5530 Wis                              |         |                             | 1701             | 1110                    | Reth                   | esda                           | Max               | wland        | 208                      | 215       |                      |
| Sta  | te             | 31. Date filed (Monti   |                        |  |                    | r's Signature                         | ,       | HOLLI A                     | IACI             | iue,                    | Deri                   | icoua,                         | rial              | утани        | 200                      | נדו       |                      |
| Regist   |                | .11   | N 15                   | 1998                                   |                    | Twidow A                              | and.    | 00.                         |                  |                         |                        |                                |                   |              |                          |           |                      |
| negisti  | Ç.,            | 00  | TI                     | 1330 7                                 |                    | week late than a - N                  | IV-4    |                             |                  |                         |                        |                                |                   |              |                          |           |                      |

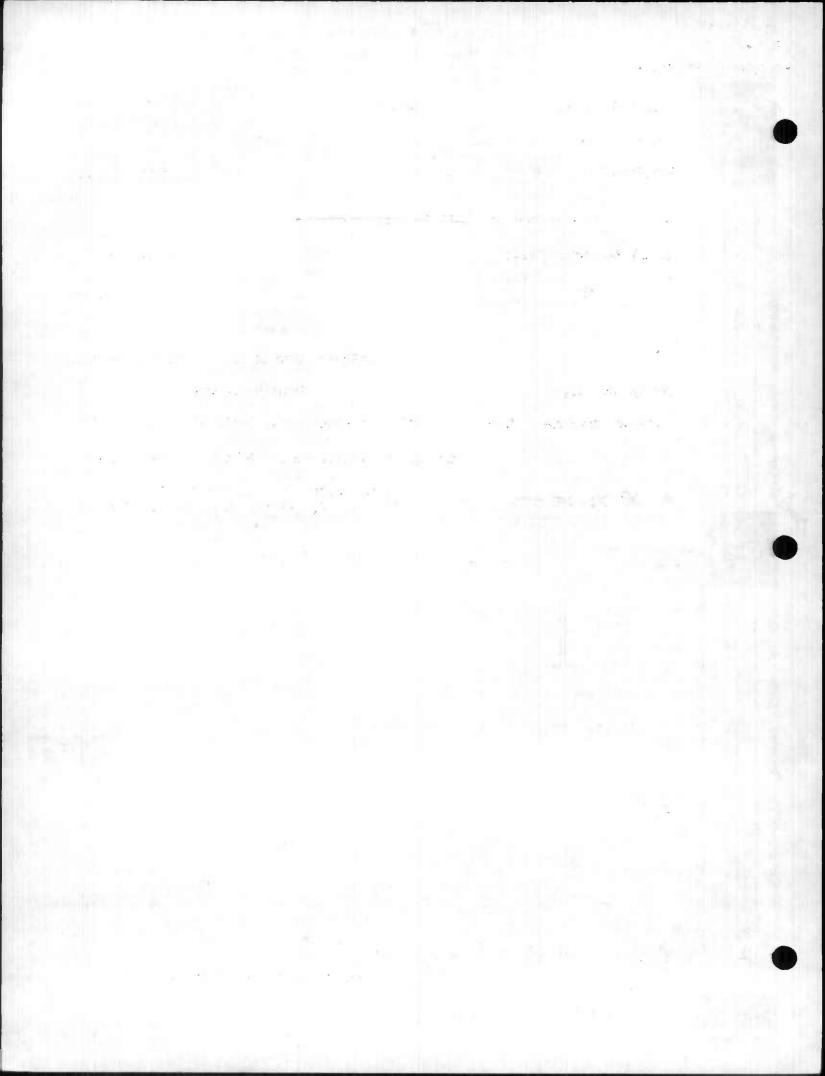


# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygienes

|  | 1. Decedent's Name (Fir   | rst, Middle, Last                  | )  |                                    |                                   |                            |                |  | 2. Dete of De                   |                              |              | 3. Time of                                  | Death     |
|--|---|------------------------------------|--|------------------------------------|-----------------------------------|----------------------------|----------------|--|---------------------------------|------------------------------|--------------|---|-----------|
| Physician  | E4h-1   |                                    |  |                                    |                                   |                            | 11             | 1-   | Month                           | Dey                          | Yeer         | 7.00  | 0 436     |
| /Mcalcal   | Ethel  4e Facility Neme (If not i   | Institution, give                  | street and num                             | ber)                               |                                   |                            |                | augh<br>4b. City, Town, or L               | June ocation of Deatl           |                              |              | 1:30  | MA_C      |
|  | Dosh's Hous   | e                                  |  |                                    |                                   |                            | 1              | Germantow                                  | m                               | Mont                         | gomer        | v   |           |
|  | 5. Sociel Security Number   | er 6. Se                           |  | . Age (In yrs.                     | lest birthdey)                    | If Under 1                 | Year           | If Under 24 Hrs.                           | 8. Dete of Bir<br>(Month, De    |                              | 7            | lace (Stete o                               | r Foreign |
| Director   | 487-20-985<br>Usuel Residence of Deci   | 59                                 | ]M 2∭ F                                    | 73                                 | Yrs.                              | Months                     | Deys           | Hours Min.                                 | April 9                         |                              | Misso        |   |           |
| and war  |   | . County                           |  | 10c. Ci                            | ty, Town or Lo                    | cation                     |                | -  |                                 |                              | 10           | 0d. Inside Cli                              | ty Limits |
| deeth with the Meryland ms 23s or 28s-f show frontil be notified at  | Maryland M  | ontgome                            | ry   | Ger                                | mantow                            | n                          |                |  |                                 |                              |              | 1 🗆 Yes                                     | 2 № No    |
| or 28a-fa  | 10e. Street and Number  |                                    |  |                                    |                                   | 10f. Zip C                 | óda            |  |                                 | 10g. Citizen of              | Whet Coun    | try?  |           |
| th will  | 19114 North   | Freder                             | ick Roa                                    | d                                  |                                   | 20                         | 878            | 8  |                                 | Unite                        | d Sta        | tes   |           |
|  | 11. Meritel Stetus  |                                    | 12. Wes Deced                              | lent Ever in U<br>ces?             | ,S. 13. V                         | Ves Decede<br>Yes, specif  | nt of H        | Hispenic Origin? (Spen, Mexican, Puerto    | ecify Yes or No<br>Rican, etc.) | 14. Rae<br>Ble               | ce - Americ  |   |           |
| 0 0 0  | 1 ☐ Never Merried :<br>3 🛣 Widowed 4 ☐ I  |                                    | 1 ☐ Yes 2<br>If Yes, Give                  |                                    |                                   | ☐ Yes 2                    |                |  |                                 | Specia                       | y: Whi       | to  |           |
| 15-0020<br>72 hours aff<br>"natural", or<br>suital Exam<br>leted by F  |   | Decedant's Edu                     | Yeer or De                                 | (OS:                               | 16a Deced                         | ant's Usuai                | Оссио          | nation                                     |                                 | 16b. Kind of 8               |              |   |           |
| T 5 3 3  | (Specify on   | nly highest grad                   | e completed)                               |                                    | (Giva                             | kind of work<br>OO NOT use | done<br>retire | pation<br>during most of work<br>d)        | king                            | Montgo                       |              |   | 7         |
| 2121<br>d within<br>giene.<br>or than or<br>tra was  | Elamantery/Secondery  | y (0-12)                           | College (1-                                | 40r 5+)                            | Execu                             | tive S                     | eci            | retary                                     |                                 | Pub1                         | ic Sc        | hools                                       |           |
| ind<br>tal Hyg<br>d othe<br>avent,   | 17. Fether's Neme (First,   | , Middle, Last)                    |  |                                    |                                   |                            |                | 18. Mother's Nam                           | a (First, Middle                | , Meiden Sumer               | ne)          | 180   |           |
| ore, Maryland 2121 s 1 end 2 should be filed within of Health end Mental Hygiene. Item 27 is marked other than other traumatic avent, tra Me To Be Comple            | Carl E. Hoe   | mann                               |  |                                    |                                   |                            |                | Jenny W                                    | alker                           |                              |              |   |           |
| 2 sho end is mais mark   | 19a. Informent's Neme/F   | Reletionship (T)                   | rpe, Print)                                |                                    | 19b. Mailin                       | g Addrass (                | Street         | end Number or Rui                          | ral Route Numb                  | er, City or Town             | , Stete, Zip | Code)                                       |           |
| 1 end 2<br>1 end 2<br>Health e<br>em 27 is   | William S.  |                                    | Jr./ So                                    | n                                  | 13020                             | Chest                      | nu             | t Oak Dri                                  | ve,Darn                         |                              |              |   |           |
| Pages 1  | 20e. Method of Disposition 1 ☐ Buriel 2 ☑ Cre   |                                    | Removel from S                             | tate 20b.                          | Pleca of Dispo-<br>cemetery, cren | netory or oth              | er pla         | ce) June 15                                | , 1998                          | 20c. Location                | - City or To | wn, Stete                                   |           |
| altimore, mit. Pages 1 er partment of Hea portant: If Nem 2, y Injury or other £2.   | 4 Donetion 5  |                                    | - ^  | Mo                                 |                                   |                            |                | torium, I                                  |                                 | Bethesd                      |              |   |           |
| Baltimo<br>permit. Pages<br>Department of<br>important: If is<br>any injury or<br>once.  | 21. Signature of Funeral  | Semplog Licens                     | Tun!                                       | M00689                             |                                   |                            | Le.            | Inc. 300 ckville,                          | West M                          | ontgome                      | rv Av        |   | Home/     |
| Physician  | 23a Part Bhter heldis   | seese, or comp<br>ura. List only o | lications that ca<br>ne ceuse <i>on</i> ee | used the dee<br>ch line.           | th. Do not ente                   | er the mode                | of dyir        | ng, such es cardiac                        | or respiretory e                | rrest,                       |              | Approximete<br>Intervel Bett<br>Onsat and I | ween      |
| /Medical   | Immediate Cause (Final disease or condition   |                                    | D  | o m                                | ent                               | 10                         |                |  |                                 |                              | 1            | 10 Yea                                      | ars       |
| Examiner   | rasulting in daeth)   |                                    | a  |                                    | or es a conseq                    |                            |                |  |                                 |                              |              |   |           |
| iner single  |   |                                    | Left                                       | Hip H                              | ractur                            | e                          |                |  |                                 |                              | D            | ec. 19                                      | 997       |
| 58760,<br>icete be executed<br>physicien and<br>s the bunal-transit  | Sequentially list condition   | ons,                               |  | Due to (                           | or es e conseq                    | uenca of):                 |                |  |                                 |                              |              |   |           |
|  | Sequentially list condition if eny, leading to immediate. Enter Underlying Ceuse (Diseese or injury that initiated avants | 1                                  | C  |                                    |                                   |                            |                |  |                                 |                              | i            |   |           |
|  | resulting in deeth) Lest  |                                    |  | Due to (d                          | or es e conseq                    | uenca of):                 |                |  |                                 |                              | 1            |   |           |
|  |   |                                    | d  |                                    |                                   |                            |                |  |                                 |                              |              |   |           |
| deeth deeth ee etter   | Pert II. Other significant  | conditions co                      | ntributing to des                          | ith but not res                    | sulting in the ur                 | derivina ca                | use ain        | ven in Pert I.                             | 23b. Dld                        | tobacco use co               | ontribute to | the cause of                                | of death? |
| hy sch   | Hypertens   |                                    |  | 21 01 100                          | g tile til                        | , , ,                      | 31             | 100 PM                                     |                                 | Y88 2□ No                    |              | - 1   | Unknown   |
| 0 8 8 8 0  |   |                                    |  |                                    |                                   |                            |                |  | 240 18/00                       | an eutopsy                   | 2dh W        | ere autopsy f                               | findings  |
|  |   |                                    |  |                                    |                                   |                            |                |  | perfe                           | ormad?                       | eve          | eileble prior t<br>mpletion of c            | to        |
| (D) 8 8 C  |   |                                    |  |                                    |                                   |                            |                |  |                                 | W                            |              | death?                                      | ) Ale     |
| Vital R idean: The certificate h rector, page  | 25. Was seen referred to  | medical                            |  |                                    |                                   |                            |                | OC Disco of D                              |                                 | Yes 2K No                    | 1 1          | ]Yas 2□                                     | 140       |
|  | 25. Wes case referred to axaminar? 1 □ Yes 2 □ No   | -                                  | Hospital:                                  | netlent 2                          | ER/Outpatlen                      | 3 DO                       | Ott            | 26. Plece of Dea                           |                                 | ona)<br>dance 6 ⊡Ot          | har (Snacif  | (v)   |           |
|  | 27. Manner of Deeth   |                                    | 28a. Dete of                               | Injury                             | 28b. Tima of                      |                            | c. Injui       | 4 KM Nursing H                             |                                 | how injury occu              |              | 7/  |           |
| Vision Attending R or death. ector: After by the funer iffication.   | 1 XNaturel 5 [<br>2 ☐ Accident  | Pending<br>Investigation           | (Month                                     | , Dey Year)                        | Injury                            | М                          |                | rk?<br>]Yes 2□No                           |                                 |                              |              |   |           |
| Division of attending P is effected. After teath.  al Director: After teath in by the fumer Certification:   | 3 ☐ Suicide 6 ☐<br>4 ☐ Homicida   | Could not be determined            | 28e. Plece o                               | of Injury - At h<br>g, atc. (Speci | ome, farm, str                    | et, factory,               | office         |  |                                 | Street and Num<br>wn, State) | ber or Rura  | Il Route Num                                | nber,     |
| Division o To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral Medical Certification: | (Check only 2 1   |                                    | ner: On the bas                            | sis of examine                     |                                   |                            |                | ma, dete end pleca<br>opinion, deeth occur |                                 |                              |              |   | s)        |
| To the F<br>To the F<br>complet  | one)  | of postifier                       | end menne                                  | er steted.                         |                                   | 290                        | Licens         | se number                                  |                                 | 29d. Dete sign               | ed (Month    | Day Year)                                   |           |
|  | 29b. Signeture end title of   | or continer.                       | 11   |                                    |                                   |                            |                | 050  |                                 |                              |              |   |           |
| 5 ¥ 5 8  |   |                                    | /  |                                    |                                   |                            | . /            | E 1 . 3 /1 /                               |                                 |                              |              |   |           |
| 12   | ner   | na l                               | Do   | min                                | 2                                 |                            |                |  |                                 | June 1                       | 1, 19        | 98  |           |
| 12   | 30. Neme end eddress of Elena Sempo   |                                    |  |                                    |                                   | Print)                     |                |  | shura                           |                              |              | 98  |           |



| Amer  | 1. Decedent                     | . 6/19/98 . BM<br>'s Name (First, Middle, L                              | W.Montg. Co  | 0.                           | Certifica                                | ate of                | Death                                  | 2. Dete of De                         | Reg. No.             | - Euro                       | 3. Time of Deeth  |
|---|---------------------------------|--|--|------------------------------|--|-----------------------|--|---------------------------------------|----------------------|------------------------------|---|
| Physician   |                                 | WARD W. HEM  | •  |                              |  |                       |  | JUNE                                  | 13, 199              | Year<br>8                    | 0354 AM   |
| ' /Medical<br>Examiner  | 4e Fecility N                   | Name (If not institution, gi   | ve street end number)  |                              |  |                       | 4b. City, Town, or                     | Location of Deett                     | 4c. County           | of Death                     |   |
|   | UN                              | IVERSITY HO  |  |                              |  |                       | BALTIMO                                |                                       |                      |                              |   |
| Funeral<br>Director   | 593-                            | -036510  | Sex 7. Ag  | e (In yrs. le:<br>27         | Yrs. If Uni                              | der 1 Yeer<br>ns Deys | Hours Mir                              | . (Month, De                          | y, Year)<br>9, 1970  | 9. Birthple<br>Count<br>Jama | ece (Stete or Foreign<br>ry)<br>aica                                    |
| Du  | Usuel Resid                     | ence of Decedent  10b. County  |  | 10c. City.                   | Town or Location                         |                       |  |                                       |                      | 10                           | d. Inside City Limits   |
| f sho   | 0.000                           | 7 - 33   | Georges  | 1170                         | 9 Batters                                | sea कि                | rive Be                                | ltsville                              |                      |                              | ty⊠Yes 2□No   |
| with the Maryland ta or 28a-f show to notified at   | 10e. Street                     | and Number   |  |                              |  | Zip Code              |  |                                       | 10g. Citizen of V    | Vhet Count                   | ry?   |
| ms 23s or<br>married  | 1170                            | 9 Battersea  | Drive  |                              |  | 20'                   | 705                                    |                                       | United               | State                        | es  |
| or tems 23a or 28a-fe<br>miner must be notified<br>f Funeral Director   | 11. Mentel S                    | Stetus   | 12. Wes Decedent<br>Armed Forces?                              |                              | 13. Wes De                               | cedent of I           | lispenic Origin? (<br>en, Mexican, Pue | Specify Yes or No<br>rto Rican, etc.) | - 14. Rac<br>Bled    | a - America<br>k, White, e   |   |
| 0 5   |                                 | er Married 2 Married owed 4 □ Divorced                                   | 1 ☐ Yes 2☐ N   | No                           | 1 ☐ Yes                                  | 20 No                 | Specify:                               |                                       | Specify              | B                            | Lack  |
|   |                                 | 15. Decedent's E   | Year or Detes:   |                              | 16e. Decedent's U                        | eual Occur            | nation                                 |                                       | 16b. Kind of Bu      | isiness/Ind                  | ustry   |
| And cal   | Florenste                       | (Specify only highest gi   | rede completed)  | F.()                         | (Give kind of<br>life. DO NO             | work done             | during most of w                       | orking                                | 100. 11110 01 01     | 30111000011110               | 55.17   |
| nt, the Medical<br>Completed  | Elementa                        | ry/Secondary (0-12)  | College (1-4or 5   | 0+)                          | Sc                                       | oft.wa                | re Devel                               | oper                                  | Private              | Indi                         | ıst.rv  |
| bvent, I<br>Be Cc   | 17. Fether's                    | Neme (First, Middle, Las   | 1)   |                              |  | 2.0                   | 18. Mother's No                        | eme (First, Middle,                   | Meiden Sumem         | Θ)                           | 2027  |
| marked o  |                                 | ge Hemmings  |  |                              |  |                       |  | ne Hanso                              |                      |                              |   |
| a 5   |                                 | ent's Neme/Reletionship  |  |                              |  |                       |  | Rural Route Numb                      |                      |                              | - 112   |
| item 27<br>other tr   |                                 | ette Hemming   | s - wile   | 20b. Pie                     | ca of Disposition (/                     | Verne of              |  | Beltsvi                               | 20c. Location -      |                              |   |
| O TO TO   | 1 ⊠ Bu                          | riel 2 Cremetlon 3 [   |  | Cel                          | netery, cremetory o                      | or other ple          |  | 6/20/98                               |                      | hi, N                        |   |
| ortan<br>Injur  |                                 | netion 5 Other (Specific of Funeral Service Lice                         | **   | 000                          |  |                       | ess of Fecility                        | 0, 20, 30                             | 110011               | 7117                         |   |
| important: If it eny injury or one  |                                 | Enter the disease, or cor<br>or heart feilure. List only                 |  |                              | D M                                      | How                   | ton Co                                 | Morticia:                             | ns, Inc.             |                              |   |
| Medical<br>caminer  | disease or o                    | Ceuse (Finel condition death)  |  |                              | ot wour                                  |                       | of the                                 | abde                                  | men                  |                              |   |
| siclan and bunal-transit  | Ceuse (Dise                     | y list conditions,<br>ng to immediate<br>er Underlying<br>ease or injury | С.   | Due to (or                   | es e consequenca                         | of):                  |  |                                       |                      |                              |   |
| A = -   | thet initiated<br>resulting in  |  | d  | Due to (or e                 | es e consequence d                       | of):                  |  |                                       |                      |                              |   |
| od for  | Pert II. Othe                   | r significant conditions   | contributing to death be                                       | ut not result                | ing in the underlyin                     | o cause or            | ven in Pert t.                         | 23b. Dld                              | tobacco use co       | ntribute to                  | the cause of death?   |
| gned by the attending phe deteched for use as the deteched for use as the by Physician/Med                                    |                                 |  |  |                              |  |                       |  | 1 🗆                                   | Yes 22 No            | 3 □ Prob                     | ebly 4 Unknown  |
|   |                                 |  |  |                              |  |                       |  | 24a. Wes                              | en eutopsy<br>ormed? | eva                          | re eutopsy findings<br>alleble prior to<br>appletion of cause<br>death? |
| is certificate has<br>director, page 2<br>fo Be Comp  |                                 |  |  |                              |  |                       |  | 128                                   | Yes 2□No             | 12                           | Yes 2□ No   |
| ertifica<br>ector,  <br>Be C  | 25. Wes cas<br>examine          | se referred to medical   |  |                              |  |                       | 26. Plece of D                         | eath (Check only                      | one)                 |                              |   |
| 00  | XXYes                           | 2 □ No   |  |                              | R/Outpatient 3□                          | DUA                   |  | Home 5 ☐ Resi                         |                      |                              | )   |
| on the  | 27. Menner                      | urel 5 Pending   | 28e. Dete of Inju<br>(Month, De                                |                              | 18b. Time of tnjury                      | 28c. tnju<br>Wo       | ryet<br>irk?<br>]Yes 2.27No            | 28d. Describe                         | how Injury occur     | red                          |   |
| within 24 hours ettar deeth. To the Funeral Director: After this completaly filled in by the funeral Medical Certification: 1 | 2 Acc<br>3 Sui<br>4 Hor         | cide 6 Could not   | 0 13   | ury - At hon<br>c. (Specify) | oaco m<br>ne, farm, street, fec<br>denie |                       | 1100 2 60 110                          | 281. Location (<br>City or To         |                      | Shiper or Aurai              | Proute Number,  |
| in 24 hours the Funere pletaly fille  | 29e. Certifie<br>(Check<br>one) |  | hysician: To the best of miner: On the basis of and menner ste | of my knowl                  | edge, deeth occurr                       |                       |  | ce, end due to the                    | cause(s) end me      |                              |   |
| within 2<br>To the<br>comple  |                                 | ure end title of certifier   | 200 00000000000000000000000000000000000                        |                              |  | 29c. Licens           |  |                                       | 29d. Dete signe      |                              |   |
| 2   | 30 Name =                       | Aty M  | A N  | acl                          | 5, MP                                    | 0.0                   | C.M.E                                  |                                       | JUNE                 | 13,                          | 1998  |
|   |                                 | phyn 5, 1  |  | 11                           | 1 Penn S                                 | treet                 | , Baltim                               | ore, Mar                              | yland 2              | 1201                         |   |
| State   | 31. Dete file                   | JUN 1 9 19   |  | er's Signetu                 | -Randell                                 |                       |  |                                       |                      |                              |   |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name /First. Middle. Last) **Physician** 14, JACQUELINE M. JUNE 1998 8:05 P. /Medical 4a Facility Name (If not institution, give straet and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY If Under 24 Hrs. 8. Date of Birth (Month Dey Year) 6 If Under 1 Yaar 5. Social Security Number 6 Sex 7. Age (In yrs. last birthday) 9. Birthplaca (Stete or Foreign **Funeral** Days 1 M 2 F Yrs. 61 238-54-5607 Maryland **Director** Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28a-f show trsumstic event, the Medical Exeminer must be notified at Silver Spring Mayes 2 No Md Montgomery Director 10e Street and Number 10f. Zip Coda 10g. Citizen of What Country? 531 Randolph Rd, Apt# 219-B 20904 U.S.A. Funeral 12. Was Decedent Evar in U.S. Armad Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Yes 2 No
If Yes, Give
Year or Datas: 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: Black þ 3 XWidowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Housewife Home 12th Grade 18. Mother's Name (First, Middle, Meiden Sumama) 17. Father's Nama (First, Middle, Last) h end Mental h Muriel Tillman Sidney Martin 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) permit. Pages 1 and 2 Department of Health e Important: If them 27 is 13400 Clifton Rd, Silver Spring, Md 20904 Keith Byrd (Son) 20b. Place of Disposition (Neme of cametery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ⊠ Burial 2 ☐ Cremation 3 ☐ Removal from State ò 6/20/98 Silver Spring, 4 ☐ Donation 5 ☐ Other (Specify) Gate Of Heaven Cem. 21. Signature of Funeral Service License 22. Name and Address of Facility Snowden Funeral Home P.A. 246 N. Washington St, Rockville,
23a Part Enter the dilease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Applications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Applications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Applications that caused the death. Md **Physician** CARDIOPULMONARY FAILURES /Medical Immediate Cause (Final disaase or condition resulting in death) Examiner Due to (or as a consequence of):

RETRACTORY SHOCK

Due to (or as a consequence of): Examiner ician end buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events certificete be exec COR PULMONALE Box 68760 ettending physician Physician/Medical the resulting in death) Last 88 USB Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown OBESTAY, HISTORY OF RECONT GASTROINTESTINAL Completed by 2 24b. Were autopsy findings evaileble prior to BLOSDING, POSSIBLE CHRONIC OBSTRUCTIVE 24a. Was an autopsy complation of causa of deeth? PULMONARY DISEMSE AND SLEEP APNEA 2 D/No 1 □ Yes 2 □ No 1 Yes Division of Vital 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Anpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: or Attending 5 Pending 1 Natural efter deeth. Director: Aft 1 ☐ Yes 2 ☐ No invastigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Routa Number, City or Town, Steta) 28e. Placa of Injury - At home, farm, streat, factory, office building, etc. (Specify) 4 - Homicide 24 hours Hospital 29a. Certifier 1 🕱 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. edical (Check only one) 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated. To the Vithin 2 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifie 29c. License number

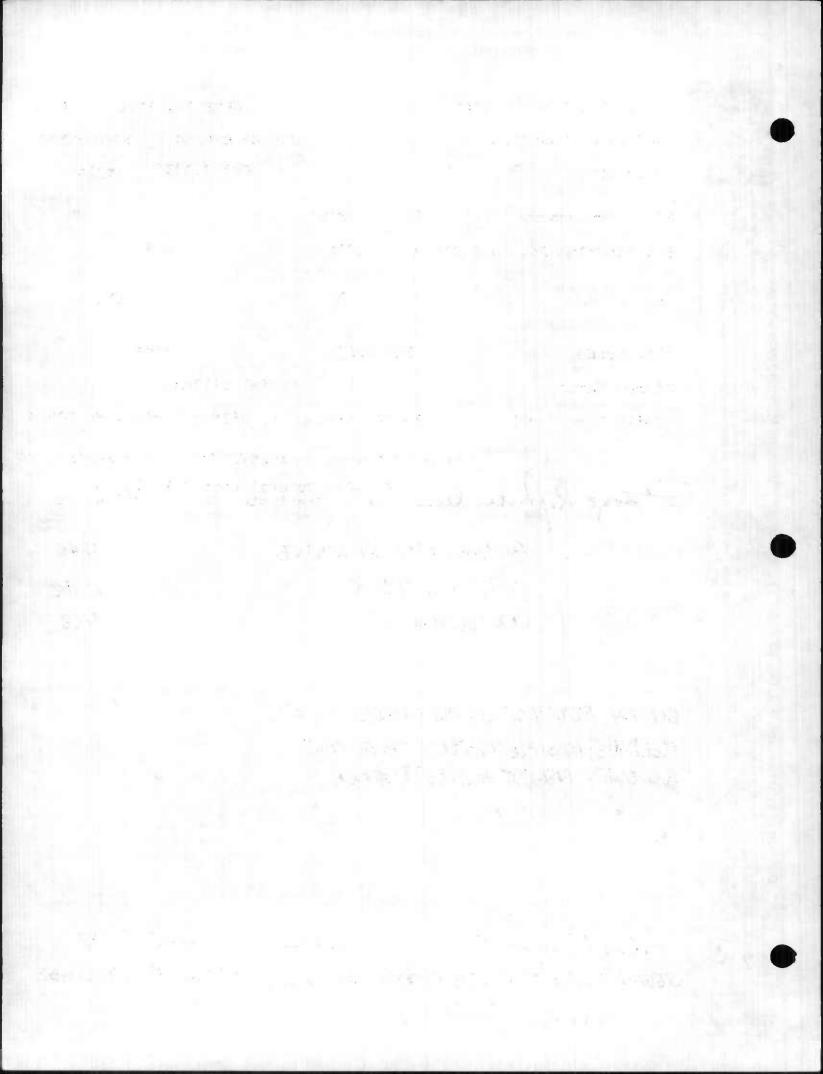
State Registrar

18

T. KARIYA, MD 11501 GEORGIA 32. Registrar's Signature Shie Newidson-Randall

AVE #515, WHENTON MA 20902-1962

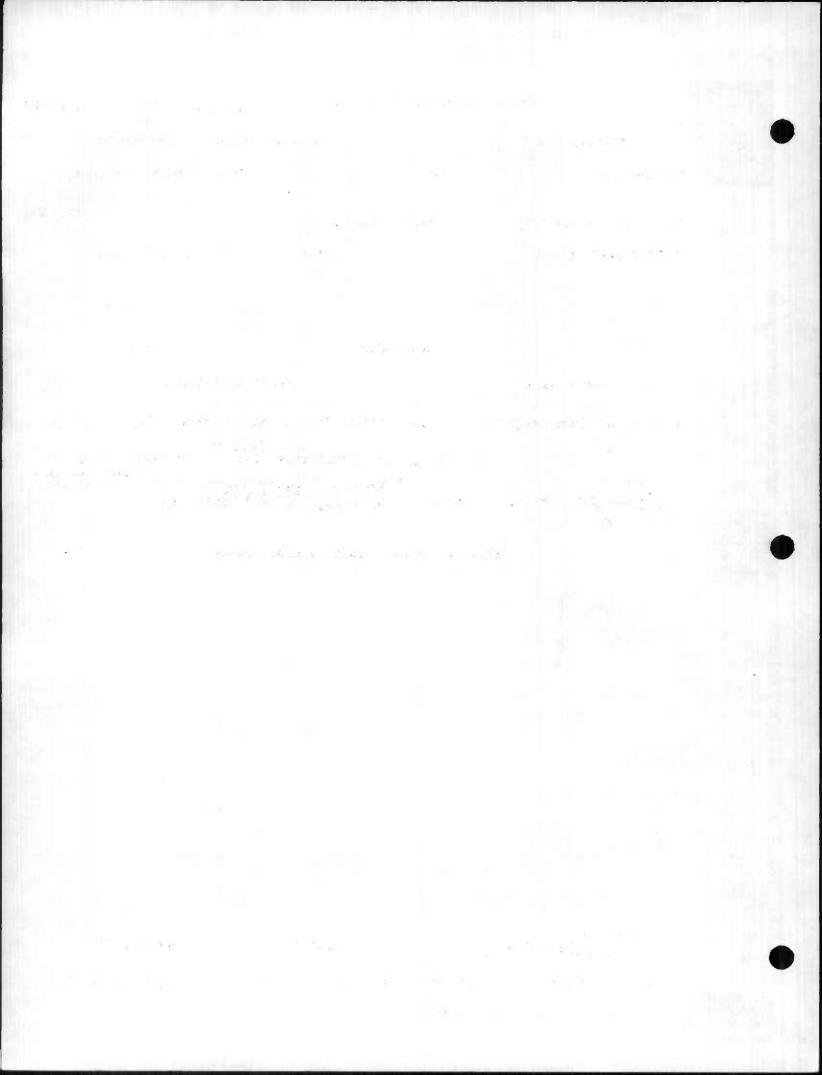
who completed cause of death (item 23a) (Type, Print)



|  |   | State of Mary   |                               | epartment of<br>Certificate of   |   |                                     | g, No.                     | 2                        | 0167   |
|--|---|---|-------------------------------|--|---|-------------------------------------|----------------------------|--------------------------|--|
| Physician<br>/Medical  | Decedent's Name (First, Middle, Las   | Norma Camp  | agnari                        | Horsfall   |   | 2. Dete of Deet<br>Month<br>June 13 | Day                        | Year                     | 3. Time of Death   |
| Examiner   | 4a Facility Name (If not institution, give 3184 Adderly Cou   |   |                               |  | 4b. City, Town, or Lo<br>Silver Sp      |                                     | 4c. County                 |                          |  |
| Funeral<br>Director  | 5. Social Security Number 6. Security Number 11   |   | n yrs. last birth<br>89 Yı    | Months Days  | r If Under 24 Hrs.                      | _                                   | Year)                      | -                        | ace (State or Foreigi<br>lry)<br>ont                                     |
| e Maryland   | Usual Residence of Decedent  10a. State 10b. County  Maryland Montgon   |   | c. City, Town                 | er Spring  |   |                                     |                            | 10                       | Od. Inside City Limits 1 ☐ Yes 2 ☒ No                                    |
| with the Mar<br>or 28=4 or<br>be northed   | 10e. Street and Number  |   |                               | 10f. Zip Code  | 006                                     |                                     | 0g. Citizen of V           |                          |  |
| be filled within 72 hours after death with the Maryland lel Hyglene. d other than "natural", or items 23s or 28s-f show event, the Medical Examinar must be notified at Be Completed by Funeral Director                                     | 3184 Adderly Cour  11. Marital Stelus  1 Never Married 2 Married  3 Widowed 4 Divorced  | 12. Wes Decedent Ever<br>Armed Forces?<br>1  Yes 2 No<br>If Yas, Give<br>Year or Dates: | r in U,S.                     | 13. Was Decedent of If Yes, specify Cu   |   |                                     | Bled                       | e-America<br>k, White, e | an Indian,<br>etc.   |
| ed within 72 hours of ygjene. The Wedes Exert, the Wedes Exert.  | 15. Decedent's Ed<br>(Specify only highest grad<br>Elamantary/Secondary (0-12)  | ucation<br>da completed)<br>Collaga (1-4or 5+)<br>2                                     | 9                             | becedant's Usual Occi<br>Give kind of work don-<br>ife. DO NOT use retir<br>emaker                                   | upation<br>e during most of work<br>ed) | ring                                | 16b. Kind of Bi            | Home                     | lustry   |
| 2 should be filed within and Mantel Hygiene. Is marked other than eumatic event, the M To Be Comp  | 17. Father's Name (First, Middle, Last) Emilio Campagna   | ri  |                               |  | 18. Mother's Nam<br>Maria               | e (First, Middle, M<br>Lancell      |                            | 10)                      |  |
| parmit. Pages 1 end 2 should be filled within 72 hours af Department of Health and Mantel Hygiene. Important: If Item 27 is marked other than "natural", or any injury or other treumatic event, the Medical Examples.  To Be Completed by F | 19a. Informant's Name/Ralationship (7 Mary H. Sullivan/I 20a. Method of Disposition 1 □ Burial 2 ② Cremation 3 □ 4 □ Donetion 5 □ Other (Specify 21. Signature of Funeral Service License | Daughter Removal from State   | 26<br>20b. Place of Demetery, | Mailing Address (Street Phillips I Disposition (Name of crematory or other pi mery Crema Robert A. 7557 Wis Bethesda | Orive, NW,                              | Leesbur                             | g, Virg                    | ginia<br>City or To      | 20176<br>wn, Stete   |
| Physician<br>/Medicai<br>Examiner  | Immediate Cause (Final disease or confidence or condition resulting in death)   | Atheros   | clerot                        | ic Cardiov   | ying, such es cardiac                   | or respiratory arm                  | est,                       | 1                        | Approximate thiervel Between Onset and Death                             |
| death cartificete be executed e attending physician end ad for use as the bunat-transit  | Sequantially list conditions, if any, leading to Immediata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last                                | c   |                               | nsequence of):   |   |                                     |                            |                          |  |
| that the led by the datache  | Part II. Other significant conditions on  | entributing to death but no   | ot resulting In t             | he undarlying cause (  | given In Part I.                        | -                                   | obacco use co              |                          | the cause of death<br>pably 4窗Unknov                                     |
| aw requires se been sign 2 should be pleted b  |   |   |                               |  |   | 24a. Was e<br>perton                | n autopsy<br>ned?          | ava                      | ere autopsy findings<br>allable prior to<br>inpletion of cause<br>death? |
| : The law requires to cate hes been signer, page 2 should be Completed by  |   |   |                               |  |   | 1□ Ye                               | s 2 No                     | 10                       | Yes 2□ No  |
| Physicien: The this cartificate ral director, page to Be Co  | 25. Was casa referred to medical examiner?  | Hospital:   | ۵۵۶۵۸۰۰۰                      |  | 26. Placa of Dea                        |                                     |                            | ns (Canaih               | 4  |
| or Attending Physicien: The after death.  Director: After this cartificate if in by the funeral director, pertification: To Be CC  | 1 🖾 Yes 2 🗌 No  27. Manner of Death 1 🖾 Natural 5 🗍 Pending 2 🗋 Accident Investigation  | 1 ☐ Inpatient  28a. Date of Injury (Month, Day Ye                                       | 2 ER/Outp<br>28b. Tir<br>lnj  | me of 28c. Inj   | 4 LI Nursing He                         | ome 512 Reside<br>28d. Describe ho  |                            |                          | "  |
|  | 3 Suicide 6 Could not be<br>4 Homicide determined   | 28a. Place of Injury-<br>building, etc. (5  |                               | n, straet, factory, office   | 9                                       | 28f. Location (Si<br>City or Town   | reet and Numb<br>n, State) | er or Rura               | I Route Number,  |
| Hospi<br>14 hou<br>Funer<br>taly fill  |   | refcfan: To the best of m<br>fner: On the basis of exe<br>and mannar stated             | mination end/                 |  |   |                                     |                            |                          |  |
| To the compla  | 29b. Signeture end title of certifier   | ib mg   |                               |  | 1918                                    |                                     | 9d. Date signe<br>June 15  |                          |  |
|  | 30. Name and address of person who of Warren O. Ferris, 31. Dete filed (Month, Day, Year)   |   | North                         | ype, Print)<br>Leisure W   | orld Blvd                               | ., Silve                            | r Sprin                    | ng, M                    | 20906  |

Registrar

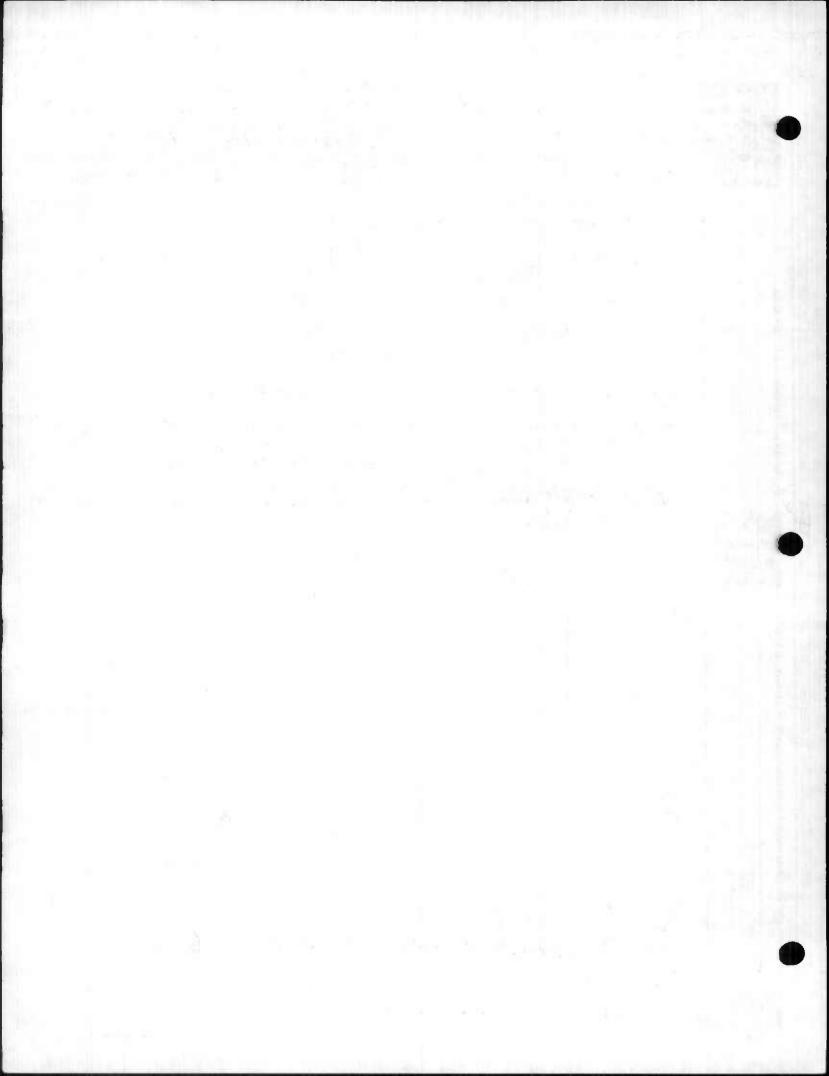
JUN 17 1998 Julie Deviden Randelle



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 20 1 6 8

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| an and important; if Item 27 is important; if Item 27 is any injury or other fra.  | Brac 20a. Ma 1   | they D thod of Disp Burial 2 Donation lature of Furthern Cock, or hear the or condition  | Hunt osition Cramation 3 5 □Other (Speneral Service Lie of denate or or the failure. List or  | / SOn  | from State   | Montg<br>Montg<br>Montg  | omery Robe 300   | Hampt<br>lion (Nama<br>ltory or othe<br>y Cres<br>Nama and A<br>ert A.<br>) West 1  | on Glen  of ar place) June matorium, Addrass of Facility Pumphrey I  | Place, Ch<br>18, 1998<br>, Inc.  | esterfic<br>20c. Location<br>Bethes  | eld, Vi:<br>n-City or Town<br>sda, Mar<br>e, Inc.  | rginia<br>, Stata   |
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| inal-transit rial-transit Examiner   | 21. Sig<br>23a. P.<br>st   | ett. Enter thock, or hear  | e disease or or trailura. List or   | censee Mulle   | an Law   | 100831   | 22. N<br>Robe<br>300   | Nama and A<br>ert A.<br>West 1  | Addrass of Facility Pumphrey I   | Funeral Home   | /Rockvill  | e, Inc.  |   |
| in and interest in a specific  | Immed  | ock, or haar<br>ata Causa (i<br>or condition   | t failura. List or  | omplications to  | and coursed the  | rence  | - Robe   | West 1  | Pumphrey I<br>Montgomery   | Funeral Home<br>Avenue, Roc  | /Rockvill<br>kville, M   | e, Inc.  | 20850-280   |
| inal-transit rial-transit Examiner   | Immed  | ock, or haar<br>ata Causa (i<br>or condition   | t failura. List or  | omplications t<br>nly ona causa  | nat caused that on each line.  | daath. Do  |  |   | Montgomery   | Avenue, Koo  | kville, M  | aryland  | 20830-280   |
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|  |  | y in dealin)   |   | . n  | hy oc  | G F O  | conseque   | ence of):   | fore)  | 50m  | 1.400  | -0   |   |
| physici<br>s the bu  | Ceuse that Init  | tially list con<br>adding to im-<br>Enter Under<br>Diseese or i<br>atad avants<br>g in daath) L  |   | b  |  | to (or as a  |  |   | 4500   | 06 161   |  |  |   |
| ing a  | rasultin   | j in daatn) L  | ast   | d  |  |  |  |   |  |  |  |  |   |
| ed fo  | Part II. 0   | thar signific  | cent conditions   | s contributing   | to death but no  | ot rasulting   | in tha unde  | eriying cau   | se given in Pert i.  | 23b. Di  | d tobacco use  | contribute to th   | e causs of death  |
| be detached for py Physicia  | Part II. Other significent conditions  |  |   |  |  |  |  |   |  | 1[   | □ Yss 2 □ No   | 3 □ Probab   | ly Unknow   |
| 2 should   |  |  |   |  |  |  |  |   |  | 24a. We  | es en eutopsy<br>rformed?  | availa   | autopsy findings<br>bia prior to<br>lation of ceusa<br>hth?   |
| page page  |  |  |   |  |  |  |  |   |  | _1[  | Yas 2 No   | 1 🗆 Y  | as 2 No   |
| s certificate<br>director, pag   |  | casa referre   | ed to medical   |  |  |  |  |   | 28. Placa o  | of Death (Check on)  | y ona)   |  |   |
| 0 0  | 1  | Yas 2 t  |   |  |  | 2□ ER/O  | utpatient  | 3□ DOA  | Othar: 4 Nurs  | sing Homa 5 Ra   | sidence 6 🗆 C  | Other (Specify)  |   |
| = 00   | 1,0  | nar of Death<br>Natural<br>Accident  | 5 Panding invastigat 6 Could no   | tion   | Data of Injury<br>(Month, Day Ye   | 28b.   | Tima of<br>Injury  | 28c   | injury at<br>Work?<br>1 □ Yas 2 □ N  |  | e how injury occ   | urred  |   |
| To the Funeral Director: After completely filled in by the funer Medical Certification   |  | Suicida<br>Homicide  | datamin   | ed 286. F  | Piaca of injury -<br>building, atc. (S   |  | am, straat   | t, factory, o   | office   | 28f. Location<br>City or 7   | (Street and Nur<br>Town, Stata)  | mber or Rural R  | buta Number,  |
| he Funer<br>pletaly fill<br>edical   |  |  | 1 Cartifying Medical Ex   | caminar: On ti   | o the bast of my<br>he basis of exa<br>manyler steted.   | amination ar   | e, daeth oo<br>nd/or invas   | stigation, In   | tha tima, data and<br>my opinion, deeth  | placa, and dua to the coccurred at the time  | na causa(s) end i<br>e, dete and place   | manner as state<br>e, and due to th  | id.<br>a ceuse(s)   |
| Tota   | 29ti. Si   | Hermand t  | itla of cartified   | Solec  | le   | o D  | ME   |   | icansa number  | (8   |  | ned (Month, Da)  | r, Year)  |
|  | 30. Nan  | e end eddra  |   | ho complated   | causa of death   | (Item 23a)   | (Type, Pri   | int)  | 101 m  | la siko  | Dark   | Dr   |   |
| State  | LR   | AN   | ss of person with   | CMEN   | 1. 1. 1  |  |  |   |  |  | 1 ~ -  |  |   |



State of Maryland / Department of Health and Mental Hygiene 20169

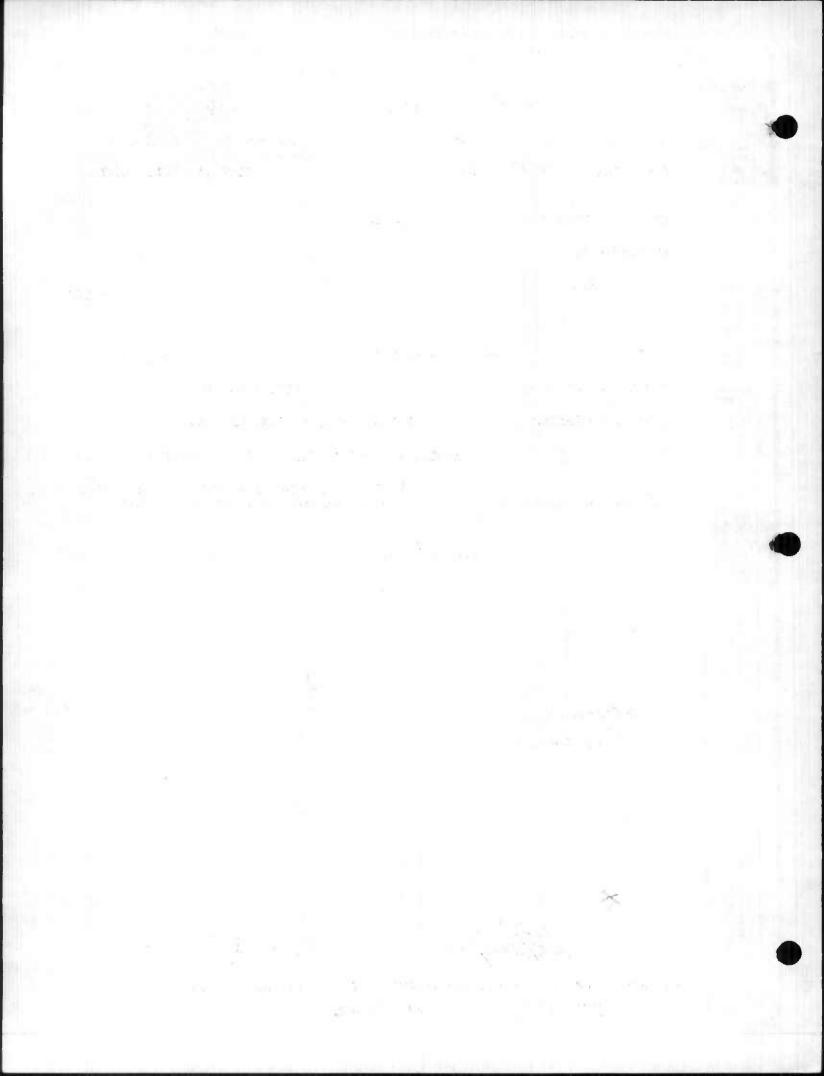
|                            |   |                |   |  |                   |                         | tificate of   | Death  |  | Reg. No.                          | La          | 0109                                       |
|----------------------------|---|----------------|---|--|-------------------|-------------------------|---|--|--|-----------------------------------|-------------|--|
| П                          | Physic  | an             | Decedent's Nama (First, Middla, La  | ,  |                   |                         |   |  | 2. Data of Dea                           | Day                               | Yeer        | 3. Tima of Death                           |
|                            | /Medi   |                | ROGER   | ALBERT   |                   | 1                       | HUBER   |  | JUNE 1                                   | 18 19                             | 98          | 6:00 AM                                    |
|                            | Examir  | ner            | 4a. Facility Nama (If not Institution, giv  |  |                   |                         |   | 4b. City, Town, or L                                     |  |                                   |             |  |
|                            |   |                | 6290 COUNTRY CLUI   |  |                   |                         | K I Index 1 Voc   | EASTO  |  |                                   | ALBOI       |  |
|                            | Funeral<br>Director   |                | 5. Social Security Number 6. S 485–16–3148  Usual Rasidance of Decedant                                     | DM ODE   | a (in yrs. last i | Yrs.                    | If Under 1 Yea<br>Months Days                           |  | 8. Data of Birt<br>(Month, Da<br>JUNE 25 | , 1922                            | 9. Birth    | placa (Stata or Foraign<br>ntry)           |
|                            | /land   |                | 10a. Stata 10b. County  |  | 10c. City, To     | wn or Lo                | cation  |  |  |                                   |             | 10d. Inside City Limits                    |
|                            | h tha Marylan<br>r 28a-f ahow<br>r rottfad  | tor            | MD TALBO  | r  |                   |                         | EASTO   | N  |  |                                   |             | 1 □ Yas 2 No                               |
|                            | th the  | Director       | 10e. Street and Number  |  |                   |                         | 10f. Zip Coda   |  |  | 10g. Citizan of                   | What Cou    | ntry?                                      |
|                            | ath with  |                | 6290 COUNTRY CL   | JB DRIVE   |                   |                         | 2160  | 1  |  | USA                               |             |  |
| 21215-0020                 | ours after da<br>al', or iteme<br>Examination   | by Funeral     | 11. Marital Status  1 □ Navar Married 2 ☒ Married  3 □ Widowed 4 □ Divorced                                 | 12. Was Dacedant<br>Anned Forcas?<br>1 Datas 2 1<br>If Yes, Giva<br>Yaar or Datas: |                   |                         | Was Decedant of<br>f Yas, specify Cui<br>I ☐ Yas 2 ☑ No | Hispanic Origin? (Sp<br>ban, Maxicen, Puarto<br>Specify: | ecify Yas or No-<br>Rican, atc.)         | 14. Ra<br>Bis                     | ck, Whita   | can Indian,<br>atc.                        |
| 5-0                        | "netural",  | ted            | 15. Decedant's Ed<br>(Specify only highest gra  | ducation   | 16                | Sa. Deced               | lant's Usual Occu                                       | ipation  | ina                                      | 16b. Kind of E                    | usinass/ir  | ndustry                                    |
| 21                         | J within 72 ho<br>liene.<br>r than "natur<br>Iba Ned cal  | Completed      | Elemantary/Secondary (0-12)   | Collega (1-4or 5   | +)                |                         |   | during most of work<br>ed)                               |  |                                   |             |  |
| 12                         |   | Co             | 12  | 5+   |                   | PRES                    | BYTERIA   | MINISTER   |  | -                                 | GION        |  |
| and                        | ntal H  | Be             | 17. Fathar's Nama (First, Middla, Last) ALBERT G. HUBER   |  |                   |                         |   | 18. Mothar's Nam   | LIND WE                                  |                                   | na)         |  |
| Maryland                   | should b  | To             | 19e. Informant's Name/Relationship (  | Tune Print)  |                   | Oh Mailir               | a Addrage /Ctras  | at and Number or Rur                                     |  |                                   | Cinto 7     | n Code l                                   |
|                            | d 2 and 7 la  |                | ELIZABETH GAMBLE  |  |                   |                         |   | CLUB DRI   |  |                                   |             |  |
| re,                        | f Health<br>them 27   |                | 20a. Mathod of Disposition  |  | 20b. Placa        | of Dispo                | sition (Nama of   |  | Data                                     | 20c. Location                     | - City or T | own, Stata                                 |
| E                          | Paga<br>ent o<br>nt: H i  |                | 1 ☐ Burial ②XXCramation 3 ☐<br>4 ☐ Donation 5 ☐ Other (Specific   |  | CHESA             | PEAK!                   | natory or other place. E CREMAT                         |  | 6-18                                     | CHEST                             | ER, M       | Œ  |
| altimore,                  | permit. Pagas 1 an<br>Department of Haal<br>Important: If item 2<br>any Injury or other<br>once.                |                | 21. Signature of Funeral Service Light  |  |                   |                         | . Nama and Addr   |  |  |                                   |             |  |
| m                          | Depa<br>Impo  |                | 1/10 9 /  | 1ghl   | 6.                |                         |   | ELFENBEIN  |  |                                   |             | HOME, P.A.                                 |
|                            | _   |                | 23a. Part Entar tha disaesa, or com<br>shock, or haart failura. List only                                   | pilcations that caused   | tha daath. D      | o not ant               | J S. HAR<br>ar tha mode of dy                           | RISON ST.  | or raspiratory ar                        | rest,                             | 1601        | Approximete interval Between               |
| A                          | Physician   |                | SHOOK, OF HEAR FEMALE. EIST ONLY  | k /  |                   |                         |   |  |  |                                   | 1           | Onset and Death                            |
| И                          | /Medical  | Н              | Immediete Causa (Final disaesa or condition   | Me   | aun               | ua                      | - '   |  |  |                                   | 1           | 14 Ma                                      |
| В                          | Examiner  |                | resulting in death)   | 8  | Due to (or es     | a conseq                | uanca of):  |  |  |                                   | i           | 1  |
| _                          | ped list  | Examiner       |   | b  |                   |                         |   |  |  | ·                                 | - 1         |  |
|                            | tricata be axecuted<br>g physician and<br>as tha burial-transit   | xan            | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury |  | Due to (or es     | e conseq                | uanca of):  |  |  |                                   | 1           |  |
| 68760,                     | siciar<br>buria   |                | Causa (Disaasa or Injury that initiated evants  | c  |                   |                         |   |  |  |                                   | i           |  |
| 68                         | ificate<br>g phy<br>as the  | edical         | rasulting in death) Last  |  | Dua to (or as i   | a conseq                | Janca ot):  |  |  |                                   |             |  |
| Box                        |   | M/Jul          |   | d  |                   |                         |   |  |  |                                   | -           |  |
|                            | The law requires that the death cer<br>ate has been signed by the attendir<br>page 2 should be detached for use | Physician/N    | Part II. Other algnificant conditions of  | ontributing to death bu  | ıt not rasulting  | in tha ur               | nderlying causa g                                       | ivan in Part I.  | 23b. Dld t                               | obacco use co                     | entribute 1 | o the cause of death?                      |
| P.O.                       | at the<br>by th   | hy             |   |  |                   |                         |   |  |  | 788 20 No                         |             | bably 4 Unknown                            |
| Ś                          | es the  | by             |   |  |                   |                         |   |  |  |                                   |             |  |
| ord                        | w requires that<br>been signed I<br>should be dat   | Completed      |   |  |                   |                         |   |  | 24a. Was<br>perfo                        | an autopsy<br>med?                | 81          | lara sutopsy findings<br>vallable prior to |
| ec                         | has by  | nple           |   |  |                   |                         |   |  |  |                                   | of          | omplation of ceuse<br>death?               |
| E                          | The la  | Co             |   |  |                   |                         |   |  | 101                                      | as 2 No                           | 1           | □Yas 2□No                                  |
| VIII.                      | delan: The  | Be             | 25. Was case rafarred to medical axaminar?  | Hospitel:  |                   |                         | 10  | 26. Placa of Deat  | h (Check only o                          | na)                               |             |  |
| o                          | Physic<br>this crail dir  | T.             | 1 Yas 2 No  27. Manner of Death   | 1 Inpatia  |                   |                         | I SLI DOA   | thar: 4 Nursing Ho                                       |  |                                   |             | fy)  |
| on                         | ding i  | tion           | 1 ☐Netural 5 ☐ Pending  | (Month, De)  | Year)             | . Tima of<br>Injury     | 28c. inju   | ork?<br>Yas 2 No   | 28d. Dascribe h                          | low injury occu                   | rea         |  |
| Division of Vital Records, | or Attending Physician:<br>after death.<br>Director: Atter this cardific<br>i in by the funeral director,       | fica           | 3 Suicida 6 Could not be  |  | ırv - At homa.    | farm, str               |   |  | 28f. Location (5                         | Straat and Num                    | ber or Rur  | al Routs Number,                           |
| 2                          | 크로  | Certification: | 4 Homicida  | bullding, afc  | (Specify)         | ,                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                 | ·  | City or Tou                              |                                   |             |  |
|                            | To the Hospital or within 24 hours after To the Funeral Dir completely filled in                                | edicai C       | 29a. Certifier Cartifying Ph  | ysician: To the best of<br>niner: On the basis of<br>and manner sta                | axamination a     | ga, death<br>and/or inv | occurred at tha t<br>astigation, in my                  | ime, deta end placa,<br>opinion, daath occurr            | and dua to tha dred et tha tima, d       | cause(s) and m<br>data and placa, | annar as    | stated.<br>o tha cause(s)                  |
|                            | with!<br>To th  | ×              | 29b. Signature and Libe of certifier  | 2 /  | ē.                |                         | -   | sa number  |  | 29d. Data signe                   |             | Day, Year)                                 |
|                            |   |                | DMUD  | W  |                   |                         | 03  | 1883   |  | 6/18                              | 198         |  |
|                            |   |                | 30. Nama and address of person who  | completed causa of de  | ath (Itam 23a     | ) (Type, I              |   |  |  | ,                                 |             |  |
|                            |   |                | DAVID H. SMITH,   | M.D., 509  | IDLEW             | ILD .                   | AVENUE,   | EASTON, M  | D 21601                                  |                                   |             |  |
|                            | Sta   |                | 31. Data filed (Month, Day, Yaar)   |  | r's Signetura     | 4                       | D. J. 00  |  |  |                                   |             |  |
|                            | Registr   | ar             | JUN 1 9   | 1998 Pg  | chie Devi         |                         | hibrage   |  |  |                                   |             |  |

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** Franklin HARWOOD Holland 1998 June 12 3:28 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Genesis ElderCare -The Pines Easton Talbot 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) If Undar 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Pay, Year) JUNE 14, 1912 9. Birthplaca (Stata or Foreign **Funeral** 1 M 2□ F Months Days Hours Min Yrs. 85 MARYLAND 216-07-5766 Director Usual Rasidanca of Dacedant death with the Maryland 10a Stata 10b. County r than "natural", or items 23a or 28a-f ahow the Medical Examiner must be notified at 10c. City, Town or Location 10d. Insida City Limits Director 1 Yas 2 No MD TALBOT EASTON 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 88 PARK LANE 21601 USA Funeral 12. Was Dacedant Evar In U,S. Acqued Forcas? 1 △ Yas 2 □ No If Yas, Giva Was Decadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours efter Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or the any Injury or other traumetic avent, the Medical Exemption Black, Whita, atc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: WHITE by 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) -0-MECHANIC AUTOMOTIVE 17. Fethar's Nama (First, Middle, Last) 18. Mother's Nema (First, Middla, Maiden Sumama) Be FRANKLIN H. HOLLAND 2 LESLYE SHARP 19e. Informant's Name/Raletionship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Numbar, City or Town, State, Zip Coda) EMMA B. HOLLAND/WIFE 88 PARK LANE, EASTON, MD 21601 20b. Placa of Disposition (Nama of cametary, cramatory or other placa) 20a, Mathod of Disposition 20c. Location - City or Town, Stata 1X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata WOODLAWN MEMORIAL PARK 6 - 15EASTON, MD 21601 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signatura of Funaral Sarvica Licansaa 22. Nama and Addrass of Facility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME, P.A. JOSPA Ostrowski M. 200 S. HARRISON ST., EASTON, MD 21601 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Intervel Batween Onsat and Death **Physician** /Medical Immediata Cause (Final months disaasa or condition resulting in daath) **Examiner** Physician/Medical Examiner years The law requires that the death certificate be executed use es the burial-transit Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disease or Injury thet initiated avants resulting in daath) Last P.O. Box 68760. Dua to (or as a consequance of) Part II. Other significent conditions contributing to death but not resulting in the underlying cause giver in 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ page 2 should be 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy complation of causa of death? 2 No 1 Yas 1 ☐ Yas 2 ☐ No Division of Vital or Attending Physician: funeral director. Be 25. Was casa raferred to medical axaminar? 26. Place of Deeth (Check only ona) Other: 4 Nursing Homa 5 Rasidanca 8 Other (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 1 Yas 2 No Certification: To this 27. Manner of Death Deta of Injury (Month, Day Year) 28c. Injury et Work? 28b. Tima of 28d. Describe how injury occurred After 1 Natural 5 Panding Invastigation 1 Tas 2 No 24 hours efter death. the 2 Accidant 6 Could not be datarmined 3 Suicida 28a. Pleca of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 - Homicide Hospital Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to tha ceusa(s) and mannar as stated.

Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar stated. Medical (Check only one) To the within 2 29b. Signatura and titla of certifier 29c. Licensa numbar 29d. Data signed (Month, Day, Year) 30. Name and address of person who complated cause of daath (Itam 23a) (Type, Print) MICHAEL D. CROWLEY, M.D., 508 IDLEWILD AVENUE, EASTON, MD 21601 1998 32. Ragistrar's in nature State Registrar



State of Maryland / Department of Health and Mental Hygiene 8 20 17

Certificate of Death Reg. No.

|            |  |               |  |  |                                      | Cel                         | liliCa                                   | ie oi                  | Deam                                      |   | Reg. No.                         |                             |  |
|------------|--|---------------|--|--|--------------------------------------|-----------------------------|--|------------------------|---|---|----------------------------------|-----------------------------|--|
|            | Dhunia   |               | 1. Decedent'a Name (First, Middle,   | Last)  |                                      |                             |  |                        |   | 2. Date of De<br>Month                  | eth<br>Dey                       | Yeer                        | 3. Time of Death   |
|            | Physic<br>/Medi  |               | DOROTHY MARI   | AN HARRIS  | 5                                    |                             |  |                        |   | JUNE                                    |                                  | 998                         | 1:50 AM  |
|            | Exami  |               | 4e. Facility Neme (If not institution,   | give street end number)  |                                      |                             |  |                        | 4b. City, Town, or                        | Location of Deet                        | h 4c. Count                      | y of Death                  |  |
|            |  |               | WESTMINSTER N  | URSING/CO  | NVALI                                | ESCEN                       | VT C                                     | TR                     | WESTM                                     | INSTER                                  | CA                               | RROLI                       | _  |
| 8          | Funeral<br>Director  |               | 5. Sociel Security Number 218–30–5578 Usual Residence of Decedent                                  | . Sex 7. Ag<br>1 ☐ M 2X F  | ge (In yrs. las<br>84                | yrs.                        | If Und<br>Months                         | or 1 Year<br>Days      |   |   | th<br>by, Year)<br>, 1913        | Coui                        | place (Stete or Foreign<br>htry)<br>YLAND                                |
|            | end *  |               | 10a. Stete 10b. County   |  | 10c. City,                           | Town or Lo                  | cation                                   |                        |   |   |                                  | 1                           | Od. Inside City Limits   |
|            | Mary   | 0             | MARYLAND CARRO   | гт   | MECO                                 | MINST                       | rD.                                      |                        |   |   |                                  |                             | 1 ☐ Yes 2 🛣 No   |
|            | 128 P  | Director      | 10e. Street end Number   | للالا  | WESTI                                | TINOT                       |  | ip Code                |   |   | 10g. Citizen of                  | What Cour                   | ntry?  |
| 20         | d 2 should be filed within 72 hours efter death with the Maryland th end Mental Hygiena. 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinet must be notified at  | by Funeral Di | 745 THOROBRED KN   | 12. Was Decedent Armed Forces? 1  Yes 2 X If Yes, Give             | 2                                    |                             |  |                        | Hispenic Origin? (S<br>ban, Mexicen, Puer | Specify Yes or No<br>to Ricen, etc.)    | UNITED 14. Ra Ble                | ce - Americ<br>eck, White,  | an Indian,   |
| 8          | ural'  |               | ③Q.Widowed 4 □ Divorced  | Year or Dates:   |                                      | 10.0                        |  |                        |   |   | 40.10.10                         |                             | ITE  |
| 21215-0020 | within 72<br>ene.<br>then "net   | Completed     | 15. Decedent's<br>(Specify only highest<br>Elementery/Secondary (0-12)                             |  |                                      | life. I                     | ient's Us<br>kind of W<br>DO NOT<br>ALES | ork done<br>use retin  | e during most of wo<br>ed)                | rking                                   | 16b. Kind of I                   |                             | STORE  |
| CA .       | tal Hygid<br>other   |               | 17. Fether's Neme (First, Middle, La   | st)  |                                      | - 0,                        |  | CLIL                   | T   | me (First, Middle                       |                                  | -                           | STORE  |
| Maryland   | should be<br>ind Mental<br>marked o  | To Be         | WILLIAM HENRY ST   | EELE   |                                      |                             |  |                        | ANNA SCH                                  | WACHTER                                 |                                  |                             |  |
| Mai        | l 2 sh<br>h end<br>is m<br>raum  |               | 19a. Informent's Neme/Reletionship   |  |                                      |                             |  |                        | et end Number or R                        |   |                                  |                             |  |
|            | 1 end<br>Health<br>am 27<br>ther tr  |               | KENNETH D. HARRI 20a. Method of Disposition  | S, SON   | 20h Pla                              | /45 'ce of Dispo            |  |                        | D KNOLL I                                 |   |                                  |                             |  |
|            | Permit. Pages Deperment of important: if it important: if |               | 1 ☑ Burial 2 ☐ Cremetion 3<br>4 ☐ Donetion 5 ☐ Other (Spe  |  | con                                  | netery, crer                | netory or                                | other pla              | ece) CEMETERY                             | Dete 6/17                               | 20c. Location WESTMT             |                             | , MARYLAND   |
| Balt       |  |               | 21. Signature of Furural Service Lic   | T. Mese  |                                      | 22                          | . Name                                   | nd Addr                | ess of Facility ERAL HOME                 | E 91 W                                  | ILLIS S                          | TREET                       |  |
|            |  |               | 23a Part 1 Enter the disease or or   | / 17   |                                      | Do not ont                  | or the me                                | do of do               | ing such as sardia                        |   | MINSTER                          | , MD                        | 21157  |
|            |  |               | 23a. Pert1. Enter the disease, or co<br>shock, or heert feilure. List or<br>Immediate Ceuse (Finel |  |                                      |                             |  | de or dy               | ing, soci es cardia                       | c or respiratory a                      | 11051,                           |                             | Approximate<br>Interval Between<br>Onset end Death                       |
|            |  |               | diseese or condition resulting in deeth)   | . aspirat  | Due to (or e                         |                             |  | ):                     |   |   |                                  | -                           | 3 days   |
|            | nsit   | ië.           |  | b  |                                      |                             | ,  |                        |   |   |                                  |                             |  |
| o o        | ras that the death certificate be executed signed by the ettending physician and I be deteched for use as the buriel-transit by Physician/Medical Examiner   |               | Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying                 |  | Due to (or a                         | s e conseq                  | uence of                                 | ):                     |   |   |                                  | İ                           |  |
| 68760,     |  |               | Cause (Disease or Injury<br>thet Initieted events<br>resulting In deeth) Last                      | C  | Due to (or a                         | s a conseq                  | uence of                                 | :                      |   |   |                                  |                             |  |
| U.         |  |               |  | d  |                                      |                             |  |                        |   |   |                                  | 1                           |  |
| O. B       |  |               | Pert II. Other significant conditions  | contributing to death b  | out not resulti                      | ng In the u                 | nderlying                                | ceuse g                | iven in Pert I.                           |   | tobacco use c                    |                             | the cause of death?  |
| S, D       | s ma<br>gned   | by P          | dementia   |  | _                                    |                             | _  |                        |   |   | -24                              |                             |  |
| Records,   | law requiras that the death<br>as been signed by the ette<br>s 2 should be detached for  |               | COPD   |  |                                      | _                           |  |                        |   |   | en eutopsy<br>ormed?             | av                          | ere autopsy findings<br>allable prior to<br>impletion of cause<br>death? |
|            | B - B  | Completed     |  |  |                                      |                             |  |                        |   | 10                                      | Yes XXNo                         |                             | ☐Yes 2☐No  |
|            |  | Be C          | 25. Was cese referred to medical   |  |                                      |                             |  |                        | 26 Place of De                            | eth (Check only                         |                                  |                             | 2.00   |
| of Vital   |  | 0             | examiner?<br>1 ☐ Yes 2⊠ No   | Hospital:  | ent 2 TE                             | 2/Outpetien                 | t 3 🗆 🛭                                  | 04                     | ther                                      | dome 5 ☐ Resi                           |                                  | her /Specif                 | (v)  |
|            | 5 <del>5</del> 5   | T i           | 27. Manner of Death  | 28e. Dete of Inju  | iry 2                                | 8b. Time of                 |  | 28c. Inju              | ury et                                    | 1                                       | how Injury occu                  |                             | ,,   |
| Division   | death.<br>ctor: After<br>y the fune  | icatio        | 1X Naturei 5 ☐ Pending 2 ☐ Accident Investigel 3 ☐ Suicide 6 ☐ Could no                            | he   |                                      | Injury                      | M  | 1[                     | ork?<br>]Yes 2□No                         | 296 Location                            | Street and Num                   | har or Dur                  | al Pauta Number  |
| )<br>Div   | 4 = =  | Certif        | 4 ☐ Homicide determine   | ad 28e. Place of Inj   | jury - At hom<br>c. <i>(Specify)</i> | e, rarm, str                | eet, facto                               | ту, оптсе              |   | City or To                              |                                  | wer or Hun                  | al Route Number,   |
| 1          | • Hospital or Attanding P<br>n 24 hours after death.<br>• Funeral Director: After t<br>pletay filled in by the funeral<br>edical Certification:  |               | 29a. Certifier (Check only one)  Check only one)  Certifying 2 Medical Ex                          | Physicien: To the best<br>aminer: On the basis of<br>and manner st | f examination                        | edge, deeth<br>n and/or inv | occurre<br>estigation                    | d et the t<br>n, in my | ime, dete end place<br>opinion, deeth occ | e, end due to the<br>urred at the time, | ceuse(s) and n<br>dete end plece | nanner es a<br>, and due to | tated. the ceuse(s)  |

State Registrar 29b. Signeture and title of certifier

30. Name end address of person who

31. Date filed (Month, Dey, Year)

HOWARD G. LANHAM, MD

JUN 1 6 1998

32 Registrar's Signature

completed cause of deeth (Item 23a) (Type, Print)

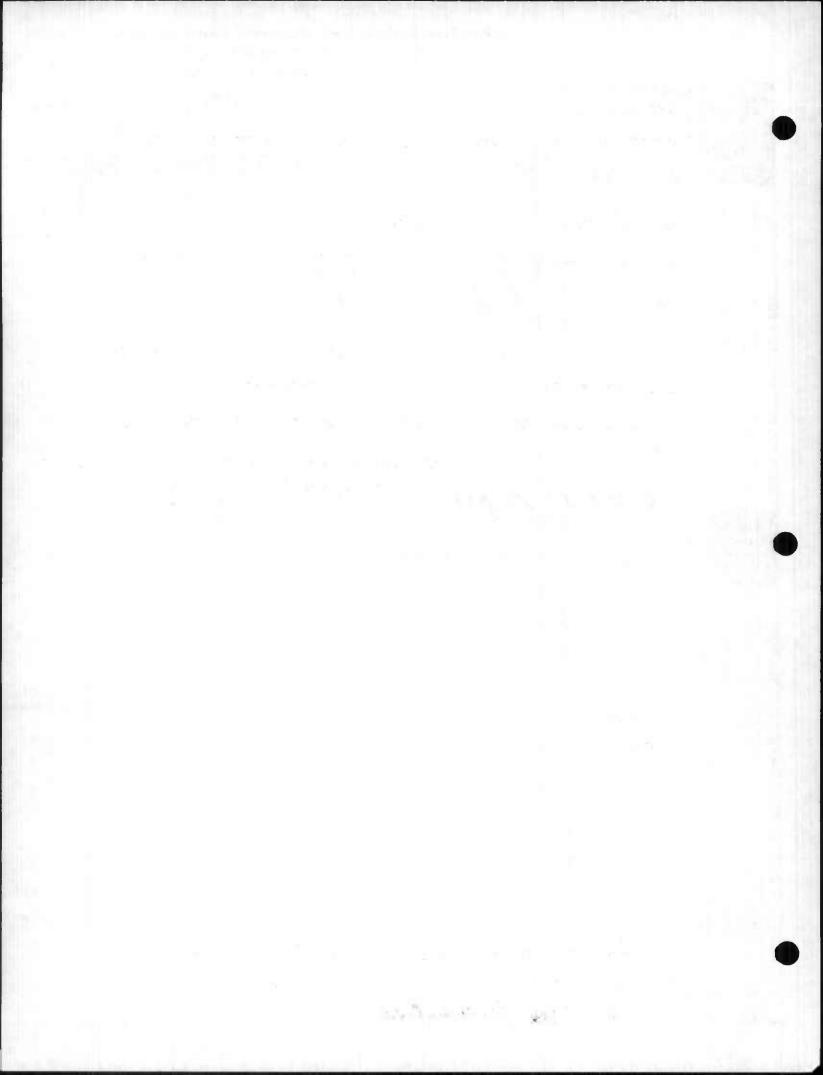
29c. License number

D17040

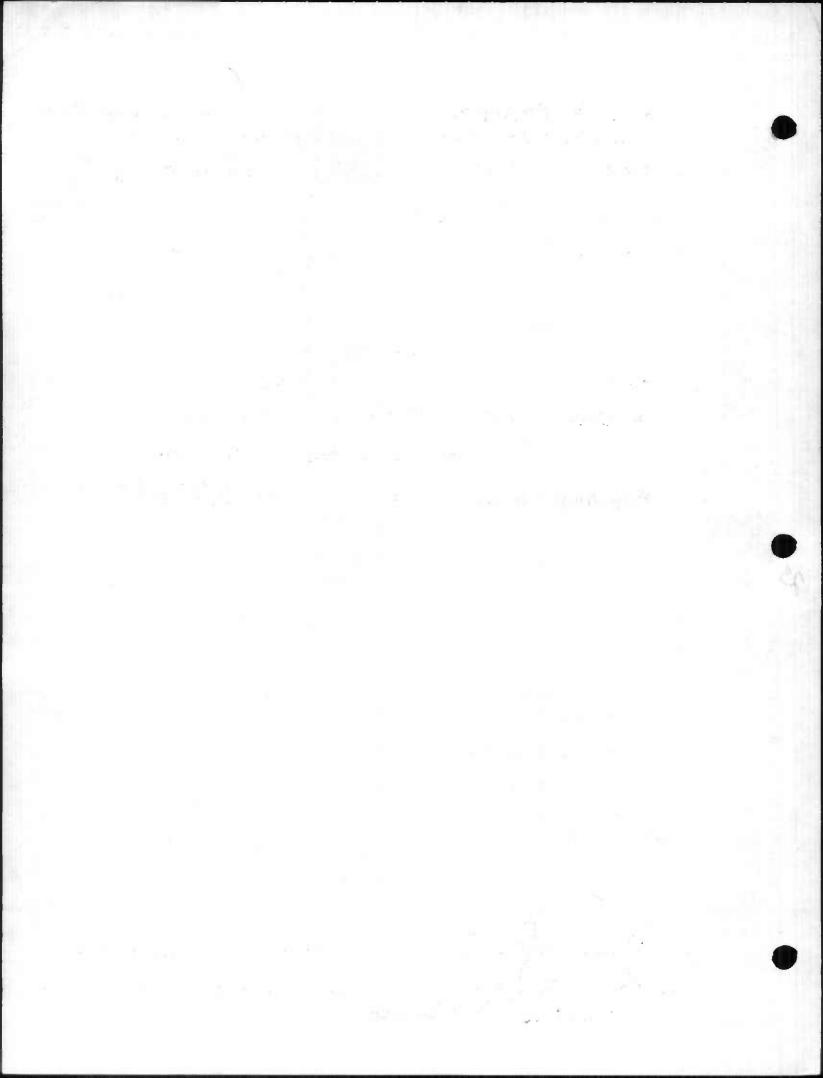
215 WASHINGTON HGTS MED CTR, WESTMINSTER, MD 21157

29d. Dete signed (Month, Dey, Year)

JUNE 15, 1998



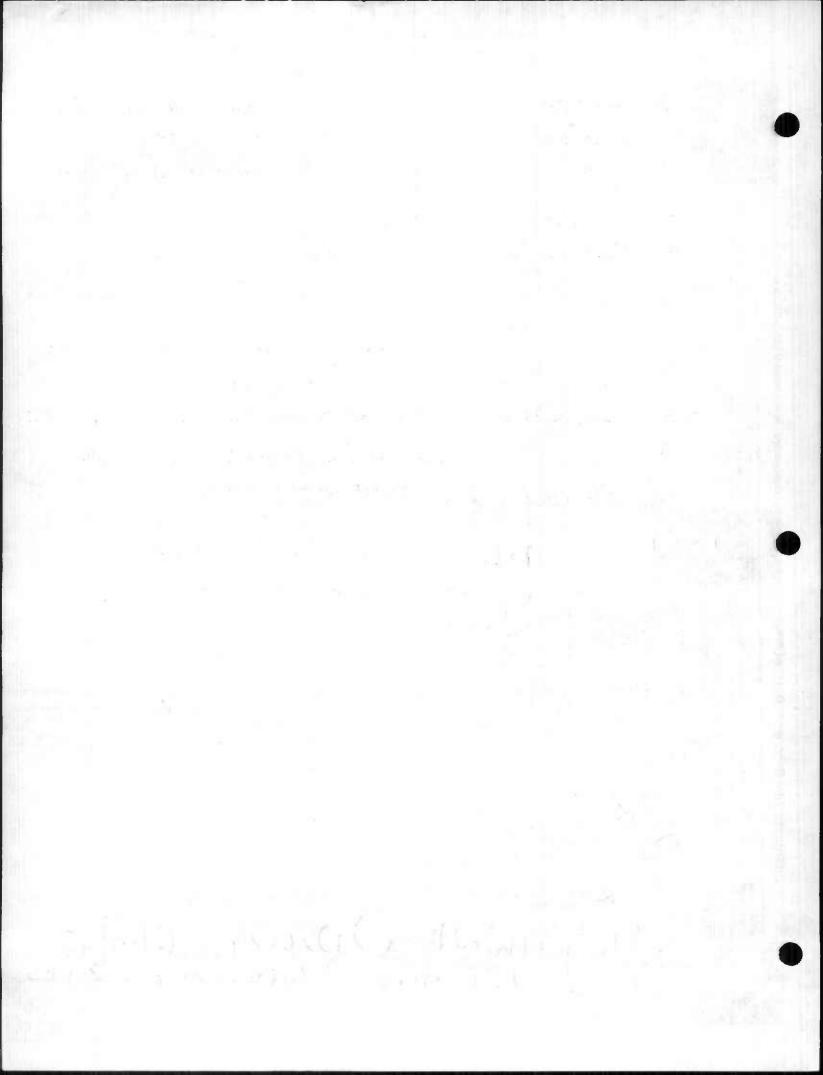
|  | _                           | _                |   |   | of Maryla                               |   | artment of<br>rtificate                    |                              |                                | nd Mental Hy                                | /giene<br>Reg. No.         | 98  | 201                                 | 72             |
|--|-----------------------------|------------------|---|---|---|---|--|------------------------------|--------------------------------|---|----------------------------|---|-------------------------------------|----------------|
| Phy  | ysicia                      | n                | 1. Decedent's Name (First, Mic  |   | - (l.a                                  |   |  |                              |                                | 2. Dete of D<br>Month                       | Dey                        | Yee   | er .                                | ne of Death    |
| //\  | Medica                      | al .             | VIRGINEA  4a. Facility Name (If not institut  |   |   |   |  |                              | h City Town                    | J OP  |                            | 199   |                                     | <b>FOC</b>     |
| Ex   | amine                       | er               | Fairhaven He  | alth Care   | Center                                  |   |  | S                            | ykesvi                         | ille  |                            | county of D   | eetn                                |                |
| Fun<br>Direc   |                             |                  | 5. Social Security Number 202–30–0985   | 6. Sax<br>1 ☐ M 2 🔀 F                                 | 7. Age (In yr<br>58                     | s. last birthday)<br>Yrs.                   | if Under 1 Months C                        | Yaer<br>Days                 | if Under 24<br>Hours           | Min. No Month 9                             | rth<br>89. 1939            | 9. t  | Country)                            | ete or Foreign |
| pue *  | _                           |                  | Usuel Residence of Decedant<br>10e. Stete 10b. Cour   | ntv   | 10c. (                                  | City, Town or Lo                            | ocation                                    |                              |                                |   |                            |   | 10d ineir                           | Se City Limits |
| Menyte<br>4 sho  | a pag                       | 5                | Md. Carro   |   | S                                       | ykesvil                                     | le   |                              |                                |   |                            |   |                                     | Yes XX No      |
| with the   | at be not                   | Funeral Director | 10e. Street end Number<br>7200 Third Ave  |   |   |   | 10f. Zip Co<br>2178                        | ode<br>4                     |                                |   | 10g. Citize<br>USA         | en of Whet  | Country?                            |                |
| Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours effer death with the Meryland Department of Health and Mentel Hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show | Examiner our                | 2                | 11. Marital Status  1 Never Married 2 M 3 Widowed 4 XDvorce   | Armed F<br>arried 1 ☐ Yas                             | 2]X] No                                 |   | Wes Deceden<br>if Yas, specify             | Cuba                         | n, Mexican, F                  | n? (Specify Yes or N<br>Puarto Rican, atc.) |                            | 4. Race - A<br>Black, W<br>Specify: W                   | marican India<br>hita, atc.<br>nite | n,             |
| 5-0<br>72 ho   | olesi                       | Be Completed     | 15. Deced<br>(Specify only high   | ent's Education<br>hest grada complated               | n                                       | 16a. Dece                                   | dent's Usuei C                             | Occupa<br>dona               | ation<br>furing most o         | f workina                                   | 16b. Kind                  | d of Busine   | ss/Industry                         |                |
| 121<br>within  | B                           | du               | Elementery/Secondery (0-12  | -   | (1-4or 5+)                              | life.                                       | stered                                     | retired                      | )                              |   | heal                       | th ca   | are                                 |                |
| d 2<br>filed Hygie   | aut, tr                     | ်<br>ရ           | 17. Fether's Neme (First, Middle  |   |   |   |  |                              | 18. Mother's                   | Neme (First, Middle                         | a. Meiden S                | Su <i>m</i> eme)  |                                     |                |
| land be lented o   | ic ev                       | To B             | Merrill Webb  |   |   |   |  |                              | Doroth                         | Neme (First, Middle<br>ny Stange            | Zer III                    |   |                                     |                |
| , Maryland 21215-0020 and 2 should be filled within 72 hours eff alth and Mentel Hygiena.  | er traumat                  |                  | 19e. informent's Neme/Reletion<br>Sheila Haghigh  | nd Nymber   | or Rural Route Numb                     | er. City or<br>LITY,                        | Md. Z                                      | 27642°                       |                                |   |                            |   |                                     |                |
| Baltimore,<br>ermit. Pages 1 ar<br>Department of Hear<br>mportant: If Itam 2   | ury or oth                  |                  | 20a. Method of Disposition 1 □ Buriel 2 □ Crematio 4 □ Donation 5 □ Other                                   |   | 20b.                                    | Plece of Dispo<br>cemetery, crei<br>LO REST | osition (Neme<br>metory or othe<br>Ce Ceme | of<br>er <i>pl</i> ec<br>tei | <u>•)</u><br>-Y                | 6-17-98                                     | Alto                       | ation - City<br>ona, I                                  | or Town, Stat                       | 6              |
| Balt<br>permit.<br>Depart  | any in                      |                  | 21. Signeture of Funeral Service  |   | bert                                    |   | O. Box                                     |                              |                                | Haight Fresville, M                         | meral<br>D 217             | Home<br>784   | e & Cha                             | apel           |
|  |                             |                  | 23a. Part1. Enter the diseese, shock, or heart failure. L   | or complications that<br>ist only ona cause on        | caused the de                           | ath. Do not ent                             | tar tha mode o                             | of dyin                      | g, such es ca                  | rdiec or raspiretory                        | errest,                    |   | Approx                              | Between        |
| Physic<br>/Medi<br>Exami   | ical                        | 1                | Immediate Cause (Final disease or condition resulting in death)   | θ   |   | · FAIL                                      |  |                              |                                |   |                            |   | Onset                               | and Death      |
| 70   | -                           | je l             |   |   | 200 (0                                  | (or as a consec                             | querica oi).                               |                              |                                |   |                            |   | į.                                  |                |
| 8760,<br>cate be executed<br>physician and   | urial-trans                 | Examiner         | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury | <b>f</b>  | Due to                                  | (or es e consec                             | quence of):                                |                              |                                |   |                            |   |                                     |                |
| Sate cate  | 5                           | 8                | that initiated events<br>resulting in death) Last   | d   | Dua to                                  | (or as a conseq                             | uence of):                                 |                              |                                |   |                            |   | 1                                   |                |
| Box<br>leath cent  | lor u                       | Clar             | Danii Oshan danida a a ad   | AY  |   |   |  |                              | 100 ACC.                       | T and and                                   |                            |   |                                     | 2011           |
| O.O.   | detached                    | Physician/Me     | Part ii. Other significant condi  |   | seath but not re                        | asuiting in tha u                           | noanying caus                              | sa givi                      | an in Part I.                  |   | Yes 2                      |   |                                     | use of death?  |
| S, P es that   | leb ec                      | D P              | DIABGE  | 5   |   |   |  |                              |                                |   |                            | , 110   | Trobably                            |                |
| Ord<br>requir  | 2 should                    | Completed        | COROLAN   | torne UA  | E                                       |   |  |                              |                                | s en autops<br>ormed?                       | y 24                       | b. Were eutop<br>available p<br>completion<br>of deeth? | rior to                             |                |
| = F &  | page                        | 0                | PERLOPE   | torre UA  | CUCAR                                   | DISON                                       | 36   |                              |                                | 10  | Yes 2                      | No  | 1 🗆 Yes                             | 2PINO          |
| Vital Faction: The   | ctor                        | e c              | 25. Was case referred to medie examiner?  | Sea.  |   |   |  | l ou                         |                                | Deeth (Check only                           | one)                       |   |                                     |                |
| Of this  | - F                         | 0                | 1 ☐ Yes 2 ☑ No<br>27. Menner of Deeth   |   |   | ER/Outpatier                                |  | Othe                         | 4 E IAUISI                     | Ing Home 5 Res                              |                            |   | pecify)                             |                |
| After A  | Jeuny C                     | Tion             | 1 ☑Neturel 5 ☐ Pend   | ding (Mo  | of injury<br>oth, Dey Year)             | Injury                                      | M  | Work                         | (?<br>Yes 2 □ No               |   | now injury                 | occurred  |                                     |                |
| Division or Attending after death.   | In by the                   | Certification:   | 3 ☐ Suicide 6 ☐ Coui  | d not be  | e of injury - At<br>ling, etc. (Spec    | home, ferm, str<br>city)                    | reet, fectory, o                           | ffice                        |                                | 28f. Location<br>City or To                 | (Street end<br>own, Stete) | Number or   | Rural Route                         | Number,        |
| Division  To the Hospital or Attend within 24 hours after deatt  To the Funeral Director:  | completely filled in by the | o legical C      | 29e. Certifier 1 Certify (Check only one) 2 Medica  | ring Physician: To the last Examiner: On the land man | e best of my kr<br>pasis of examination | nowiedge, deeth<br>netion end/or in         | n occurred et t<br>vastigetion, in         | the tim                      | e, dete end p<br>pinion, deeth | plece, end due to the occurred et the time  | ceuse(s) a<br>, date end p | ind menner<br>piece, end d                              | es steted.<br>Jue to the cau        | se(s)          |
| Vithin<br>To the   | dwoo                        | _                | 29b. Signature and title of certif  | - ()  | $\overline{}$                           |   | 29c. L                                     | icensa                       | number                         |   | 29d. Data                  | signed (Mo  | onth, Day, Yea                      | ar)            |
|  |                             | 1                | acok  | myles   | س (سار                                  |   | D  | 48                           | 1189                           |   | JON                        | e 15  | 1998                                |                |
|  |                             | (                | 30. Name and podress of perso   | on who completed cau                                  | se of deeth (ite                        | em 23a) (Type,                              |  | A                            |                                | 1 .   |                            |   | 1998 D                              |                |
|  |                             | 1                | SHOOS IT  | 000.100,1   |   | 72000                                       | Thu  | d                            | Cen                            | e. Duke                                     | and                        | le 8  | 10 s                                | 784            |
| Reg  | State<br>gistra             | -                | 31. Dete filed (Month, Day, Yes JUN 1   | 6 1998  | Registrer's Sign                        | natura<br>decribed                          | all  |                              |                                | 0   |                            | ,   |                                     |                |



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** 5/5m Magdalene Holmes unl /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Genesis Eldercare La Plata Charles If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foraign **Funeral** 1 M 2 F Min. (Month Day, Year) ,1907 Months 217-68-8770 90 Maryland Director Usual Rasidence of Dacedant with the Marylend 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits treumatic event, the Medical Examiner must be notified at Yas 2 No Director MD Charles La Plata 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8 One Magnolia Drive 20646 238 USA permit. Pages 1 and 2 should be filed within 72 hours after deeth a Department of Health and Mehrald Hygiene. Important: If flem 27 is marked other than "natural", or items 23a any Injury or other treamatic even. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ZNo If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amarican Indian. Black, Whita, atc. 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 Specify: Black 1□ Yas 2No þ 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Educetion (Specify only highast grada complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collage (1-4or 5+) House Cleaning Unknown Domestic Work 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surname) Be Edward Young Sara Turner To 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Karen Lehman/Guardian 8190 Port Tobacco Rd. Port Tobacco, MD 20677 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cramation 3 ☐ Ramoval from State Sacred Heart Cemetery6/22/98 La Plata,MD 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signature of Funaral Sarvice Licenses 22. Nama and Addrass of Facility AREHART-ECHOLS FUNERAL HOME P.A. M00945 567 LA PLATA, MD 20646 o. such as cerdiac or raspiratory arrast, P.O BOX 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the shock, or heart failure. List only one cause on each line. **Physician** /Medicai Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner The law requires that the deeth certificate be assecuted attending physician and I for use as the bunal-transit Sequantially list conditions, if any, leading to immediata ceusa. Enter Underlying Cause (Disaasa or Injury that initiated events rasulting in daath) Last Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of): signed by the at Id be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part II. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 No. 3 ☐ Probably 4 ☐ Unknown þ Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? After this certificate has 1 .Yas 2 No 1 □ Yas 2 □ No or Attending Physician: Be 25. Was cesa rafarrad to medical axaminer? 26. Placa of Death (Check only ona) 2 1 Yas 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3□ DOA Nursing Homa 5 Rasidance 6 Othar (Specify) 27. Mannar of Death Medical Certification: 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred Natural Accident 5 Panding Invastigation death. 1 ☐ Yas 2 ☐ No Director: filled in by the 3 Suicida 6 Could not be determined Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) efter 4 Homicide the Hospital within 24 hours of To the Funeral I Certifying Physician: To the best of my knowledge, death occurred at the time, data end place, and due to the ceuse(s) and manner as stated.

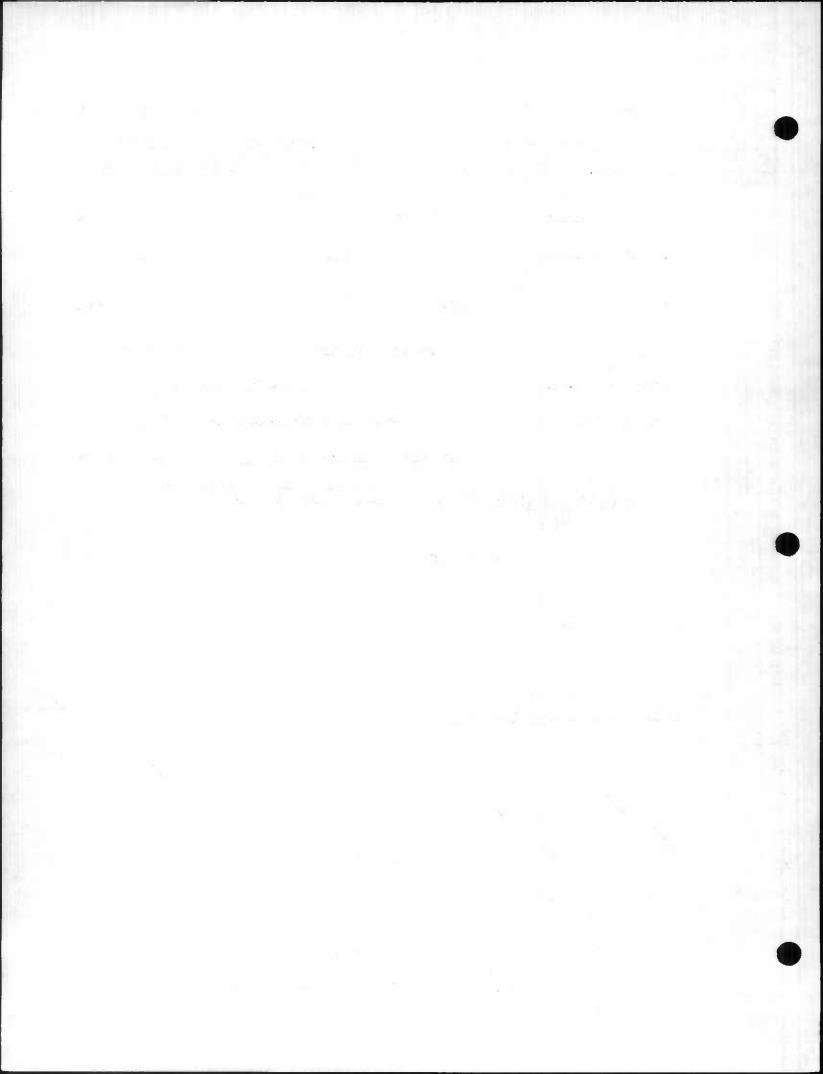
Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner stated. 29a. Certifier npiataly (Check only 29b. Signature and title of certified 29d. Date signed (Month, 30. Nan TO OR 31. Data filed (Month, Day, JUN 1 9 1998 Registrar's Signatura State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Tima of Death Month **Physician** Oscar Edwin Henry JUNE 20 1998 12:18 AM /Medicai 4a. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MEMORIAL HOSPITAL & MEDICAL CENTER CUMBERLAND ALLEGANY 6. Sex ≱ M 2 □ F If Under 24 Hrs. 5. Sociel Security Number if Under 1 Year Date of Birth Month, Day, Year, May 5, 1912 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Hours 217-10-5947 86 Vre Director Usual Residence of Decedent the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow treumetic event, the Medical Examiner hast be notified at MD LaVale Yes 2 No Allegany Director 10e. Straet and Number 10f. Zip Code 10g. Citizan of What Country? 6 19 Parkside Blvd. 238 21502 USA death v Funeral Herns Was Dacadant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - Americen Indian, Black, White, etc. 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 "neturel", or 1□ Yes 2 No by Specify 3 Widowed 4 □ Divorced white Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental hygiena. Important: if item 27 is marked other than "nany injury or other treumatic event, its Men. Elementary/Secondary (0-12) College (1-4or 5+) Retired Engineer Railroad 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Be Grafton M. Henry Clara Virginia Henry 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 40 Browning Street Cumberland, MD 21502 Deborah Potts--niece 20a. Method of Disposition
1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removal from Stata 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Hillcrest Memorial Park 4 ☐ Donation 5 ☐ Other (Specify) 06/22 Cumberland, MD 22. Name and Address of Facility
Scarpelli Funeral Home, P.A. any ir Cumberland, MD 21502 Part 1. Enter the disease, or complications that caused the shock, or heart failure. List crity of e ceuse on each line. Approximata Intervel Between Onset and Death d the death. Do not enter the mode of dving, such as cardiac or respiratory arrest. **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical 1 MONTH , LUNG CANCER **Examiner** Due to (or as a consequence of) Examiner Hospital or Attending Physicien: The law requires that the death certificata be axecuted before site of deeth.

Funeral Director: Aftar this certificata has been signed by the attending physician end seley filled in by the funeral director, page 2 should be deteched for use as the buriel-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last Due to (or as a consequence of) OSCAR HENRY 217-10-5947 P.O. Box 68760, Physician/Medical Due to (or es a consequence of). Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown CHRONIC OBSTRUCTIVE LUNG DISEASE ð 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24e. Wes en autopsy performed? page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 28e. Place of Injury Al Tiome, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 3 ☐ Suicide 4 T Homicide 24 hours 11 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) To the lywithin 2 29b. Signature and title of 29c. Licanse number 29d. Data signed (Month, Day, Year) 22, 1998 June D 36766 30. Neme and eddress of person who completed called death (Item 23e) (Type, Print) VIK POONAI M.D., 955 FREDERICK STREET, CUMBERLAND, MD <sup>Yeor)</sup> 1998 State Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

June 18

D 12779

1998

|  | _                      |   |                      |                          |                         | Cei                    | rtificat                  | e of             | Death                |              | - 3                             | Reg. No.           | ) 6                         | 01/2   |
|--|------------------------|---|----------------------|--------------------------|-------------------------|------------------------|---------------------------|------------------|----------------------|--------------|---------------------------------|--------------------|-----------------------------|--|
| Physician  |                        | lent's Name (First, M                                       |                      | ,                        |                         |                        |                           |                  |                      |              | 2. Dete of Dee                  | eth<br>Dey         | Yaar                        | 3. Tima of Death                                   |
| /Medical   |                        | OLLA MARII  | HAF                  | RDEN                     |                         |                        |                           |                  |                      |              | June 1                          |                    |                             | 1:00 am  |
| xaminer  | 4a. Facili             | ty Neme (If not institu                                     | ition, give          | street end nun           | nbar)                   |                        |                           |                  | 4b. City, To         | wn, or Lo    | cation of Death                 |                    | of Death                    |  |
|  | Mer                    | norial Hos  | pita                 | 1                        |                         |                        |                           |                  | Cumb                 | erla         | nd                              | Alle               | Cana                        |  |
| nerai  |                        | Security Number   | 0.0                  |                          | 7. Aga (In yrs.         | last birthdey)         |                           | 1 Yaar           | If Undar             |              |                                 | h Alle             | 9. Birthpl                  | ace (Stete or Foreig                               |
| ctor   | 16                     | L-18-9089   | 1                    | ™ 2 F                    | 93                      | Yrs.                   | Months                    | Deys             | Hours                | Min.         | Jan I                           | 1, 1905            | Coyn                        | (17)   |
|  |                        | sidence of Decedent   |                      |                          |                         |                        |                           | -                | 1                    |              |                                 |                    |                             |  |
|  | 10e. Ste               | e 10b. Cou  | nty                  |                          | 10c. Ci                 | ty, Town or Lo         | cation                    |                  |                      |              |                                 |                    | 10                          | d. Inside City Limits                              |
| i j  | MD                     | Alle  | egany                | 7                        |                         | Cumber                 | cland                     |                  |                      |              |                                 |                    |                             | 1X Yes 2 □ No                                      |
| Funeral Director   | 10e, Stre              | et end Number   | J 1                  |                          |                         |                        | 10f. Zig                  | Code             |                      |              |                                 | 10g. Citizen of V  | What Count                  | IN?  |
|  |                        | Somervil  | 10 A                 | venue.                   |                         |                        |                           | 2150             | 2                    |              |                                 | US.                |                             | .,,  |
| e a  |                        |   | TC 1                 | 12. Wes Dece             | dont Ever in II         | 10 10 1                |                           |                  |                      | Ining (On-   | -14 - V N -                     |                    |                             | n todian   |
| 5  |                        | ai Status   |                      | Armed For                | ces?                    | 1,5.                   | f Yas, spe                | cify Cub         | an, Mexicar          | n, Puerto I  | cify Yes or No-<br>Rican, atc.) |                    | e - America<br>ck, White, e |  |
| by F   |                        | levar Married 2 N   |                      | 1 ☐ Yes<br>If Yes, Giv   | Θ                       |                        | 1 ☐ Yes                   | 2X No            | Specify:             | :            |                                 | Specify            | <i>/</i> :                  |  |
| 9  | 3 🗆 🗎                  | Vidowed 4 ☐ Divor   | ced                  | Yaer or De               | etes:                   |                        |                           |                  |                      |              |                                 |                    | W                           | hite   |
| e e e  |                        | 15. Dece<br>(Spacify only hig                               | dent's Ed            | ucation<br>de complated) |                         | 16e. Deced             | ient's Usu                | al Occup         | oation<br>during mos | at of workli | na                              | 16b. Kind of Bu    | usiness/Ind                 | ustry  |
| event, the Medical Exercitive must be notified at Be Completed by Funeral Director | Eleme                  | ntery/Secondary (0-1  | T                    | College (1               | -4or 5+)                | life. L                | DO NOT u                  | se retire        | d)                   |              | -                               |                    |                             |  |
| l o  |                        | 12  |                      |                          |                         | Retire                 | ed Wa                     | itre             | ess                  |              |                                 | Restau             | ırant                       |  |
| Be   | 17. Fathe              | er's Neme (First, Midd                                      | lle, Last)           |                          |                         |                        |                           |                  | 18. Mothe            | er's Name    | (First, Middle,                 | Maiden Sumem       | 10)                         |  |
| ToB  | J                      | ames W. Ha  | irder                | 1                        |                         |                        |                           |                  | Car                  | rie I        | R. (Rep                         | hann)              |                             |  |
| T I  |                        | rment's Neme/Releti   | onship (T            | ype, Print)              |                         | 19b. Mailir            | ng Address                | S (Street        |                      |              |                                 | er, City or Town,  | Stete. Zin                  | Code)  |
| traumatic<br>To  |                        | pert J. Ha  |                      |                          | 7                       |                        |                           |                  |                      |              | land M                          |                    | _1010, _10                  | /  |
|  |                        | hod of Disposition  | Laci                 | Tiepriew                 |                         | Place of Dispo         |                           |                  | iue ci               |              | Dete                            |                    | City or Toy                 | - Ctoto  |
| any injury or other tr<br>once.  |                        | Buriai 2 Crematio   | on 3 🗆               | Removel from S           | State                   | cemetery, cren         | netory or o               | other ple        | ,                    | 1            | }                               | 20c. Location -    | City of Tov                 | vri, Stete   |
| É  |                        | Donetion 5 ☐ Other  |                      |                          | St                      | . Micha                | ael's                     | Cen              | metery               | Z (          | 06/19                           | Frostb             | ourg M                      | ID   |
| ouce.  | 21. Sign               | ature of Funeral Serv                                       | ice Licens           | 988                      | /                       | 1 22                   | . Neme er                 | nd Addre         | ss of Facili         | ty           | 1 TT                            | D 7                |                             |  |
| 8  | 1                      | 1/Toholh  | ,A)                  | 1 1/1                    | undl                    | 1.                     |                           |                  | and M                |              | L Home,                         | P.A.               |                             |  |
|  | 23a Per                | t1. Entar the disease                                       | or comp              | rations that ca          | Justing the deal        | b Do not ant           |                           |                  |                      |              |                                 | roct               |                             | Annrovimete  |
|  | sho                    | t1. Entar the diseese<br>ock, or heert failure.             | ist only             | ne ceuse on ea           | ach line.               | ii. Do not and         | 61 (11 <del>0</del> 11100 | io or dyn        | 19, 3001 43          | Cardiac o    | i respiretory er                | 1631,              | i i                         | Approximate<br>Intervei Between<br>Onset and Deeth |
| ian<br>ical  | In mandin              | to Course /First  |                      |                          |                         |                        |                           |                  |                      |              |                                 |                    | 1                           | Origot and Doom                                    |
| ner  | disaase                | te Ceuse (Final<br>or condition                             |                      | e. Respi                 | ratory                  | Failu                  | re                        |                  |                      |              |                                 |                    |                             | month  |
|  | าอรมเขาดู              | in deeth)   |                      |                          | _                       | or es e conseq         |                           |                  |                      |              |                                 |                    | 1                           |  |
| Examiner   |                        |   |                      | Chron                    | nic Lun                 | g Dise                 | ase                       |                  |                      |              |                                 |                    | 40                          | ) years  |
| E  | Sequent                | ially list conditions,                                      |                      | D                        |                         | or es e conseq         | 1                         |                  |                      |              |                                 |                    |                             | 7-020  |
|  | if eny, le<br>cause. I | ading to immediate<br>Enter UnderlyIng<br>Disease or injury |                      |                          |                         |                        |                           |                  |                      |              |                                 |                    |                             |  |
| ca   | that initia            | ited events   | <                    | C                        | Due to /o               | r es e conseq          | uance of                  |                  |                      |              |                                 |                    |                             |  |
| Medical Examir   | resulting              | in deeth) Lest  |                      |                          | Pag (0 (0               | , as a conseq          | uarros or):               |                  |                      |              |                                 |                    |                             |  |
| ₩ €  |                        |   |                      | d                        |                         |                        |                           |                  |                      |              |                                 |                    |                             |  |
| 0 0  |                        |   |                      |                          |                         |                        |                           |                  |                      |              |                                 |                    |                             |  |
| ysic V   | Pert II. O             | ther significant cond                                       | litione co           | ntributing to de         | eth but not res         | uiting in the ur       | nderlying o               | ause giv         | en in Pert I         | l.           | 23b. Did t                      | obacco use cor     | ntribute to                 | the cause of death                                 |
| be datached<br>by Physic   |                        |   |                      |                          |                         |                        |                           |                  |                      |              | 10                              | Yes 2 No           | 3 Prob                      | ably 4 Unknow                                      |
| 9  |                        |   |                      |                          |                         |                        | _                         |                  |                      |              |                                 |                    |                             |  |
| should   |                        |   |                      |                          |                         |                        |                           |                  |                      |              |                                 | en eutopsy<br>med? | 24b. We                     | re eutopsy findings<br>lieble prior to             |
| s sh   |                        |   |                      |                          |                         |                        |                           |                  |                      |              | po1101                          |                    | con                         | npletion of causa<br>leeth?                        |
| completed  |                        |   |                      |                          |                         |                        |                           |                  |                      |              | 45.                             | ·                  |                             |  |
| Ö  | 05 111                 |   | t t                  |                          |                         |                        |                           |                  |                      |              | 1 U Y                           | -                  | 10                          | Yes 2□ No  |
| Be Be  | 25. Wes<br>exem        | case referred to med<br>linar?                              |                      | Hoenitel: 4              |                         |                        |                           | 100              |                      | e of Deeth   | (Check only o                   | ne)                |                             |  |
| 10 To  | 101                    |   |                      |                          |                         | ER/Outpetien           |                           |                  | 4LI NI               |              |                                 | lence 6 Oth        |                             | )  |
|  |                        | er of Death<br>letural 5 Per                                | ndina                | 28e. Date o<br>(Monti    | finjury<br>h, Dey Year) | 28b. Time of<br>Injury | 2                         | 8c. Injui<br>Wor | ry et<br>rk?         | 2            | 28d. Describe h                 | now Injury occur   | red                         |  |
| atic   |                        | Accident Inve   | stigation            |                          |                         | ,                      | М                         |                  | Yes 2                | No           |                                 |                    |                             |  |
| If ic  |                        |   | ild not be<br>emined | 289. Pieca               | of Injury - At h        | ome, ferm, str         | eet, factor               | y, office        |                      | 2            |                                 | Straat end Numb    | er or Rurel                 | Route Number,                                      |
| Certification  | 401                    | TOTTICIO  |                      | buildin                  | g, etc. (Specia         | <b>Y</b> /             |                           |                  |                      |              | City or Tow                     | m, State)          |                             |  |
|  | 29a. Ces               | filer for during  | ving hv              | albian: To the           | best of my kno          | wledge deeth           | OCCURRA                   | at the tir       | me dete en           | nd nlace e   | and due to the o                | ause(s) and ma     | nner es et                  | ated   |
| edical   |                        |   | al Exam              | iner: On the ba          | sis of examina          | ition end/or Inv       | estigation                | , in my o        | plnion, dea          | th occurre   | ed at the time,                 | date and place,    | and due to                  | the cause(s)                                       |
| Me Me  | 291 5                  | nature and title of cen                                     | tion                 | www.mailii               | o. statou.              |                        | 204                       | Licens           | se number            |              |                                 | 29d. Data signe    | d (Month F                  | lay Voort  |
| 7  | EGN. GIA               | THE OWNER WATER A DESIGNATION OF CORP.                      | 11/00/5              | -                        | Sec.                    |                        | 290                       | V. LIGHTIS       | ושעוווטוו סי         |              |                                 | cou. Data Sidhe    | u innullilli. L             | PER I TERRIT                                       |

State Registrar

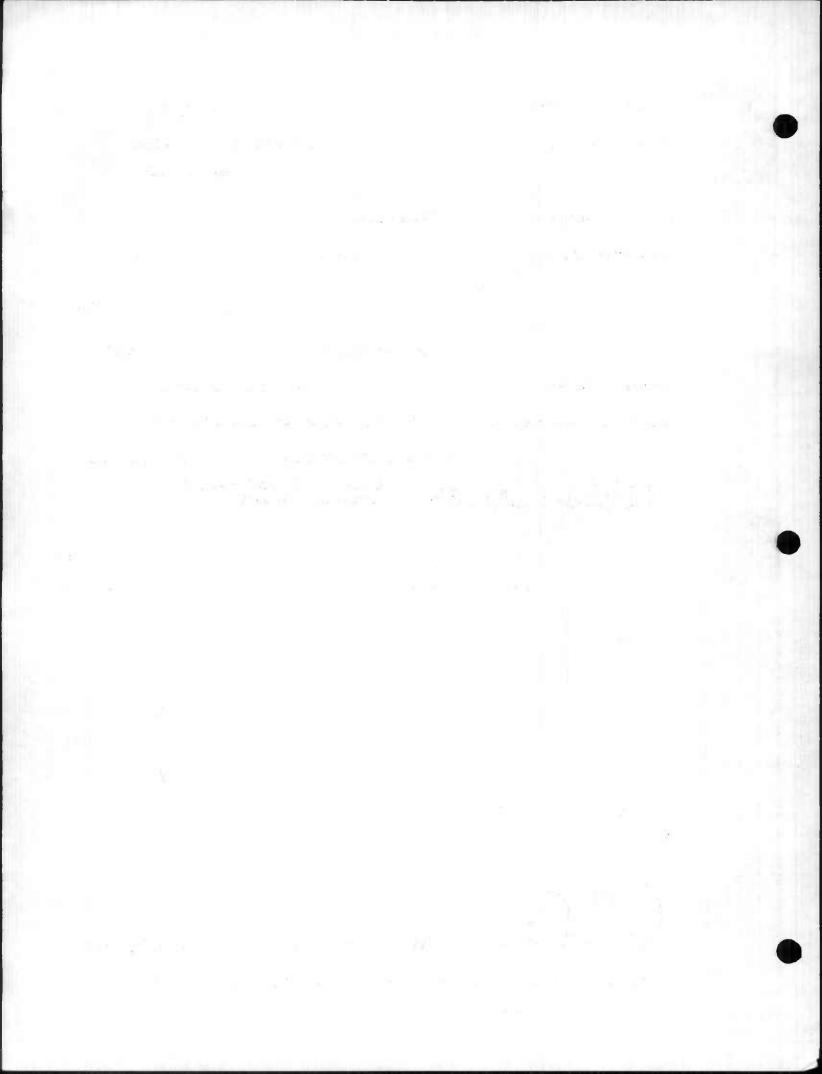
Dr. G. Fiscus, Memorial Hospital Medical Bldg., Cumberland, MD

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

3

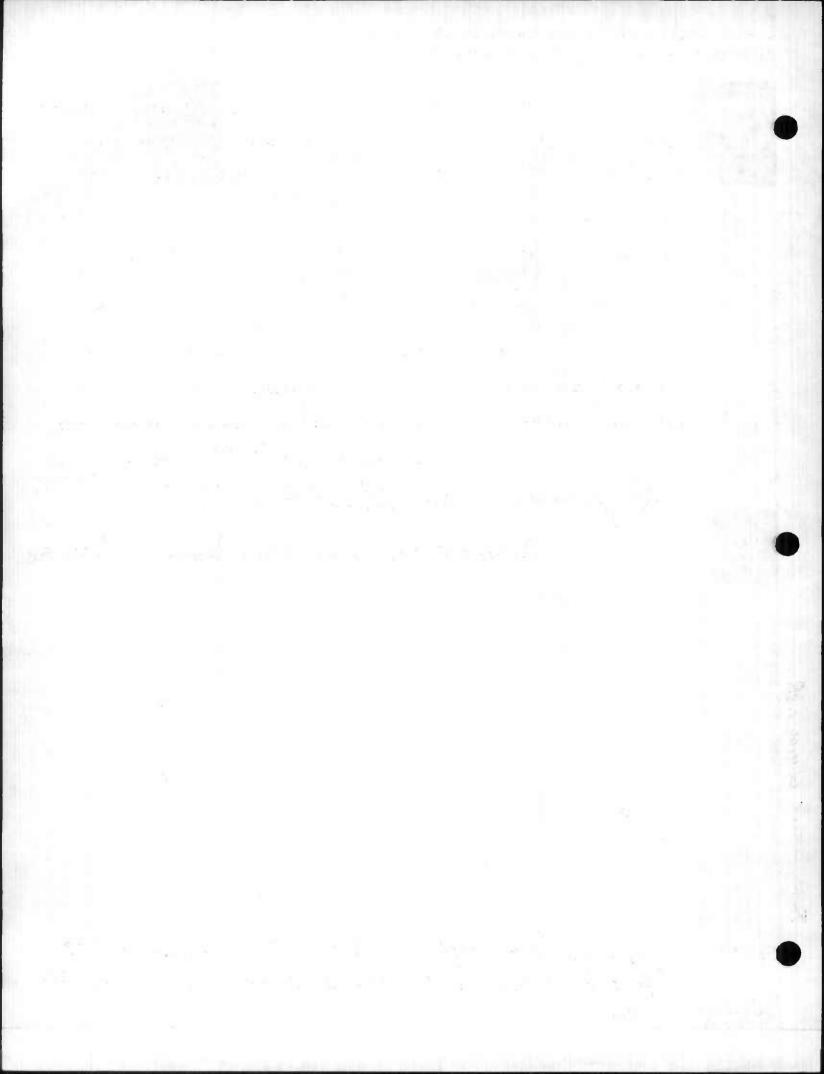
Thes

OLLA HARDEN 161-18-9089



State of Maryland / Department of Health and Mental Hygiene 98

|                                  |  | Decedant's Nama (First)  | t, Middla, La  | ıst)  |  |  | ertifica               | ie or  | Dealil  |                       | 2. Data of D  |   |               | Min  | 3. Time of Dec   |
|----------------------------------|--|--|--|---|--|--|------------------------|--|---|-----------------------|---|---|---------------|--|--|
| ysicia                           |  |  |  | Walter  | I. Joi   | nes  |                        |  |   |                       | Month<br>June   | Day 14, 1   | 998           | Year   | 10:30 A  |
| Medic.<br>camine                 |  | 4a. Facility Nama (If not in:  | stitution, giv   | a street and nu   | m <i>ber</i> )   |  |                        | -  | 4b. City, To  | wn, or L              | ocation of Dea  |   |               | of Deeth                                       | 10.30 1  |
|                                  | ٠.   | Suburban H   | ospit  | al  |  |  |                        |  | Beth  | nesd                  | а   | N   | [on t         | gome   | rv   |
| eral                             |  | 5. Social Sacurity Number  | 6. 5   | Sax   | 7. Aga (In yrs   | s. last birthd   |                        | ar 1 Yaar  | If Undar  | 24 Hrs.               | 8. Data of B  | irth<br>Day, Yaar)  |               |  | place (State or Fo   |
| tor                              |  | 509-14-7414  |  | 1 M 2□ F  | 7  | 78 Yrs   | Months.                | Days   | Hours   | Min.                  | Sept.   |   | 19            | Kans   | as   |
|                                  |  | Usual Rasidance of Daced   |  |   | 40- 6  | Na   |                        |  |   |                       |   |   |               |  |  |
|                                  | -  |  | County   |   | 10c. C   | City, Town o   |                        |  |   |                       |   |   |               | 1  | Od. Inside City L  |
|                                  | Director   |  | ontgo  | mery  |  | Beth   | iesda                  |  |   |                       |   | 1   |               |  | 1 ☐ Yas 2 ₺  |
|                                  |  | 10e. Street and Number   | f - m J 1  | Daal  |  |  | 10f. Z                 | ip Coda  | _   |                       |   | 10g. Citiza   |               |  |  |
|                                  | erai   | 6016 Kings:  | LOIG )   |   |  | 110  |                        | 2081   |   | 1.0.0                 |   |   |               | d Sta  |  |
|                                  | Funeral  | 11. Marital Status   | M Marrian  |   | adant Evar In  | U,S. 1   | If Yas, sp             | ecify Cuba   | lispanic Ori<br>an, Maxicar   | gin? (Sp<br>n, Puarto | ecify Yas or N<br>Rican, atc.)  | 10-   |               | e - Amaric<br>k, Whita,                        |  |
|                                  | by F   | 1 ☐ Navar Married 2 ☐ 3 ☐ Widowed 4 ☐ Dir  |  | 1 X Yas<br>if Yas, Gi   | 2∐ No<br>va<br>∂atas: WW ]   |  | 1 🗆 Yas                | 2 ₩ No   | Specify:  |                       |   | 5   | Specify       | C T T  | la d' es a   |
|                                  |  |  | ecedant's E  | 1   | atas. WW J   |  | acedent's Us           | uel Occup  | ation   |                       |   | 16h Kin   | d of Bu       | usiness/Inc                                    | hite   |
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|                                  | To B   | William Har  | rrison   | n Jones   |  |  |                        |  | Ange  | line                  | Toliv   | er  |               |  |  |
|                                  |  | 19e. fnformant's Name/Re   | eletionship (  | Type, Print)  |  | 19b. M   | ailing Addras          | ss (Street   |   |                       | re/ Route Num   | _   | Town,         | Stata, Zip                                     | Coda)  |
|                                  |  | Mildred C. 3   | Jones  | /Wife   |  | 601  | 6 King                 | sfor   | d Roa   | d. 1                  | Bethesd   | a. Ma   | rv1           | and  | 20817  |
|                                  |  | 20a. Mathod of Disposition   |  |   |  | Dines of Di  | annaking /Ale          | ama of   |   |                       | D-4-  |   |               | City or To                                     |  |
|                                  |  | 1 ☑ Burial 2 ☐ Cram<br>4 ☐ Donation 5 ☐ Ot   |  |   | Stata Pa   | arklaw   | orematory or<br>n Memo | orial  | Park  | 1/,                   | 1998  | Rocky   | 111           | a M  | aryland  |
|                                  | ı  | 21. Signature of Funaral S   |  |   |  |  |                        |  |   |                       |   |   |               |  |  |
|                                  |  | Rosal  | - Fre  | 1-  | M001   | 0.0  | 7557                   | A. I<br>Wisc   | Pumph:<br>onsin   | rey                   | Funera.<br>enue   | 1 Home  | 2/-           | Cha  | da-Chevase, Inc  |
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| hysician<br>/Medical<br>Examiner |  | snock, or heart failure  | a. List only   | ona causa on a  | causad tha das<br>aach line.   | ath. Do not  | antar tha mo           | da of dyln   | ng, such as   | cardiac               | 1 2081<br>or raspiratory  | 4-350<br>arrast,  |               |  | Approximata<br>Intarval Betwee<br>Onsat and Deat   |
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State of Maryland / Department of Health and Mental Hygiene

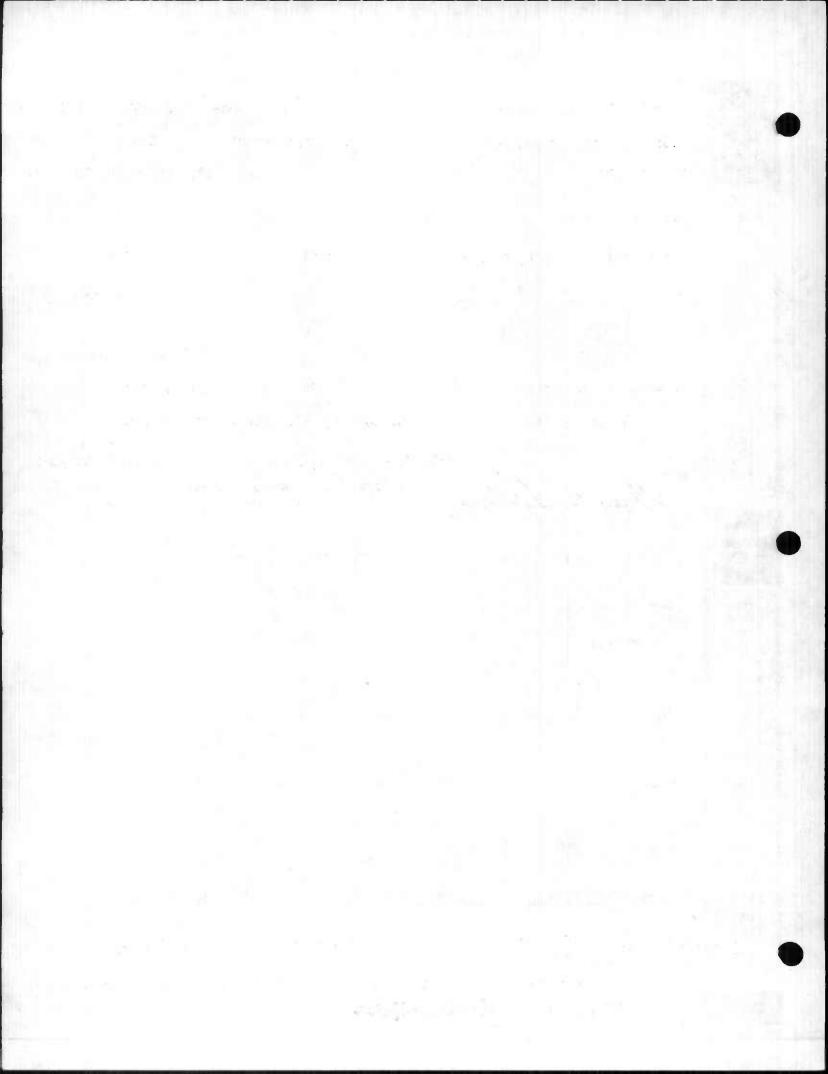
Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death 3. Time of Death **Physician** Month Charles Linwood Johnston 1998 1:05 p.m. June /Medical 4a. Fecility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Millington

If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth
Months Days | Hours | Min. | Month, Dey, Year)

Nov. 29, 1916 | Still Pond, MD 201 Sassafras Street, Apt. B. 5. Social Security Number 6. Sex 1 M 2 □ F 7. Age (In yrs. lest birthday) **Funeral** Yrs. 81 Director 222-05-9737 Usuai Residence of Decedent the Manyland 10a State 10b. County 10c. City, Town or Location rall, or items 23a or 28a-f show Examiner must be notified at 10d. inside City Limits 1 TYes 2 □ No Director Maryland Kent. Millington 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 201 Sassafras Street, Apt. B. 21651 U.S.A. death Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-if Yas, spacify Cuben, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indien, Black, White, etc. 1 □ Naver Married 2 □ Married 1 X Yas 2 □ No if Yes, Give Yeer or Detes: WWII altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify White þ Specify: 3 X Widowed 4 ☐ Divorced "natural", Completed traumatic event, the Medical 15. Dacedant's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry marked other than College (1-4or 5+) Elementary/Secondery (0-12) 8 Cook Merchant Marines 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Pages 1 end 2 should be 1 nent of Heaith and Mental I int: if Item 27 Is marked of James Craig Johnston Catherine Bessie Everett 19a. informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Patricia Durham/Niece P. O. Box 66, Millington, Maryland 21651 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) Date 20c. Location - City or Town, Stete 1X Buriei 2 ☐ Cremation 3 ☐ Removal from Stete permit. Page Department of Important: If any Injury or 4 ☐ Donetion 5 ☐ Othar (Spacify) Still Pond Cemetery/June 19, 1998 Still Pond, Maryland 22. Name end Address of Fecility
Fellows, Helfenbein & Newnam Funeral Home, P.A. 21. Signeture of Funarai Service Licensee 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear deliure. List only one cause on each line. 21651 **Physician** /Medical immediete Ceuse (Finei Carbio-Pulmonary Apprest disease or condition resulting in death) Examiner Examiner PAucuatic The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted avents resulting in deeth) Last and bunial-tran Due to (or es e consequence of) Box 68760. physician **Physiclan/Medical** the Due to (or as a consequence of): P.O. I Part ii. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 Pyes 2 No 3 Probably 4 Unknown Hypentusin, Sevene Antenavascular Sixense Records, Be Completed by 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24a. Wes en eutopsy performed? 168 tong op Palumerica and Ales leal Assuse 25. Was case reterred to medical examiner?

1 Yes 2 No Hospitai: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nothern Hospitai certificate 1 Yes 2 DNo 1 ☐ Yas 2 ☐ No Division of Vital 26. Piece of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 this 27. Manner of Deeth 28e. Date of Injury (Month, Day Year) 28c. Injury et Work? To the Hospital or Attending Plywithin 24 hours effer death.
To the Funeral Director: After the completely filled in by the funera Certification: 28b. Time of 28d. Describe how injury occurred After 5 Pending Investigation 1 Waturel vone 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straet end Number or Rurei Route Numbar, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) and manner as steled.
2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner statad. edicai 29a. Certifier (Check only one) 29b. Signature and title of certifier ( 29c. Licanse number 29d. Date signed (Month, Dey, Year) 1 30. Name and address of person who completed cause of deeth (item 23e) (Type, Print) John C- ARRABAL TR. M.D, 948WAShington Ave, Cheskendown Jud 21620 31. Dete filed (Month, Day, Year) 32. Registrer's Signature

Julia Davidson-Randelle State Registrar



State of Maryland / Department of Health and Mental Hygiene () Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month ROBERT CHRISTIAN JORGENSEN 14, 1998 JUNE 12:30 AM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 314 BROCKTON RD. OXON HILL
If Under 24 Hrs.
Hours Min. PRINCE GEORGES 6. Sex 1 M 2 ☐ F 7. Age (In yrs. lest birthday) If Under 1 Year 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number 9. Birthplece (State or Foreign Country)
Illinois **Funeral** Months Deys 333-05-6456 Yes Director June 17,1922 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 No Director Oxon Hill Md. P.G. 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 314 Brockton Rd. 20745 U.S.A. Funeral 12. Was Decedent Ever in U,S Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ∑ Yes 2 1940-If Yes, Give Yeer or Detes: 1966 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: by Specify: 3. Widowed 4 □ Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Locksmith U.S. Navy 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Hans Christian Jorgensen Signe Amentorp 19e. tnforment's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Shawn A. Jorgensen (Son) 6851 Matthews Rd. Bryans Road, Md. 20616 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 6/15/98 Chambers Crematory Riverdale, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility Chambers Funeral Homes, P.A. 21. Signeture of Funeral Service Licensee 1# 670/ 5801 Cleveland Ave. Riverdale, Md. 20737 20a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Betw Onset end Deeth Immediete Ceuse (Final diseese or condition resulting In deeth) adenocarcinoma of luna 6 months Due to (or as e consequence of): Examiner Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury thet initiated events resulting to deeth) Last Due to (or es e consequence of): Physician/Medicai Due to (or es a consequence of) Pert II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 24e. Wes en autopsy performed? Completed 1□ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitet: Other: 4 Nursing Home 5 Aestdence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Date of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. tnjury et Work? 28d. Describe how injury occurred 1 Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homictde 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29a. Certifier Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) at alle MI 4301062644 15 June 1998 30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)

19+1

To the Hospital within 24 hours a To the Funeral Completely filled

Hospital or Attending Physician: 24 hours after death.

the Maryland

72 hours after

Baltimore, Maryland 21215-0020

28a-f show

7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Madical Exampler must be notified as

"natural", or

al Hygiene.

Pages 1 and 2 should be frent of Health and Mental Fmt: If item 27 is marked of

permit. Pages 1 and 2 s Department of Health an Important: If item 27 is: any injury or other trau

**Physician** /Medicai

Examiner

and

physician ar

attending for use as

signed by the

peed page 2

certificate

After

funeral

Director: J

The law requires that the death certificate be executed

P.O. Box 68760,

Division of Vital Records,

State Registrar

31. Dete filed (Month, Dey, Year) JUN 17 1998

Kennerh L Abbott

1050 West Perimeter Rd Swite 6650 32. Registrer's Signeture Likia Devidson

Andrews ATK MI)

A 18 Lt 25 Y the after another and their transfer of ALE IN THE RESERVE THE STATE OF 

State of Maryland / Department of Health and Mental Hygiene 98 20179

9707 Medical Center Dr., Rockville, MD 20850

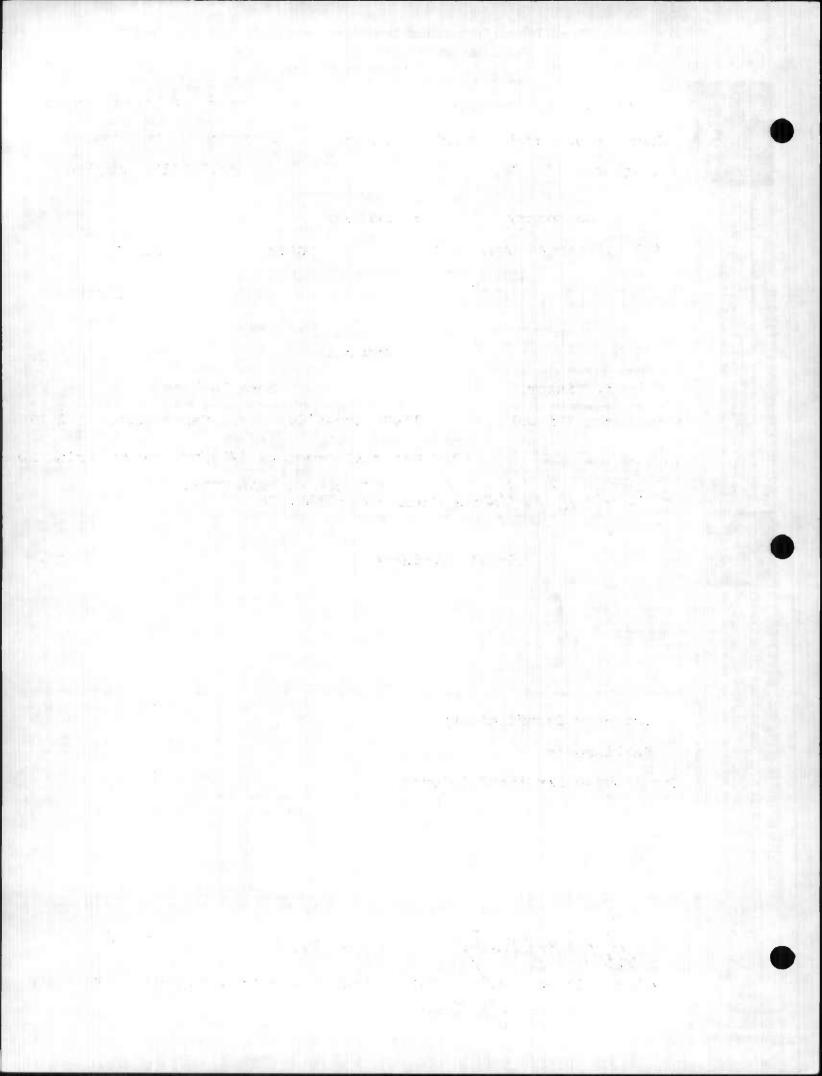
|   |          |  |   |   |  | Certif  | icate of                   | Death   | F                                     | Reg. No.          | hou                      | 0115  |
|---|----------|--|---|---|--|---|----------------------------|---|---------------------------------------|-------------------|--------------------------|---|
| •   | _        | . Decedent'a Nam   | e (First, Middle,                       | Last)   |  |   |                            |   | 2. Date of Dea<br>Month               | th<br>Day         | Year                     | 3. Time of Death                                |
| Physician   |          | HA   | NNAH                                    | Е. ЈОН  | NSON   |   |                            |   | JUNE                                  | 15, 19            | 98                       | 7:03 A  |
| /Medica<br>Examine  | -        | a Facility Name (I   | f not institution,                      | give street and nur                               | nber)  |   |                            | 4b. City, Town, or                                | Location of Death                     | 4c. County        | of Death                 |   |
| ZAGIIIIIG   | •        | Shady  | Grove                                   | Nursing   | & Reh  | nab Cen   | ter                        | ROC   | KVILLE                                | MON               | ITGON                    | MERY  |
| Funeral<br>Director   |          | Social Security N  | lumber 6                                |   | 7. Age (In yrs.<br>85                            | last birthday) If                                   | Under 1 Year<br>onths Days | If Under 24 Hrs                                   | 8. Date of Birth                      | 1912              | 9. Birthp<br>County      | lace (State or Foreign                          |
|   |          | Jsuel Residence of   |   |   |  |   |                            |   |                                       |                   |                          |   |
| enyland   | 1        | Oa. State  | 10b. County                             |   | 10c. Cit   | y, Town or Location                                 | on                         |   |                                       |                   | 1                        | 0d. Inside City Limits                          |
| the Meryla<br>28a-f eho<br>notified at  | ğ        | MD   | Montg                                   | omery   | G  | Saither   | sburg                      |   |                                       |                   |                          | 1 ☐ Yes 2X No                                   |
| or 28a-f  | Director | 0e. Street and Nur   |   |   |  |   | Of. Zip Code               |   |                                       | 10g. Citizen of V | Vhet Coun                | itry?   |
| 3a o  |          | 443 E  | . Diam                                  | ond Ave   | ., #Tl   |   |                            | 20878   |                                       | U.S               | .A.                      |   |
| 72 hours effer deeth with the Meryland vatural', or items 23a or 28e-f show Meet Examinet must be notified at the House of the August Indiana.  | 2        | 1. Marital Status 1 Never Marr   | led 2 Married                           | Armed Fo  | 2 🔼 No   |   | Decedent of s, specify Cub | Hispanic Origin? (Span, Mexican, Puer<br>Specify: | Specify Yes or No-<br>to Rican, etc.) | Blac              | a - Americ<br>ck, White, | etc.  |
| 2 ho  | 2        | /C=0/  | 15. Decedent's                          | Education   |  | 16a. Decedent                                       | 's Usual Occu              | petion<br>during most of wo                       | rkina                                 | 16b. Kind of Bu   | usiness/inc              | dustry  |
| - 3   | 0        | Elementery/Seco  |   | grade completed) Cotlege (1                       | -4or 5+)   | life. DO  | VOT use retire             | ed)   | rking                                 |                   |                          |   |
| d withli  | 6        | 7th  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | outage (  | ,  | Do  | mesti                      | C   |                                       | Home              |                          |   |
| other vent, II  | 9        | 7. Father's Name   | (First, Middle, La                      | st)   |  |   |                            | 18. Mother's Na                                   | me (First, Middle,                    | Maiden Suman      | 10)                      |   |
| d 2 should be file th end Mental Hy 7 is merked oth treumatic event   | 0        | John   | W. Fis                                  | her   |  |   |                            | Co  | ra Jack                               | son               |                          |   |
| s 1 and 2 should be filed. I thealth and Mental thy tem 27 is marked other other treumatic event,   |          | 19a. Informant's Na  | ame/Relationshi                         | (Type, Print)                                     |  | 19b. Malling A                                      | ddress (Stree              | t and Number or R                                 | ural Route Numbe                      | r, City or Town,  | State, Zip               | Code)   |
| nd 2<br>aith e<br>27 is<br>r tre  |          | Nora Ty  | son (N                                  | iece)   |  | 11471   | Brun                       | didge To  | er., Ge                               | rmanto            | wn,                      | MD 20876  |
|   | 2        |  |   | □Removal from S                                   |  | Place of Disposition<br>emetery, cremeto<br>I Memor |                            |   | Date 6/19/9                           | 20c. Location -   |                          | own, State<br>Spring, MD                        |
| permit. Peges 1 a Department of Hee important: If item eny injury or othe   |          | 21. Signature of Fu  | neral Service Li                        | July Silver                                       | udo  | 22. No<br>S   | NOWDE                      | ess of Facility N FUNER LLE, MD                   | AL HOME<br>20850                      | , P.A.            |                          |   |
|   |          | 23a. Part1. Enter ti   | disease, or co                          | omplications that c                               | aused the deat                                   |   |                            | Ing, such as cardia                               |                                       |                   |                          | Approximete<br>Intervel Between                 |
| Physician /Medical pue un pue | illet    | Immediate Cause (<br>disease or conditio<br>resulting in death)  | in                                      | eRen<br>■ b                                       | Due to (c  | cinoma<br>or es e consequer                         |                            |   |                                       |                   |                          | 8 mos.  |
| certificate be ding physicials as the bu  | egical   | Sequentially list co<br>f any, leading to in<br>cause. Enter Unde<br>Cause (Disease or<br>that initiated events<br>resulting in death) i | 5                                       | c   |  | r as a consequen                                    |                            |   |                                       |                   |                          |   |
| death death ad for u  | 2 2      | Part II. Other elanif  | leant condition                         | contributing to de                                | ath but not res                                  | ulting in the under                                 | tvina cause a              | iven in Pert I                                    | 23b Dld t                             | obacco usa co     | ntribute to              | the cause of death?                             |
| the sche  | 3        | art ii. Other signii   | TOBIN CONGRESION                        | continuoning to de                                | atti but not 165                                 | alting in the arras                                 | tying cause g              | WOIT HIT OIL I.                                   |                                       |                   |                          | bably 4 Unknown                                 |
| res that the designed by the a  |          | Coro   | nary I                                  | nsuffic   | ienty  |   |                            |   |                                       | 202140            | 40                       | occi, all circular                              |
|   |          |  |   |   |  |   |                            |   |                                       | an autopsy        | 24b. W                   | ere eutopsy findings                            |
| The law require sate has been single page 2 should I  | i cie    | Park   | inson'                                  | S   |  |   |                            |   | perio                                 | rmed?             | CO                       | aileble prior to<br>mpletion of cause<br>deeth? |
| he law requires has been signing 2 should be  | 1        |  |   |   |  |   |                            |   |                                       | 2.2               |                          |   |
| = = = = = =   |          |  |   | ar insu   | fficie   | ency  |                            |   | 101                                   | res 2 XNo         | 1 [                      | ☐ Yes 2☐ No                                     |
| sician: The certificate lirector, pag   |          | 25. Was case refer examiner?   | red to medical                          | 11 1-1  |  |   |                            |   | ath (Check only o                     | ne)               |                          |   |
| h sign  |          | 1 XYes 2   |   |   |  |   | 3LI DOA                    |   | Home 5 ☐ Resid                        |                   |                          | (y)   |
| ding<br>After<br>fune   | allons   | 27. Manner of Deat<br>1 XNatural<br>2 ☐ Accident   | 5 Pending investiga                     | tion  | of Injury<br>h, Day Year)                        | 28b. Time of<br>Injury                              | 28c. Inju<br>Wo<br>M 1     | uryat<br>ork?<br>⊒Yes 2 ⊒No                       | 28d. Describe h                       | now Injury occur  | red                      |   |
|   | ) in iac | 3 ☐ Sulcide<br>4 ☐ Homicide  | 6 Could no<br>determin                  | t De<br>ed 28e. Plece<br>buitdir                  | of Injury - At hong, etc. (Specify               | ome, farm, street,                                  | factory, office            | 3   | 281. Location (S<br>City or Tox       |                   | oer or Rura              | al Route Number,                                |
| the Hospi<br>nin 24 hou<br>the Funer<br>npletely fil  | Colca    | 29a. Certifier<br>(Check only<br>one)  | -                                       | Physician: To the<br>aminer: On the be<br>end men | best of my kno<br>isis of exemine<br>ner steted. | wiedge, death oc<br>tion and/or invest              |                            | time, date and plec<br>opinion, death occ         |                                       |                   | -                        |   |
| To the Common Name of | 2        | 29b. Signature and   | 117ll                                   | Other   | 77   |   |                            | 3977  |                                       | 6 17              | 19B                      | Day, Feat)                                      |
|   | 1 .      | A Marine Resident  | thetie del manage Lui                   | an anomalated according                           | and doubt /than                                  | 22-) (Time Dele                                     | .41                        |   |                                       |                   |                          |   |

32/Begistrar's Signature
Ana Dandson-Randelle

State Registrar

Robert Millman,

31. Date filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 🏻 🥄

Certificate of Death 2 Date of Death 3. Tima of Death 1. Decedent's Name (First, Middle, Last) **Physician** Evelyn June Johnson June 16, 3:30 a.m. 1998 /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, giva street and number) 4c. County of Death Examiner **Allegany** Memorial Hospital & Medical Center Cumberland If Undar 24 Hrs. 8. Date of Birth (Month, Dev. Yeer) Birthplaca (Stete or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** Days 10 M X0 F Months Hours Yrs. 212-54-8145 83 Director Jun 25, 1914 MD Usual Residence of Decedent the Maryland 10d. Inside City Limits 10a State 10b County 10c. City. Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic avent, the Med cal Examiner must be notified at Y Yes 2 No MD Allegany Cumberland Director 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? with 229 Baltimore Avenue 21502 USA Funeral permit. Pages 1 and 2 should be filed within 72 hours after death N Department of Health and Mental Hygiene. Important: If flem 27 is marked other than "natural", or Items 23. any Injury or other traumatic avent, the Medical Experiment must 12. Was Decedant Ever in U,S. Armed Forcas? 1 ☐ Yas № ☐ No If Yes, Give Year or Dates: 14. Race - American Indian, Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status Black, White, etc. 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes X ☐ No Specify Specify þ ¥ ☐ Widowad 4 ☐ Divorced white Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) Director Senior Center 18. Mother's Name (First, Middle, Meiden Surnema) 17. Fathar's Name (First, Middle, Last) Edward Twigg Vessa (Swain) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Dawn L. Jackson--granddaughter 450 N. Waverly Terrace Cumberland MD 21502 20b. Place of Disposition (Neme of 20a Method of Disposition

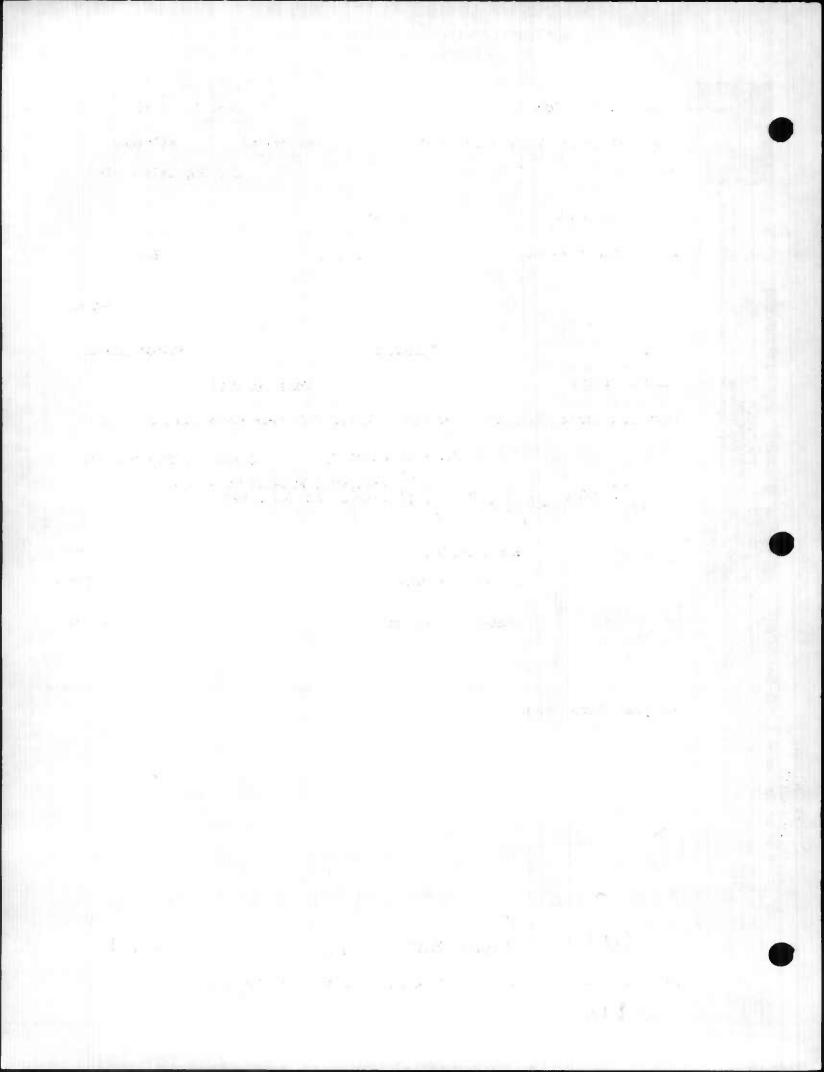
Burial 2 Cremation 3 Removel from State 20c. Location - City or Town, State ery, cremetory or other plece) Mt. View Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 06/20 Sharpsburg MD 22. Name and Address of Facility
Scarpelli Funeral Home, P.A. 21. Signature of Funaral Service-Licensaa any in Cumberland, MD 21502 23a. Part. Enter the disease, or complications that caused the doubt. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haart fellure. List only one dause on each line. Approximata Interval Between Onsat and Death **Physician** tmmediate Cause (Finel disease or condition resulting in death) /Medical 1 week Renal Failure Examiner Due to (or es a consequenca of): 2 years Examiner Diabetic Nephropathy physician and the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or as a consequence of): 15 yrs P.O. Box 68760, Diabetes Mellitus Physician/Medical Due to (or as a consequence of): attending USB A 5 23b. Did tobacco use contribute to the cause of death? ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. signed by ti 1 Yes 2 No 3 Probably 4 Unknown Gangrene Right Foot Division of Vital Records, by 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? page 2 should Completed peen s completion of cause of death? 24 hours after death.

• Funeral Director: After this carificate has to letely filled in by the funeral director, page 2: 212-54-8145 2 50No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes case referred to medical examiner? Be 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of 28c. Injury at Work? Netural 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piace, and due to the cause(s) and manner stated. 29a. Certifier edical pletely (Check only one) To the I within 2 To the F 29d. Date signed (Month, Day, Year) 29c. Licansa number 29b. Signature and title of certifier 1998 lum mp D 25406 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) NA William Lamm, M.D., 47 Virginia Avenue, Cumberland, MD 31. Date filed (Month, Dey, Yeer) 32. Registrar's Signature State JUN 2 3 1998 Registrar

**DHMH 16 Rev 6/95** 

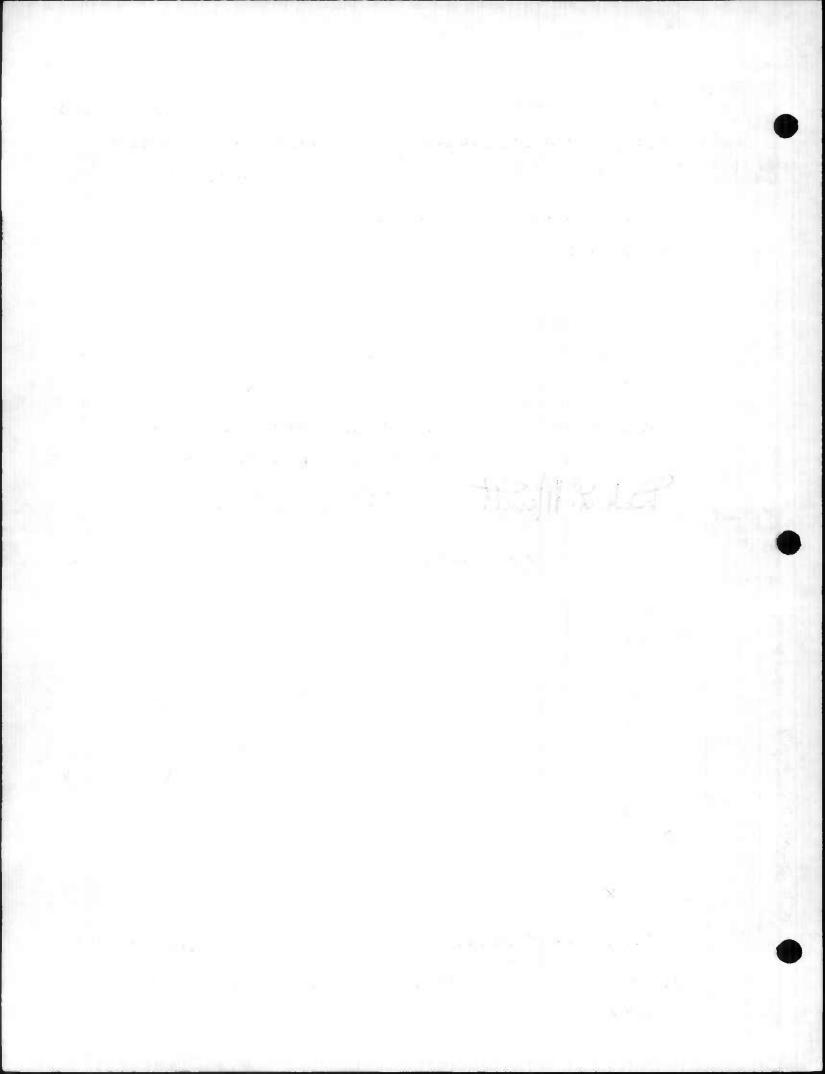
Evelyn Johnson



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q 2 1 2 1

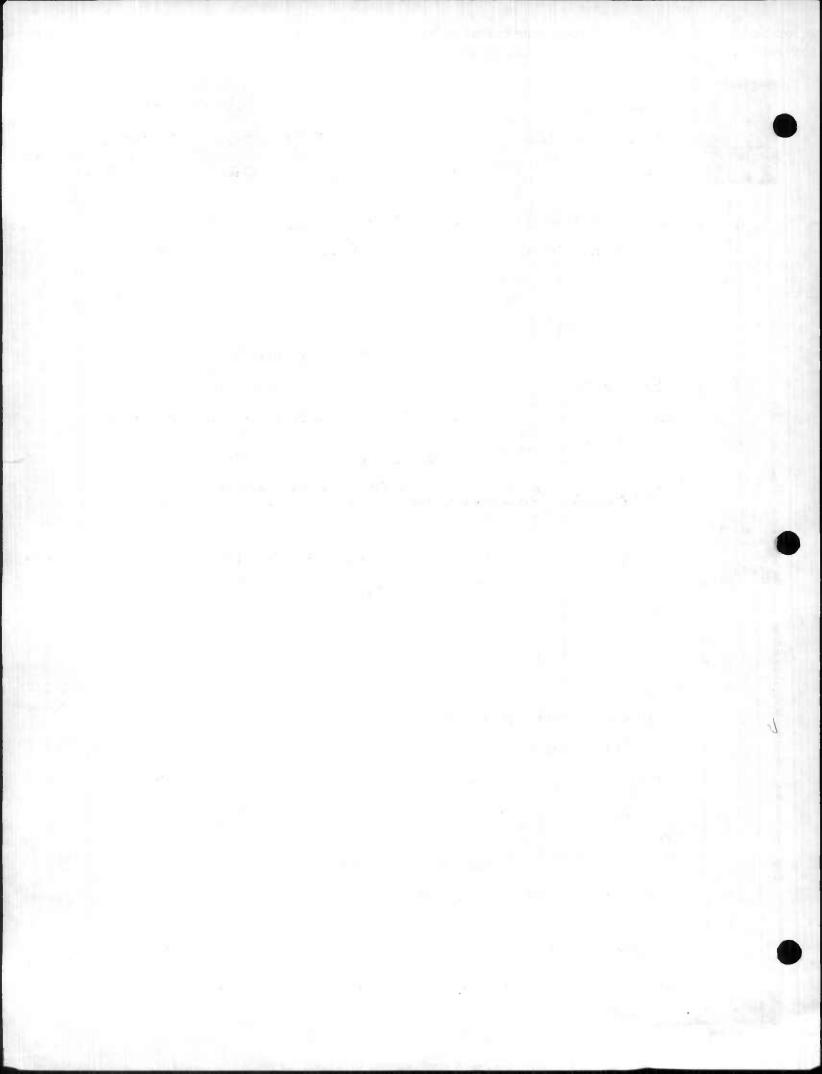
|            |  |                |   |   |  | Ce                     | rtificate of                                | Death  | R                                    | eg. No.                                  | ) (                       | 0101  |  |  |
|------------|--|----------------|---|---|--|------------------------|---|--|--------------------------------------|--|---------------------------|---|--|--|
|            | Physic   | ion            | 1. Decedent's Name (First, Middle, i  |   |  |                        |   |  | 2. Data of Daal<br>Month             | -  | Year                      | 3. Time of Death                                |  |  |
| U          | /Medi  |                | HAZEL IRENE   | JACKSON   |  |                        | ,   |  |                                      | 1 1998                                   | , , ,                     | 4:05 AM   |  |  |
|            | Exami  | ner            | 4a. Facility Name (If not institution, g  | ive street end numb                                       | er)  |                        |   | 4b. City, Town, or L                                     | ocation of Death                     | 4c. County                               | of Deeth                  |   |  |  |
| L          |  |                | MEMORIAL HOSPIT   |   |  |                        |   | CUMBERL  | 1                                    |  | GANY                      |   |  |  |
|            | Funeral<br>Director  |                | 218-64-8404   | Sex 7.<br>1□M 2√2 F                                       | Aga (In yrs. last<br>86  | birthday)<br>Yrs.      | Months Days                                 |  | 8. Date of Birth<br>(Month, Day)     | Year)                                    | 9. Birthp<br>Cour         | elece (State or Foreign<br>etry)<br>W.VA.       |  |  |
|            | and w  |                | Usuai Rasidance of Decedent  10a. State 10b. County   |   | 10c. City, T   | own or Lo              | ocation                                     |  |                                      |  | Tı                        | 0d. Inside City Limits                          |  |  |
|            | the Marylar<br>28a-f show  | 0              | MARYLAND ALLE   | ANY   |  | BERL                   |   |  |                                      |  |                           | Yes 2□No  |  |  |
|            | with the   | Director       | 10e. Streat end Number 524 FORT AVENUE  |   | 0011   |                        | 10f. Zip Coda<br>2150                       | 2  | 1                                    | Og. Citizen of V                         |                           |   |  |  |
|            | ar death w<br>Items 23s  | era            | 11. Maritai Status  | 12. Was Decede  | nt Ever in U.S.  | 13                     |   |  | pecify Yes or No-                    | -  | e - Americ                | an Indian                                       |  |  |
| 21215-0020 | 0 6  | by Funerai     | 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced  | Armed Force   | ş?<br>∑No  |                        | If Yes, specify Cul<br>1 ☐ Yes 2X No        | Hispanic Origin? (Sp<br>ben, Mexicen, Puerto<br>Specify: | Ricen, etc.)                         |  | ck, White,                |   |  |  |
| 5-0        | 72 hours<br>natural',  | eted           | 15. Decedent's (Specify only highest of   |   | 1  | 6a. Dece               | dent's Usuai Occu                           | upation<br>e during most of work                         | kina                                 | 16b. Kind of B                           | usiness/Ind               | Justry  |  |  |
| 121        | ne.  | Completed      | Elementary/Sacondary (0-12)   | College (1-40   | or 5+)   | lifa.                  | DO NOT usa retir                            | ed)  |                                      |  |                           |   |  |  |
| 7          | her ti   |                | 17. Father's Name (First, Middle, La  | ···   | ŀ  | HOUSE                  | E KEEPER                                    | 19 Mothor's Nam  | ne (First, Middle, I                 |  | E KEE                     | PER   |  |  |
| Maryland   | 2 should be filed within end Mental Hygiene. is marked other than sumatic event, the Mental files went, the Mental files went, the Mental files went, the Mental files went file | Be             | LORENZO WALKER  | 1/  |  |                        |   | EDITH D  |                                      | narueri Surran                           | 110)                      |   |  |  |
| 7          | s should lead Meni is marked   | 10             | 19a. Informant's Name/Relationship  | (Type Print)  |  | ISh Maili              | no Address (Stree                           | at end Number or Ru                                      |                                      | City or Town                             | State Zin                 | Code  |  |  |
|            | and 2 salth er n 27 is er trau   |                |   |   |  |                        |   |  |                                      |  | Orara, Esp                | 0000)   |  |  |
| re,        | ges 1 and 2 tof Health If Item 27 i  |                | LONNIE R. JACKSO 20a. Method of Disposition   | N   | 20b. Place   | e of Dispo             | BOX# 25 osition (Name of matory or other pl | WILEY FOR  |                                      | 26767<br>20c. Location -                 | Clty or To                | wn, State                                       |  |  |
| Baltimore, | Pages<br>nant of h<br>int: If ite  |                | 1 ☐XBurlal 2 ☐ Cremation 3<br>4 ☐ Donation 5 ☐ Other (Spec  |   | TO:  | -                      | EMETERY                                     | JUNE 24 1  | 998                                  | UMBERI.                                  | AND M                     | ARYLAND   |  |  |
| alti       | 교훈론증   |                | 21. Signature of Funeral Service Lie  | mshe (  | 1  |                        | 2. Name end Addi                            |  |                                      |  |                           |   |  |  |
| m          | Depa<br>Impo<br>any Ir   |                | H 1 41  | VI OX   |  | ME                     | ERRITT-AL                                   | AMS FUNER  | AL HOME                              |  |                           |   |  |  |
|            |  |                | 23a. Part1. Enter the disease, or co<br>shock, or heart failure. List on                                    | npiloations that ceus                                     | sed the death. [   | o not en               | 4 DECATI<br>ler the mode of dy              | IR STREET  | CUMBERLA<br>or respiratory arr       | ND-MAR                                   | YLAND                     | Approxi <i>m</i> ate                            |  |  |
|            | Physician  |                | snock, or neart lallure. List on  | y one cause on eacr                                       | i line.  |                        |   |  |                                      |  |                           | Interval Betwean<br>Onset and Death             |  |  |
|            | /Medical   |                | Immadlata Cause (Final disease or condition   | MI ad   |  |                        |   |  |                                      |  | - 1                       | 2 years   |  |  |
|            | Examiner   |                | resulting in death)  a. Try E104y Sp14314  Dua to (or as a consequence of):                                 |   |  |                        |   |  |                                      |  |                           |   |  |  |
| -          | D #  | Examiner       | _   |   |  |                        |   |  |                                      |  | 1                         |   |  |  |
|            | and<br>trans   | Саш            | Sequentially list conditions,   | D   | Due to (or as  | a conse                | quance of):                                 |  |                                      |  |                           |   |  |  |
| 68760,     | cian courial   |                | Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury | c   |  |                        |   |  |                                      |  | 1                         |   |  |  |
| 387        | tificata be executed ig physician and as the burlai-transit  | Medical        | that initiated avants<br>rasulting in death) Last   |   | Due to (or as  | a consec               | quance of):                                 |  |                                      |  |                           |   |  |  |
| X 6        | The law requiras that the death certificata be executed ate has been signed by the ettending physician and page 2 should be datached for use as the bunal-transit  | /Me            |   | l d   |  |                        |   |  |                                      |  |                           |   |  |  |
| Вох        | eath cer<br>ettendin<br>I for use  | ciar           |   |   |  |                        |   |  |                                      |  |                           |   |  |  |
| P.O.       | that the dealed by the e   | Physician/I    | Pert II. Other significant conditiona   | contributing to death                                     | n but not resultin   | g in the u             | inderlying ceusa g                          | ivan In Part I.  |                                      | . 1                                      |                           | the cause of death?                             |  |  |
|            | as that<br>igned b   | by Pi          |   |   |  |                        |   |  | 1 🗆 Y                                | 2 No                                     | 3   Proi                  | bebly 4 Unknow                                  |  |  |
| ecords,    | quiras<br>n sign   |                |   |   |  |                        |   |  | 24a. Was a                           |  | 24b. W                    | ere autopsy findings                            |  |  |
| 00         | w require<br>s been si<br>should t   | jete           |   |   |  |                        |   |  | perform                              | ned?                                     | co                        | ellable prior to<br>mpletion of ceuse<br>death? |  |  |
| Re         | The law<br>ate has<br>page 2:  | Completed      |   |   |  |                        |   |  | 1 🗆 Ye                               | s 2 No                                   |                           | Yes 20 No                                       |  |  |
| Ta         | sician: The<br>certificate<br>irector, pag   | 0              | 25. Was cese referred to medical  |   |  |                        |   | 26 Place of Dee  | th (Check only on                    |  | ,,,                       | 2165 2/2110                                     |  |  |
| 2          | Physician:<br>r this certific<br>ral director,   | To B           | examiner?<br>1 ☐ Yes 2 No   | Hospital:   | atiant 2 ER  | /Outpatie              | nt 3□ DOA O                                 | ther   | ome 5□ Reside                        |  | er (Specif                | v)  |  |  |
| O          | lending Physician:<br>eath.<br>or: After this certific<br>the funeral director,  |                | 27. Manner of Death   | 28a. Date of it   |  | b. Time o              |   |  | 28d. Describe ho                     |  |                           |   |  |  |
| NO.        | Attending or death.  | Certification: | 1 Natural 5 Panding 2 Accident investigat   |   | Day rear/  | Injury                 |   | Yes 2□No   |                                      |  |                           |   |  |  |
| V S        | er de<br>er de<br>recto  | tific          | 3 ☐ Suicide 6 ☐ Could not determine   | d 28e. Place of   | Injury - At homa<br>atc. (Spacify)   | , farm, st             | reet, factory, office                       | •  | 28f. Location (St<br>City or Town    | reet and Numb                            | per or Rura               | I Route Number,                                 |  |  |
|            | rs efter<br>al Direction by  | Ce             |   | bulleting,  | ato. (opaony)  |                        |   |  | ony or rom                           | , 0.0.0,                                 |                           |   |  |  |
|            | To the Hospital or Attending F<br>within 24 hours efter death.<br>To the Funeral Director: After<br>complataly filled in by the funer  | edicai         | 29a. Cartifier (Check only one) Certifying F  | hyaician: To tha ba<br>iminer: On the besis<br>and manner | of examination   | dga, daat<br>and/or in | h occurred at the<br>vestigation, in my     | time, date and place, opinion, death occur               | and dua to tha corred at tha time, d | ausa(s) and <i>m</i> e<br>ate and place, | annar as si<br>and dua to | ated. the cause(s)                              |  |  |
|            | To the He<br>within 24<br>To the Fe<br>complate  | Σ              | 29b. Signature and title of certifier   | 20  | The same of the sa |                        | 29c. Licer                                  | nse number   |                                      | 9d. Date signe                           |                           |   |  |  |
|            | 6  |                |   | 10  | w  |                        | D 23:                                       | 371  |                                      | TUNE                                     | 22,                       | 98.   |  |  |
|            | 10.1   |                | 30. Name and addrass of parson wh   | complated causa of  | f daath (Itam 23   | a) (Type,              |   |  |                                      |  |                           |   |  |  |
|            | 145  |                | QAMAR ZAMAN M.D.  | , 625 KEN   | T AVENU  | E, SI                  | UITE 102                                    | , CUMBERLA   | AND, MD                              | 21502                                    |                           |   |  |  |
|            | Sta  |                | 31. Date filed (Month, Day, Year)   | LA. There   | strar s agnature   | 1                      |   |  |                                      |  |                           |   |  |  |
|            | Regist   | rar            | JUN 2 3 1998  | General and   | par verego   | *                      |   |  |                                      |  |                           |   |  |  |



State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Dey 998 **Physician** June 15, Arsema Kebede 1:10 P.M. /Medical 4a. Facility Neme (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Silver Spring Holy Cross Hospital Montgomery | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | Feb. 2, 1955 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign **Funeral** 1□ M 2□XF Months 43 Ethiopia Yrs none Director Usual Rasidance of Dacedant the Maryland 10a. Steta 10b. County 10c. City, Town or Location -how 10d. Inside City Limits "natural", or flams 23a or 28a-f ehoved call Examiner must be notified at 1 Yes 2 □ No Director Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours after death with it bent of Health and Mental bygiena. Int: If item 27 is marked other than "natural", or itema 23a or into or other traumatic event, the Medical European and 10214 Haywood Drive 20902 Ethiopia Funerai 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Datas: Wes Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puerto Rican, etc.) Race - American Indien, Bleck, Whita, atc. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 Specify: Black 1 ☐ Yas 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) Administrative Assistant UNICEF 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be Kebede Beyene Bizunesh Haile 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 2003 Columbia Pike, Arlington , Virginia Musse Ayale (Cousin) 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovai from State permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Othar (Specify) 6/18/98 Addis Ababa Ethiopia 22. Name and Address of Facility
McGuire Funeral Service, Inc. 21. Signature of Funaral Servica Licansaa Part1. Enter the disease, or complications that cut and the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 7400 Georgia Ave. N.W., Washington, D.C. 20012 Approximata Intarvel Batween Onset and Deeth **Physiclan** Immediata Causa (Final disaasa or condition rasulting in daath) /Medical HEPATIC ENCEPHALOPATHY. WEEKS Examined Dua to (or as a consequence of): Examiner FATTY LIVER The law requires that the death certificate be axecuted Saquantially list conditions, if any, laading to immediata ceusa. Entar Undarlying Causa (Disaase or Injury that initiated avants rasulting in daath) Lest and Dua to (or as a consequence of) physician s the burial Box 68760. Physician/Medicai Dua to (or as a consequence of): 88 for use P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown IMMUNO DEFICIENCY SYNDROME Division of Vital Records, þ 24b. Wara autopsy findings availabla prior to completion of causa of daath? Completed 24a. Was an autopsy performed? C. DIFF COLITIS page 2 cartificate 1 Yes 2 No 1 Yas 2 No TOXOPLASMOSIS OF BRAIN or Attending Physician: funeral director. Be 25. Was cesa rafarred to medical axaminar? 26. Placa of Daath (Check only ona) Hospital: 1 ★Inpatiant 2 □ ER/Outpatient 3 □ DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 Yas 2 No this 28a. Data of Injury (Month, Day Year) 27. Mannar of Daath 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? After 1 Natural 5 Panding after death. 1 Tas 2 No 2 Accidant investigation 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, streal, factory, office building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) in by 4 Homicida Filled 24 hours a Hospital edical 1x Certifying Phyalcian: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated. 29a. Certifier To the Hosp within 24 hou To the Fune completely fi (Check only one) 2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signatura end titla of cartifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) D35941 JUNE 15, 1998 M.D . 30. Nama and addrass of parson who complated ceusa of death (Itam 23a) (Type, Print) PURAN 20 W. EDMONSTON DR. ROCKVILLE, 31. Data filed (Month, Day, Year)

JUN 17 32. Ragistrar's Signature State

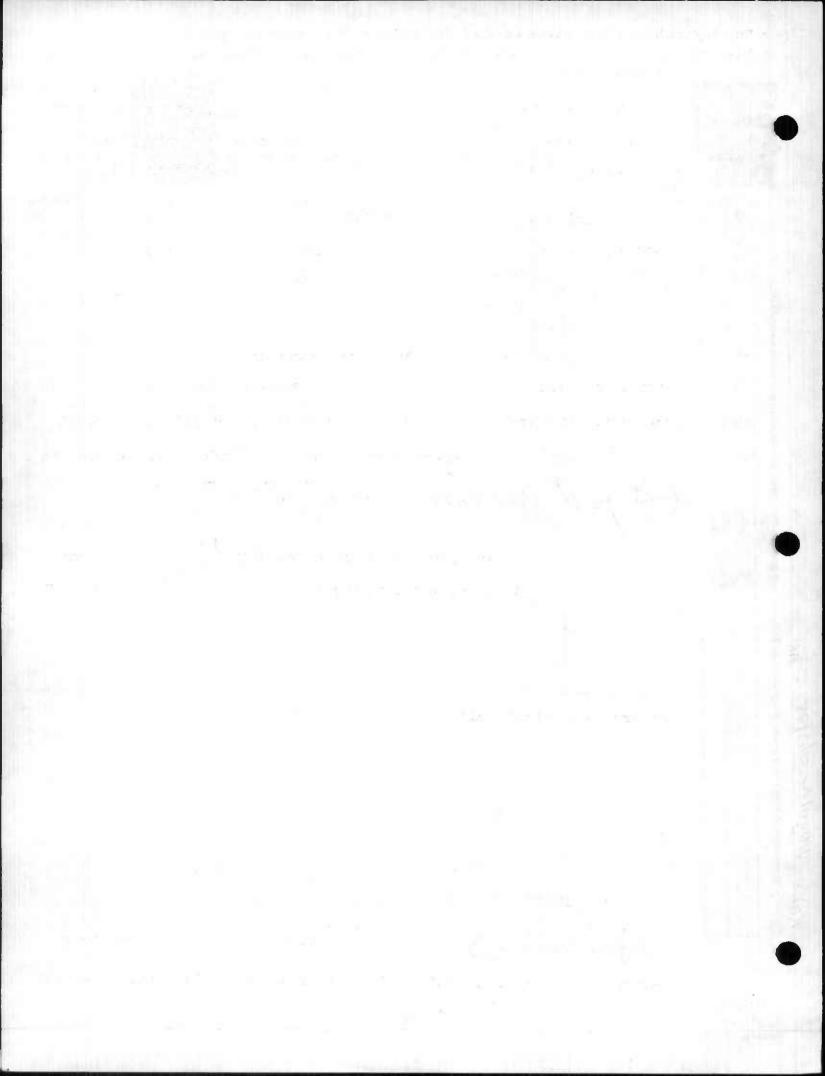


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 20183

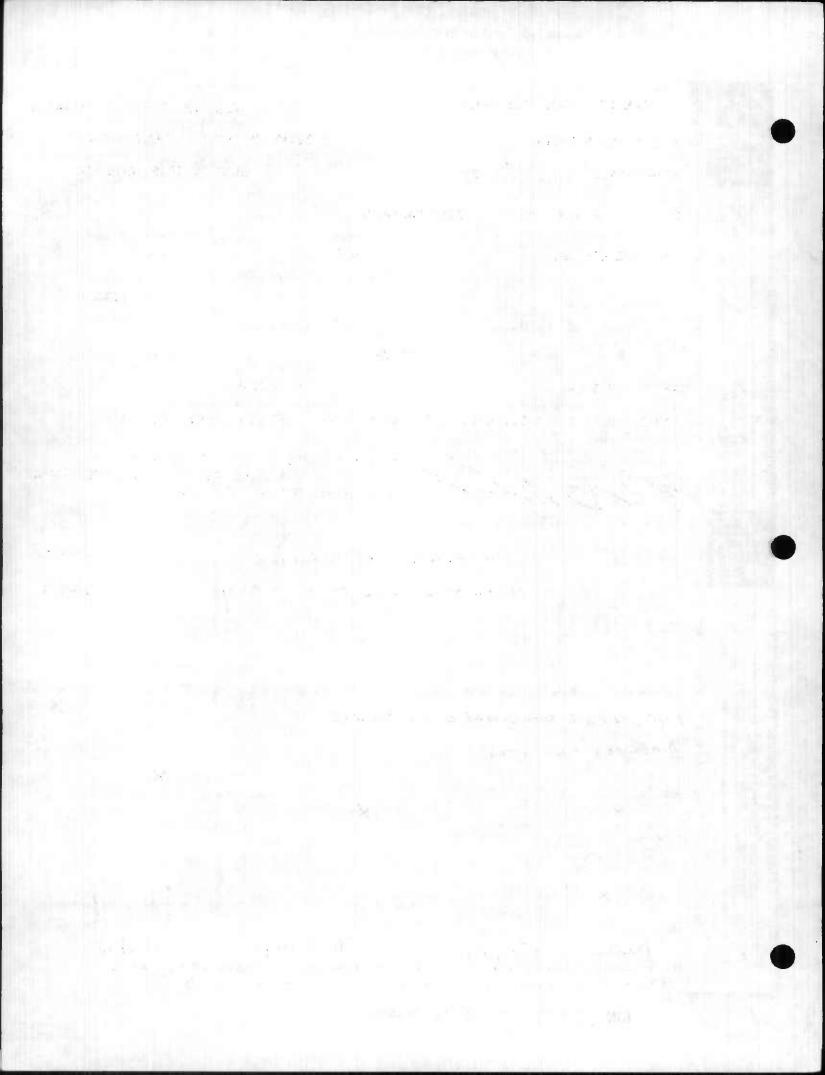
|   |   |                  |  |                        |                                 | ,                             |                          | Certific                                   | cate c                              | of Death   |  | Reg. No.                       |  |   |
|---|---|------------------|--|------------------------|---------------------------------|-------------------------------|--------------------------|--|-------------------------------------|--|--|--------------------------------|--|---|
|   |   |                  | 1. Decedent's Name (First, M   | liddle, La             | ist)                            |                               |                          |  |                                     |  | 2. Deta of D                             |                                | Yeer                                       | 3. Time of Deeth  |
|   | Physici<br>/Medic   |                  | VIRG   | NIA                    | MAE                             | KEF                           | RNS                      |  |                                     |  | June                                     | Dey                            | 998  | 1:28 A  |
|   | /iviedii<br>Examir  |                  | 4a. Facility Name (If not institu  | ution, giv             | e street end n                  | um <i>ber)</i>                |                          |  |                                     | 4b. City, Town, o  |  |                                |  | 1.20 1  |
|   | Exami   |                  | Suburban H   | lost                   | oital                           |                               |                          |  |                                     | Bethe  | esda                                     | MO                             | NTGOM                                      | ERY   |
|   | Funeral   |                  | 5. Sociel Security Number  |                        | Sex                             | 7. Age (In                    | yrs. lest bi             |  | nder 1 Ya                           | aar If Under 24 Hr   | s. 8. Date of B                          | irth                           |  | ce (Stete or Foreign  |
|   | Director  |                  | 508-10-6063 Usuel Residence of Deceden   | )                      | 1□M 2፟XF                        | 8                             | 37                       | Yrs. Mon                                   | iths Da                             | ys Hours Mir   | Mar. 1                                   | 1,1911                         | Nebra                                      | ska   |
|   | dand  |                  | 10e. Stete 10b. Cou  | inty                   |                                 | 100                           | c. City, Tow             | m or Location                              |                                     |  |  |                                | 10d  | . inside City Limits  |
|   | e Mery  | ctor             | AZ Mai   | cico                   | pa                              |                               | Sco                      | ttsda                                      | ale                                 |  |  |                                |  | 1X Yes 2 □ No   |
|   | th with th  | Funeral Director | 10e. Street and Number 2714 N. F.  | iest                   | a                               |                               |                          | 100  | f. Zip Cod                          | 85257  |  | 10g. Citizen of U.S            |  | ?   |
| 020   | permit. Peges 1 end 2 should be filed within 72 hours after death with the Meryland Department of Health end Mental Hygiene. Important: if item 27 is marked other than "naturet," or items 23a or 28a-f show any folury or other traumatic event, the Medical Exeminet must be notified at once. | þ                | 11. Marital Status  1X Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never N |                        | Armed F                         | 2€ No<br>live                 | in U,S.                  |  | ecedent<br>specify 0                | of Hispenic Origin? (<br>Cuban, Maxican, Pua<br>No <i>Specify:</i> | Specify Yes or N<br>irto Rican, atc.)    |                                | ce - Amarican<br>ck, White, etc<br>y: Whit | <b>.</b>  |
| Baltimore, Maryland 21215-0020                      | in 72 ho  | Be Completed     | 15. Dece<br>(Specify only hi   | ghast gra              | ada complated                   |                               | 16e                      | Decedent's<br>(Give kind of<br>life, DO NO | Usuel Oc<br>of work do<br>OT use re | cupetion<br>one during most of w<br>tired)                         | orking                                   | 16b. Kind of B                 | usiness/indus                              | itry  |
| 212   | ed with<br>rgiena.<br>er thar   | Comp             | Elementary/Secondary (0-1  |                        | 2 yrs                           | (1-4or 5+)                    |                          |  |                                     | t Manage   | er                                       | -                              | ore  |   |
| and   | ontal H   | Be C             | 17. Father's Neme (First, Mide<br>Norman E.  |                        |                                 |                               |                          |  |                                     |  |  | e, Maiden Sumer<br>thingto     |  |   |
| 7   | d Me<br>mark<br>mark  | 2                | 19a. informant's Neme/Relati   |                        |                                 |                               | 104                      | Mailing Ada                                | trace (Str                          | reet end Number or I   |  |                                |  | ada)  |
| <u>a</u>  | d 2 s<br>th en<br>7 is  |                  | Jean Kerns   |                        |                                 |                               | _                        |  |                                     | ater Way   |  |                                |  |   |
| ā,  | Haa<br>Haa  |                  | 20a. Method of Disposition   |                        |                                 | 20                            |                          | of Disposition<br>ry, cremetory            |                                     |  | Date                                     | 20c. Location                  |  |   |
| imo   | Peges<br>ment of<br>ant: if it<br>ury or  |                  | 1 ☐ Buriel 2 ☐ Cremati<br>4 ☐ Donation 5 ☐ Othe  |                        |                                 | Stale                         | ietro                    | polit                                      | an                                  | Fun Sv.  | 6/18/9                                   | 8 Ale                          | kandri                                     | ia, VA  |
| Balt  | permit. Depart Import any Inj   |                  | 21. Sociature of Funerel Serv  | ice Lich               | moo Ins                         | ent                           | lon                      |  |                                     | Idress of Fecility N FUNERA LLE, MD                                | L HOME                                   |                                |  |   |
| Bru   |   |                  | 23a. Pert1. Enter e diseese shock, or he at feilura.   | , or cont<br>List only | plications that<br>one ceuse on | causad tha                    | death. Do                |  |                                     |  | ec or raspiratory                        | errest,                        | ln.  | pproximate<br>itervel Between                                 |
|   | Physician<br>/Medical   |                  | immediata Causa (Finel   |                        |                                 |                               |                          |  |                                     |  |  |                                |  | Inset end Deeth   |
|   | Examiner  |                  | disease or condition resulting in death)   |                        | . Sev                           |                               |                          | consequence                                |                                     | liomyopa   | thy                                      |                                | 1  | yr  |
|   | 2 =   | lner             |  | _                      | , Cor                           |                               |                          | tery (                                     |                                     | ease   |  |                                | 5  | years   |
| ,   | tificata be axecuted<br>g physician and<br>as the burial-transit  | Medical Examiner | Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury  | ſ                      | 0.                              | Due                           | to (or es a              | consequence                                | of):                                |  |  |                                |  |   |
| 4M<br>68760,  | ysicia<br>ysicia  | cal              | thet initieted events  | <                      | c                               | Due                           | to (or es a              | consequence                                | of):                                |  |  |                                |  |   |
| 014   | artifica<br>ing ph<br>e as th   | Med              | resulting In death) Lest   | l                      | d                               |                               | (                        | ,  |                                     |  |  |                                | i  |   |
| Box   | eath cer<br>ettendir<br>for use   | Physician/       |  |                        | 0                               |                               |                          |  |                                     |  |  |                                |  | _ 00 100  |
|   | e der   | /sic             | Pert il. Other significent cond  | ditions o              | contributing to                 | death but not                 | t resulting I            | n the underly                              | Ing cause                           | given in Pert I.   | 23b. Did                                 | tobacco uee co                 | ntribute to th                             | ne cause of death?  |
| 86,<br>P.O.   | that the  |                  | Progressi  | ve :                   | renal                           | fail                          | ure                      |  |                                     |  | 10                                       | Yes 2□ No                      | 3 Probat                                   | bly 4 Unknown   |
| 15, Virginia 6/11/98 Division of Vital Records, P.O | w requires that the death certificata be axecuted been signed by the ettending physician and should be deteched for use as the bunal-transit  | Completed by     |  |                        |                                 |                               |                          | _  |                                     |  | 24a. We                                  | s en eutopsy<br>formed?        | eveile                                     | autopsy findings<br>able prior to<br>plation of causa<br>ath? |
| 20  | The lew<br>ate hes b<br>page 2 s  | dwo              |  |                        |                                 |                               |                          |  |                                     |  | 10                                       | Yes 2 No                       |  | /es 2□ No   |
| 2 let   | sician: The<br>certificate<br>iractor, pay  |                  | 25. Wes case referred to med   | lical                  |                                 |                               |                          |  |                                     | 26 Disea of D  |  |                                |  | 03 20110  |
| 3 2   | Physician:<br>this certific<br>ral diractor,  | To Be            | exeminer? 1 Yes 2 No   | il Cal                 | Hospitel:                       | Constiant                     | 2 EB/O                   | utpatient 3                                | 7 DOA                               | Othor  | eath (Check only                         | sidenca 6 🗆 Otl                | har (Specify)                              |   |
| 000   | Phy<br>r this   |                  | 27. Manner of Death  | -                      |                                 | of injury<br>oth, Dey Yea     |                          | Time of                                    |                                     | njury et<br>Work?  |  | how Injury occu                |  |   |
| 1. P  | Attending<br>ir deeth.<br>actor: Aftar<br>by the fune   | ig<br>ig         | 1 ØNeturel 5 ☐ Per<br>2 ☐ Accident Inv   | nding<br>astigation    |                                 | nth, Dey Yea                  | 9 <i>r</i> )             | Injury<br>M                                |                                     | Work?<br>1 □ Yes 2 □ No  |  |                                |  |   |
| /S, V<br>Divisi                                     | or Attendi  | Certification:   | 3 ☐ Suicide 6 ☐ Co   | uld not b<br>emined    | 289. PIGC                       | e of Injury<br>ding, etc. (Sp | At home, fe              | erm, street, fa                            | ctory, off                          | Ica  | 28f. Location<br>City or To              | (Street end Num<br>own, State) | ber or Rurel R                             | loute Number,   |
| KERNS, ViRgiNia.<br>Division of Vital               | To the Hospital or Attending Physician: within 24 hours after deeth.  To the Funeral Director: After this certific complataly filled in by the funeral director.  | edical C         | 29a. Certifier 1 Cartl (Check only one) 1 Medi   | fying Ph               | niner: On the b                 | e best of my<br>basis of exar | knowledge<br>minetion an | e, deeth occu<br>id/or Investige           | rred et th                          | e time, date end plee<br>ny opinion, deeth oc                      | ca, end due to the<br>curred at the time | e cause(s) and m               | anner as state<br>end due to th            | ed.<br>e ceuse(s)   |
| X   | outher<br>outher<br>omple   | Me               | 29b. Signeture and title of per  | tifig                  |                                 | 1                             |                          |  | 29c, Lic                            | ense number  |  | 29d. Data signa                | ad (Month, De                              | y, Yeer)  |
|   | 30  |                  | > /legres  | Seu                    | ms                              | J.                            |                          |  | 1                                   | 0-20535  |  | June                           | 17, 1                                      | .998  |
|   | 90  |                  | 30. Neme end eddress of pers   | son who                | completed cau                   | se of deeth                   | (Item 23a)               | (Type, Print)                              | _                                   | -1-1 - 2   | Day II                                   | 200 D                          | thosi                                      | Na MD   |
|   |   |                  |  |                        |                                 |                               |                          | 6410                                       | RO                                  | ckledge  | DΓ., #                                   | 200, BE                        | cheso                                      | ia, IID   |
|   | Sta   | ite              | 31. Dete filed (Month, Dey, Ye   |                        | 32.1                            | Pegistrer's S                 | Signatura                | D-1.00                                     |                                     |  |  |                                |  |   |

DHMH 16 Ray 6/95



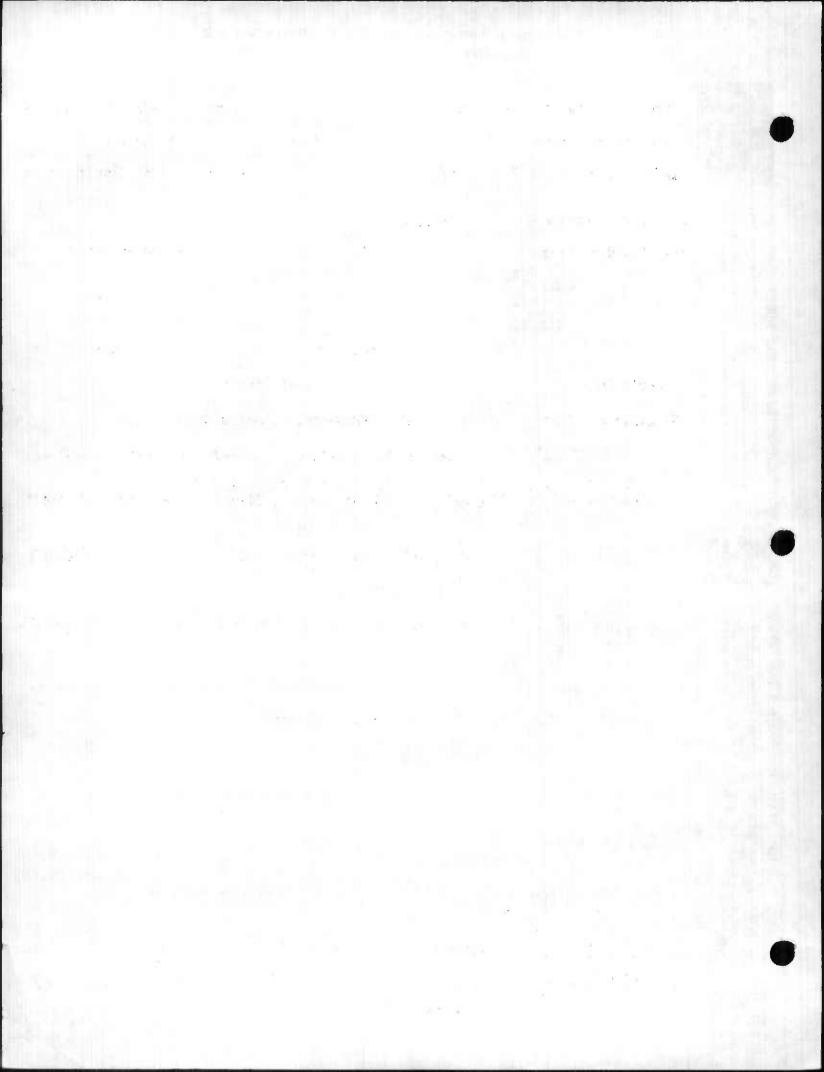
State of Maryland / Department of Health and Mental Hygiene (1)

|   |  |  |  |              | Cert                                | ilicate of   | Death  | 1.0 - 1 - 1 -  | Reg. No.   |  |
|---|--|--|--|--------------|-------------------------------------|--|--|--|--|--|
| Physician /Medical  | Decedent's Nar     CARF  | m <i>e (First, Middle, La:</i><br>RIE YOUNG  | st)<br>KILLINGH  | AM           |                                     |  |  | 2. Date of De<br>Month<br>JUNE   | Day 1998   | Year 3. Time of Deal 12:45Al   |
| Examiner  | A. C. S. S. S. S. S. S. S. S. S. S. S. S. S.   | (If not institution, give  |  |              |                                     |  | 4b. City, Town, o                                    |  |  | of Deeth<br>GOMERY   |
| Funeral<br>Director   | 5. Social Security 259–18–9  | 9238   |  |              | ast birthdey)<br>Yrs.               | If Under 1 Year<br>Months Days   | If Under 24 Hr                                       |  |  | 9. Birthplaca (State or For<br>Country)<br>GEORGIA   |
| Le notified at<br>Director  | Usual Residence<br>10a. Stete<br>MD  | of Decedent  10b. County  MONTGOM  | IERY   |              | , Town or Loca<br>ER SPR            |  |  |  |  | 10d. Inside City Lir<br>1 ☐ Yes 2 ☐  |
| ritems 23a or 28a-f sho<br>rites roust be northed at<br>Funeral Director  | 10e. Street end No<br>1314 GRE   | umber<br>ESHAM RD.   |  |              |                                     | 10f. Zip Code<br>20904   |  |  | 10g. Citizen of V<br>USA   | Vhat Country?  |
| by V  |  | rried 2 Married  | 12. Wes Decedent Armed Forces? 1  Yes 2  If Yas, Give Year or Dates:   |              |                                     | as Decedent of<br>Yes, specify Cut   | Hispanlc Origin? (<br>ban, Maxican, Pue<br>Specify:  | Specify Yes or N<br>rto Rican, etc.)   | Blac   | a - American Indien,<br>ck, White, etc.  |
| than "natur<br>than "natur<br>the Modical   | (Special Special 15. Decedent's Edecify only highest graceondary (0-12)   | lucation<br>de completed)<br>College (1-4or  | 5+)          | 16a. Deceda<br>(Give ki<br>life. Do |  | pation<br>during most of w<br>ed)                    | orking   | 16b. Kind of Bu  | usiness/Industry   |
| - 8 - o   | 17. Father's Name  | e (First, Middle, Last)  |  |              | 1011011                             |  |  |  | e, Maiden Sumam  | 16)  |
| marked<br>matic e   | HENRY CLA  |  | Time Brint   |              | 10h Mailing                         | Address (Street  |  | E HALL   | ber, City or Town,   | State 7in Code)  |
| in the second   |  | Nama/Ralationship (<br>FREDERICK   |  | M(SON        |                                     |  |  |  |  |  |
| 0 = -   |  | sposition  Cramation 3   Other (Specific   |  | Ce           | metery, crema                       | ition (Name of<br>atory or other pla<br>LN CREM  |  | Date 6-18-98   | 20c. Location -<br>BRENTWO   | City or Town, State  |
| Department Important: If any Injury o   | 21. Signature of   | Juneral Service Licer  | VIII.  |              | 22.                                 | Neme and Addr  |  |  |  | 00 NEW HAMPS   |
| physician and streets the burial-transit  | Sequentielly list of any, leading to   | conditions,<br>immediate<br>derlying   | b. CEREB   | ROVA.        | SCUCA<br>as a consequ               | W 127  | CTION  | ENCY   |  | MERKS  |
| s the   | Sequentielly list of if any, leading to causa. Enter Unc Cause (Disease of the tinitiated even rasulting in death)   | or Injury<br>hts<br>) Last   | С.   | Due to (or   | es e consequ                        |  |  | /  |  |  |
| 0100  | rasulting in death   | or Injury  | dontributing to death b  |              |                                     | ence of):  | iven in Part I.                                      | 23b. Dld   | d tobacco use co   | ntribute to the cause of de  |
| 0100  | Part II. Other sign  | lificant conditions o  | ontributing to death t   | out not resu | iting in the und                    | ence of):<br>derlying cause g  |  | 1  | Yes 2 No   | ntribute to the cause of de  |
| been signed by the attending<br>should be datached for use a<br>leted by Physician/M  | Part II. Other sign  | Last   | ontributing to death t   | out not resu | iting in the und                    | ence of):<br>derlying cause g  |  | 1 E  | Yes 2□ No<br>s an autopsy<br>formed?   | 3 Probably 4 Nink  24b. Wara autopsy findin available prior to completion of cause of death?   |
| ate has been signed by the attanding<br>page 2 should be datached for use a<br>Completed by Physician/M   | Part II. Other sign  | ifficent conditions of BUSIUE C  | ontributing to death b   | out not resu | iting in the und                    | ence of):  derlying cause g  | 26. Place of D                                       | 1 E  | yes 2 No s an autopsy formed?  Yes 2 No  | 3 Probably 4 Unk   |
| er this certificate has been signed by the attending leral director, page 2 should be datached for use a r. To Be Completed by PhysicianM.  | Part II. Other sign  HYPE27  DIABE7  25. Was case referencement of the examiner? 1 Yes 20  27. Mannar of Detail Natural  | ifficant conditions of SUSIUE CO   | ontributing to death to the second of the se | put not resu | iting in the und                    | ence of):  derlying cause g  | 26. Place of D                                       | 24a. Wa per 1 Leath (Check only Home 5 Re:   | yes 2 No s an autopsy formed?  Yes 2 No  | 3 Probably 4 Unk  24b. Wara autopsy findin availabla prior to completion of cause of death?  1 Yes 2 No  ner (Specify)   |
| er this certificate has been signed by the attending leral director, page 2 should be datached for use a r. To Be Completed by PhysicianM.  | Part II. Other sign  HYPE2T  DIABET  25. Was case referenced in the second of the seco | erred to medical  No ath  5 Pending Investigation  6 © Could not be                                      | Hospital:  28a. Date of Injury (Month, Dec.)  28e. Plece of In   | SCA A        | ER/Outpatient 28b. Time of Injury   | ence of):  derlying cause g  | 26. Place of D ther: 4 Nursing ury at ork?  Yes 2 No | 24a. Wa per 1 Check only Home 5 Re: 28d. Describe 28f. Location                              | Yes 2 No s an autopsy formed?  Yes 2 No r one) sidenca 6 Oth   | 3 Probably 4 Unk  24b. Wara autopsy findin availabla prior to completion of cause of death?  1 Yes 2 No  ner (Specify)   |
| er this certificate has been signed by the attending leral director, page 2 should be datached for use a r. To Be Completed by PhysicianM.  | Part II. Other sign  HYPE27  DIABET  25. Was case referenced and incompleted a | erred to medical  No sth  5 Pending Investigation 6 Could not b determined                               | Hospital: 1 Inpati  28a. Date of Inju (Month, De   | ent 2 E      | ER/Outpatient 28b. Time of Injury   | ance of):  derlying cause g  (S & S & S & S  above the second of the sec | 26. Place of D ther: 4 Nursing ury at ork? Yes 2 No  | 24a. Wa per 1 Check only Home 5 Re: 28d. Describe 28f. Location City or Toce, and due to the | yes 2 No s an autopsy formed?  Yes 2 No r one) sidenca 6 Oth s how injury occur (Street and Numbown, State) a causa(s) end ma                                  | 3 Probably 4 Nunk.  24b. Wara autopsy findin available prior to completion of cause of death?  1 Yes 2 No  ner (Specify)  red  ber or Rural Route Number,                  |
| this certificate has been signed by the attending rai director, page 2 should be datached for use a rai director, Page 2 should by Physician/Mi. To Be Completed by Physician/Mi. | Part II. Other sign  HYPE27  DIABE7  25. Was case referexaminer? 1   Yes   20  27. Mannar of Det 1   20   Accident   3   Suicide   4   Homicide   4   29a. Cartifiar (Check only)  | erred to medical  No ath  5 Pending Investigation 6 Could not b determined  Certifying Ph 2 Medicaf Exam | Hospital: 1 Inpati  28a. Date of Inju (Month, Date)  28e. Piece of Induiting, etc.   | ent 2 E      | ER/Outpatient 28b. Time of Injury   | ence of):  derlying cause g  (S & S & C  3 DOA  28c. Inj W  M  1[ et, factory, office occurred at the astigation, in my  | 26. Place of D ther: 4 Nursing ury at ork? Yes 2 No  | 24a. Wa per 1 Check only Home 5 Re: 28d. Describe 28f. Location City or Toce, and due to the | yes 2 No s an autopsy formed?  Yes 2 No rone) sidenca 6 Oth s how injury occur (Street and Numbown, State) a causa(s) end may, date and placa, 29d. Date signe | 3 Probably 4 Nunk  24b. Wara autopsy findin available prior to completion of cause of death?  1 Yes 2 No  ner (Specify)  red  ber or Rural Route Number,  anner as stated. |



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 3. Time of Death 2. Dete of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** June 14, Virginia Frances 1998 11:00 PM Kennedy /Medical 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6210 Stardust Lane Bethesda Montgomery If Under 1 Year | if Undar 24 Hrs. 8. Date of Birth (Month, Dey, Year) April 23, 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthpiece (State or Foreign Country) **Funeral** Days Months Hours 10 M 20 F Yrs. 017-22-2726 68 1930 Massachusetts Director Usual Residence of Decedent the Merylend 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 1 Yas 2 No Directo Maryland Montgomery Bethesda 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 1 6210 Stardust Lane 20817 United States permit. Pages 1 and 2 should be filed within 72 hours efter deeth 1 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel; or items 23a any Injury or other traumatic event, the Medical Examples final once. Funeral 14. Race - American Indian, Biack, Whita, etc. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 DNo If Yas, Give Year or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puerto Rican, atc.) 11. Marital Status 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 X Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) Coilege (1-4or 5+) homemaker own home 18. Mother's Name (First, Middle, Maiden Surneme) 17. Father's Name (First, Middle, Last) Francis Shay Katharine Kelley 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informant's Name/Relationship (Type, Print) Virginia K. Staver (daughter) 19221 Wootten Avenue, Poolesville, Maryland 20837 20b. Place of Disposition (Nama of cematery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriai 2 Cremation 3 Removal from State Chesapeake Crematory 6-15-98 Beltsville, Maryland 4 □ Donation 5 □ Other (Specify) 22. Nama and Address of Facility
Rapp Funeral Services, P.A. 21. Signature of Funeral Service Licenses 23a. Part1. Enter the disease, or complications that cedsad the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately and School, or heart failure. List only one cause on each line. 20910 Approximate interval Between Onset and Deeth **Physiclan** Immediate Cause (Finel disease or condition resulting in death) /Medical patorenal failure Examiner Examiner hebatoma physician end the burial-transit The law requires that the death certificete be executed Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Laennec's Circhosis of liver Division of Vital Records, P.O. Box 68760, Physician/Medical ettending p for use es 80 23b. Did tobacco use contribute to the cause of death? ed by the e Part ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by t 1 Yee ANO 3 Probably 4 Unknown by 24b. Ware autopsy findings available prior to 24a. Was an autopsy performed? Completed completion of cause of death? pege 2 s 1 Yes 2 KNo 1 Yes 2 No certificate or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5X Residence 8 Other (Specify) 10 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 28e. Dete of Injury (Month, Dey Year) Certification: 5 Pending 1 Yes 2 No Investigation 2 Accident within 24 hours efter death To the Funeral Director: / completely filled in by the 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 T Homicide 29a. Certifier 🖄 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted. edicai 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the ceuse(s) (Check only one) within 2 295. Signature and fitted 29c. Licansa number 29d. Data signed (Month, Day, Year) 0 30, Nama and addrass of person who completed cause of ceath (Item 23a) (Type, Print) Shields Drive, Bethosla, MD 20817 Tenn Degistrar's Signature 31. Date filed (Month, Day, Year) 16 1998 Registrar

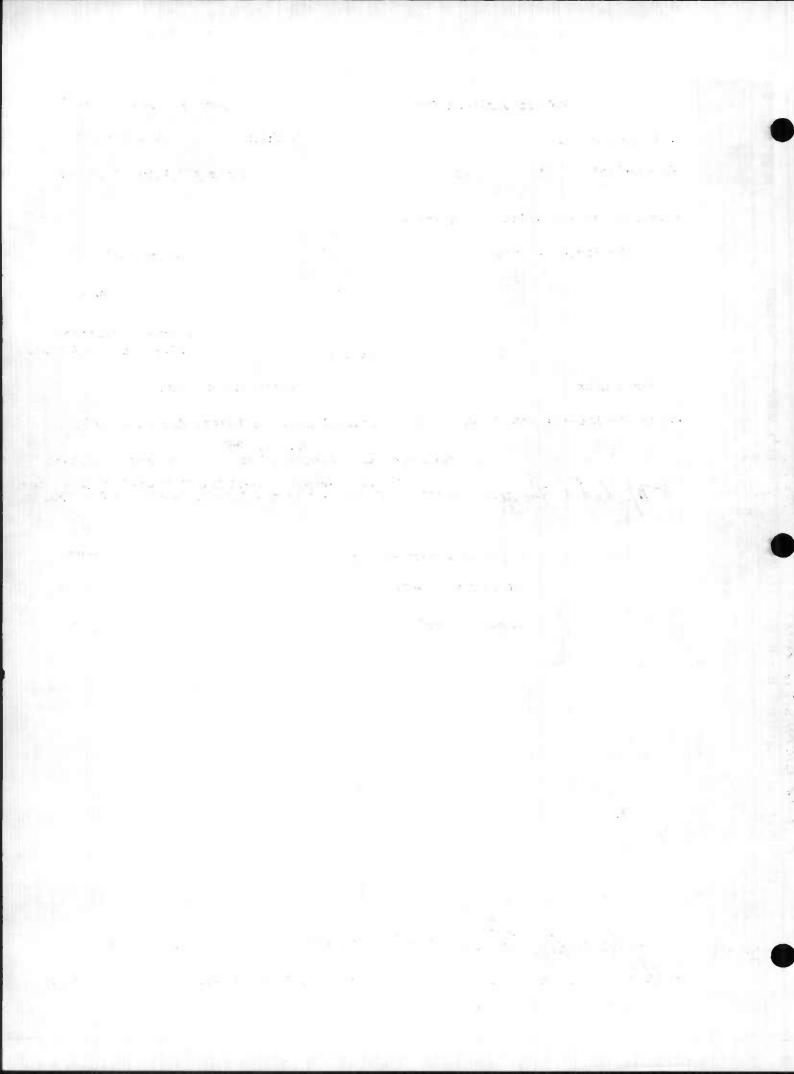


State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Death 3. Time of Death 1. Decedent's Neme (First, Middle, Last) June 7, **Physician** Robert Ormiston Knox 1998 6:00 AM /Medical 4e Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Anne Arundel 933 Fiorenza Drive Lothian if Under 24 Hrs If Under 1 Year 5. Sociel Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) **Funeral** Months Hours 1 X M 2 □ F Deys 579-09-1852 Director 79 February 10,1919 Scotland Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show treumstic event, the Madical Examiner must be notified at 1 Yes 2 No Director Maryland Anne Arundel Lothian 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 933 Fiorenza Drive 20711 United States Funeral death 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 12. Wes Decedent Ever In U,S. Armed Forces? 1 X Yes 2 ☐ No If Yes, Give 11. Meritel Stetus parmit. Pages 1 and 2 should be filed within 72 hours after December of Health and Mental Hygiene. Incortant: If Item 27 is marked other than "natural", or item in Iury or other traumatic event, ITE Medical Example. 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: White Specify: by 3 Widowed 4 Divorced WW II Yeer or Detes: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Private Practice/ Elementery/Secondery (0-12) College (1-4or 5+) United States Government 5+ Physician 18. Mother's Name (First, Middle, Meiden Surname) 17 Fether's Name /First Middle Last) Be Robert Knox Elizabeth Meldrum 10 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) Catherine Russell Knox/Sister 5710 Glenwood Road, Bethesda, Maryland 20817 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) June 12, 1998 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland 21.(Signature of Funeral Sergice) 22. Name and Address of Facility
Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, M00846 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501 23a. Pert1/Enter the disease, or complications first caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one ceuse on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final years diseese or condition resulting in death) e. Coronary Artery Disaese Examiner Due to (or es e consequence of): Examiner Arteriosclerosis vears Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): and attanding physician Hyperlipidemia vears Physician/Medical 94 Due to (or es e consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? ê 3 Probably 4 ₺ Unknown yd bengis 1 Yes 2 No þ 2 24b. Were autopsy findings avelleble prior to completion of cause of death? 24e. Wes en eutopsy Completed peen 200 page 2 2 X No 1 Tyes 1 ☐ Yes 2 ☐ No this certificate Division of Vital Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) exeminer? exeminer/
1 Yes 2 No
27. Manner of Deeth Other: 4 ☐ Nursing Home 5 ₺ Residence 6 ☐ Other (Specify) 0 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Certification: Attar 1 A Naturel 2 Accident Injury 5 Pending 1 ☐ Yes investigation after death Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours at To the Funeral D 29a. Certifier 1 💢 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner es steted Medical 2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the ceuse(s) end manner stated. 29b. Signetury end title of certifier 29d. Dete signed (Month. Dev. Year) 29c. License number auser D22599 June 8, 1998 eddress of person who completed cause of deeth (Item 23a) (Type, Print) Ylene 5454 Wisconsin Avenue #1125, Chevy Chase, Maryland Α. Larsen, M.D.,

State Registrar 31. Dete filed (Month, Dey, Yeer) JUN 15 1998



CRIMISTON Knox



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend #7, 6/16/98, BMW, Montg. Co. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death JUNE 11, **Physician** <sup>Day</sup>998 4:00 A.M. YESTER KASKASIAN /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MONTGOMERY **BETHESDA** SUBURBAN HOSPITAL If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) AUGUST 20, 1916 MARASH, TURKEY 7. Age (In yrs. last birthday) 5. Social Security Number **Funeral** 1□M 2\(\vec{M}\)F Days Yrs. 225-21-7401 Director Usuai Residence of Decedent the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits ed other than "natural", or items 23a or 28a-f show event, the Medical Examiner injust be notified at MARYLAND | MONTGOMERY ROCKVILLE 1 Yes 2 No Director 10g. Citizen of What Country? U.S.A. 10f. Zip Code 254 CONGRESSIONAL LANE APT.#104 20852 Funerai filed within 72 hours efter deeth Race - American Indian, Black, White, etc. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ZNo
If Yes, Give
Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 WHITE 1 ☐ Yes 2 No Specify: þ 3 Nidowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within: Department of Health and Mental Phygiene. Important: If item 27 is marked other than any injury or other traumatic event, the Med once. Elementery/Secondary (0-12) College (1-4or 5+) OWN HOME HOMEMAKER 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be SHAMIG UNKNOWN KRIKOR KALEBJIAN 19e. tnformant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 254 CONGRESSIONAL LANE APT#104, ROCKVILLE, MD 20852 NISHAN KASKASIAN SON 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 6/13/98 SILVER SPRING, MD GATE OF HEAVEN CEMETERY 22. Name and Address of Facility
JOSEPH GAWLER'S SONS, INC. 5130 WISCONSIN AVENUE 21. Signature of Funeral Service Licenses NW, WASHINGTON, D.C. 20016 Error the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or he if failure. List only one cause on each line. Approximate interval Between Onset and Death Physiclan Immediate Cause (Final disease or condition resulting in deeth) /Medical METASTIC BREAST CANCER Examiner Due to (or es a consequence of): Physician/Medical Examiner PLERUAL AFFUSION burief-transi Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of): physicier HYPERGLYCEMIA the Due to (or as a consequence of) USB Part Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown LIVER METASTASES þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy page 2 s 1□ Yes 2 No 1 ☐ Yes 2 ☐ No KASIADI funeral director, Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospital: 1 ☑Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturai 5 Pending deeth. investigation 1 Yes 2 No 2 Accident after deeth 6 Could not be determined 3 Suicide 28e. Place of injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 - Homicide ŏ hours a 24 hours 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and mannar as stated.

2 Medicaf Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edicai To the Hosp within 24 ho To the Fune completely f (Check only one) 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year)

State Registrar 9406 OLD GEORGETOWN ROAD, BETHESDA, MD 20814
32. registracs Signature

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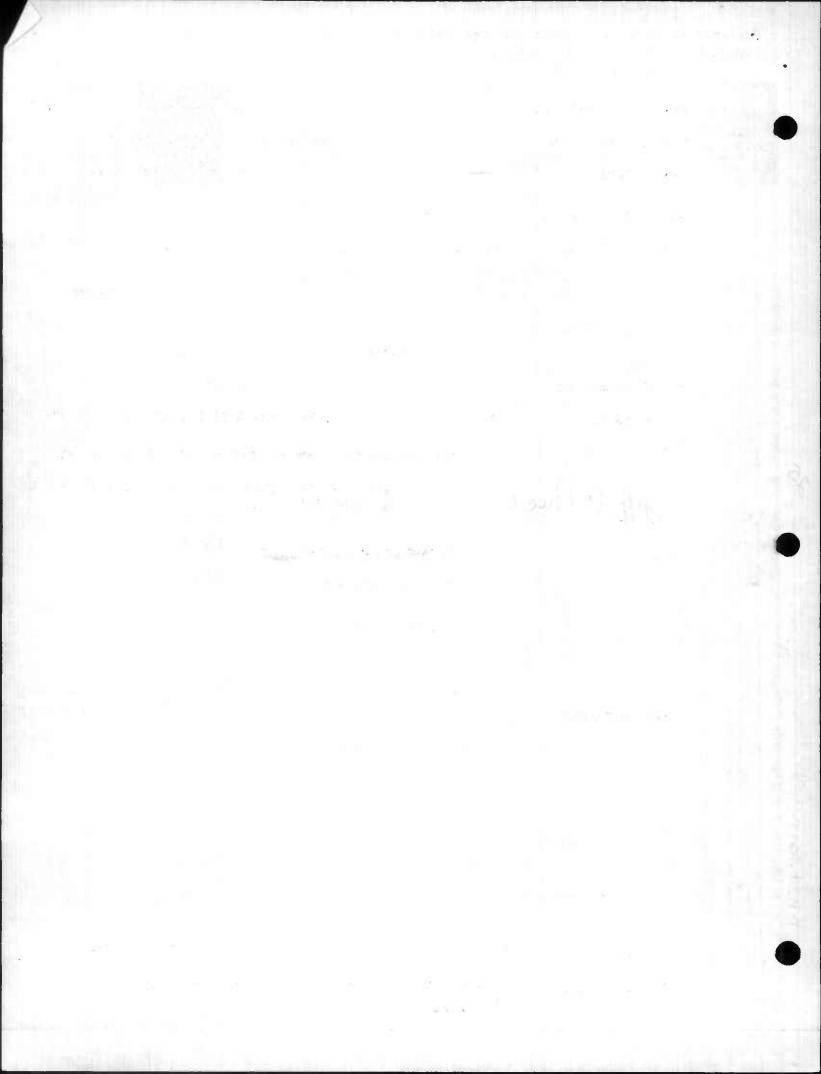
30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

GITA C. BAKSHI, M.D. 31. Date filed (Month, Day, Year)

JUN 16 1998

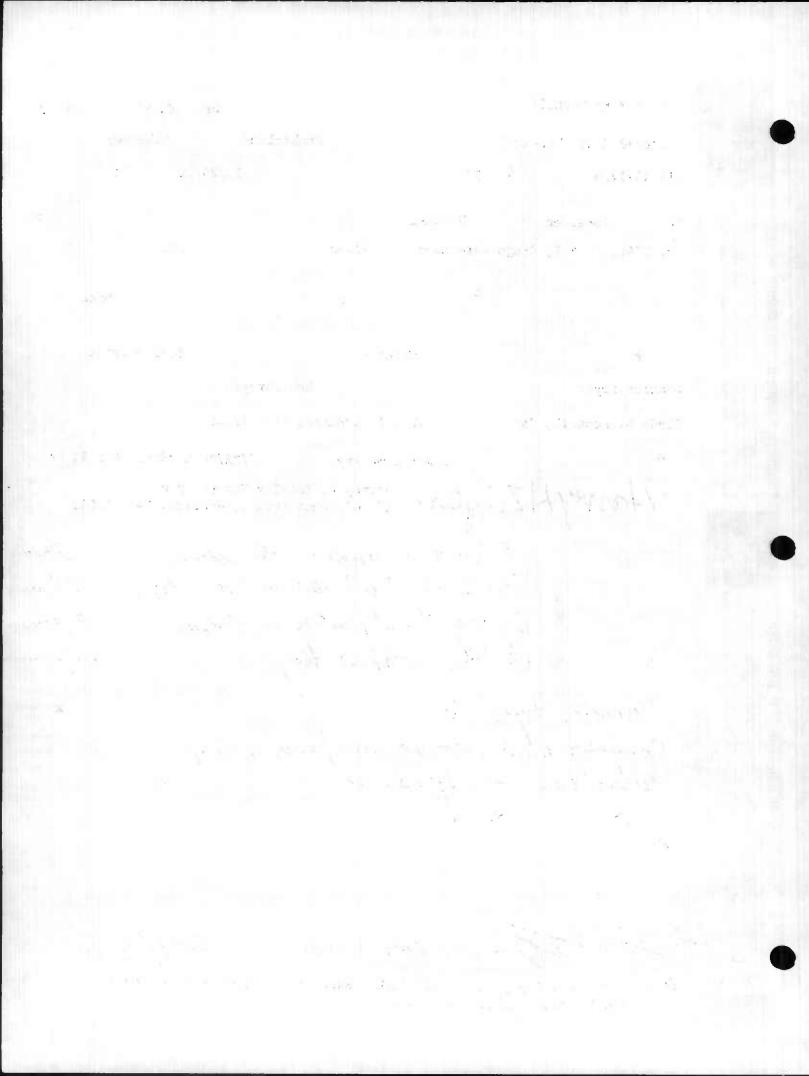
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JUNE 11, 1998



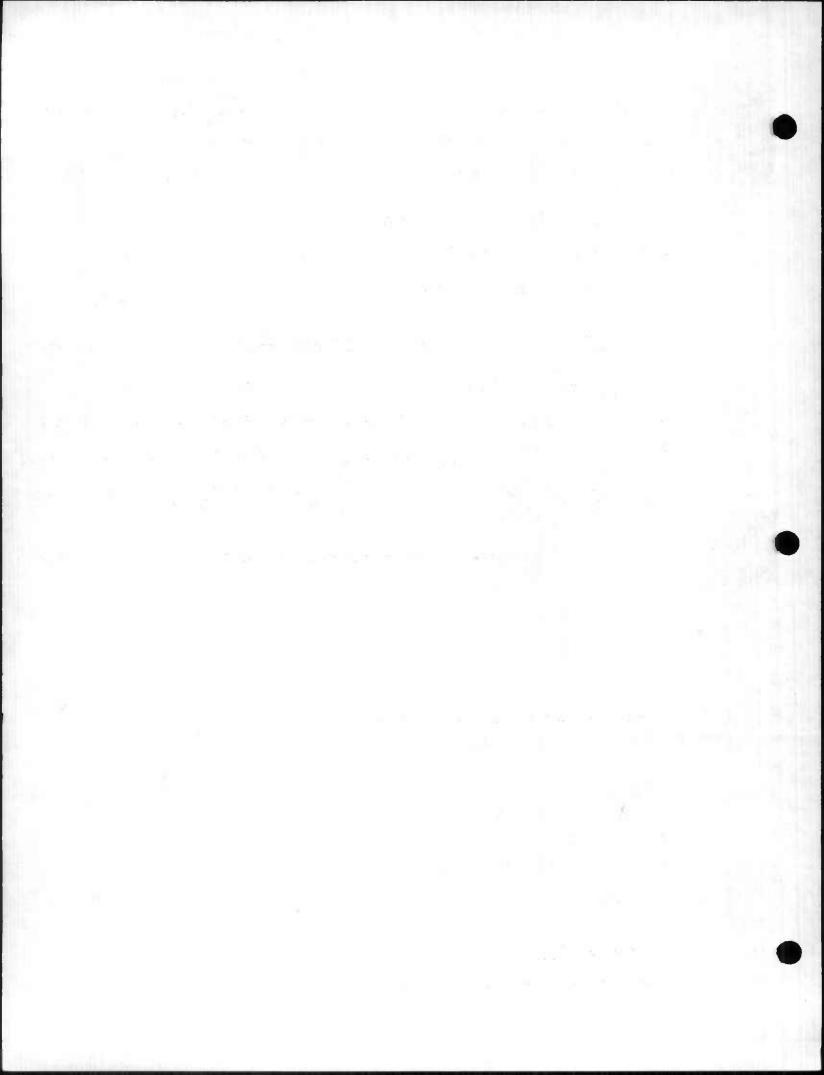
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Year **Physician** Alma Nora Kennell 18,1998 2307 pm June /Medical 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner Cumberland Allegany Sacred Heart Hospital If Under 24 Hrs. 8. Date of Birth (Month, Day, Ye 10/29/20 Birthplace (State or Foreign Country)
 PA 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months Days Hours 1□M 25 F Yrs. Director 213-44-1276 Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours efter death with the Manyland end of Haath and Mental Hyglene.
Int: If item 27 is marked other than "natural", or items 23a or 28a-f ahow mit: If item 27 is marked other than "natural", or items 23a or 28a-f ahow my or other traumatic avent, in a Medical Examiner mantles nothing at my or other traumatic avent, in a Medical Examiner mantles nothing at 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic avent, the Modical Examiner must be notified as 1 Yes 2 No Director PA Somerset Hvndman 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 15545 Box 308R, RD # 1, Bingo Farm Road USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, 11. Maritai Status Black. White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1□ Yes 2□ No Specify Specify: White þ 3 ☑ Widowed 4 ☐ Divorced Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) Elementary/Secondary (0-12) Food Service Waitress 8 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Name (First, Middle, Last) Be Charles Bover Mae Shroyer 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 15545 RD # 1, Hyndman, PA Clyde S. Kennell, Son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burlal 2 Cremetion 3 Removel from State Department of Important: If it any Injury or o 6/22/98 Hyndman RD # 1, PA Comps Cemetery 22. Name and Address of Facility 21. Signature of Funeral Service Licenti Harvey H. Zeigler Funeral Home 169 Clarence Street, Hyndman, PA nier the mode of dying, such as cerdiac or respiratory arrest, 15545 Approximete Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final 1000 disease or condition resulting in death) Examiner Examiner The law requires that the death certificete be executed physician and the burial-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical 88 esn signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in fact I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 ☑ Unknown by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed page 2 s 1 Yes 1 TYPE 2 NO certificata 25. Was cese dexaminer? or Attending Physician: funeral director, Be ferred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 2 ER/Outpatient 3 DOA Certification: To Inpatient 28a. Date of Injury (Month, Dey 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Natural 2 Accident Year) 5 Pending investigation 1 Yes 2 No after deat Diractor: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide hours a 1 Cartifying Phyalcian: To the best of my knowledge, death occurred et the time, date and piece, and due to the cause(s) and manner es stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier Medical (Check only one) 3 To the P within 2 To the 9 complet 29d. Date signed (Month, Day, Year) 29b. Signature and little of certifier 29c. License number MY FACE me and address of person who completed ceuse of death (Item 23a) (Type, Print) 925 BISHOP WALSH ROAD CUMBERLAND, MD 21502 U.D. State



State of Maryland / Department of Health and Mental Hygiene

|  |                |  | ,   | Certifica  | ate of                        | Death   |   | Reg. No.                           | 6.01                                | 09  |
|--|----------------|--|---|--|-------------------------------|---|---|------------------------------------|-------------------------------------|---|
| Physici<br>/Medi   |                | 1. Dacedent's Name (First, Middla, Las   | - KLINK   | <  |                               |   | 2. Data of Da<br>Month<br>JUNE          | ath<br>Day                         | Yaar                                | Time of Deeth   |
| Examir   |                | 4a. Facility Nama (If not institution, giva  | and the second second   |  | 4                             | b. City, Town, or                                   |   |                                    |                                     | 1.00  |
|  |                | MEMORIAL HOSPITAL  |   |  | der 1 Yaar                    | CUMBERLA<br>If Under 24 Hrs                         | -                                       |                                    | GANY                                |   |
| Funeral<br>Director  |                | 5. Social Sacurity Number 6. Se 1/40 - 20 - 4495 19 Usual Residence of Dacedant    | M 2□ F 7. Aga (In yrs   | (c. last birthday) If Und<br>Month                   |                               | Hours Min.  | (Month, De                              | 1925                               | 9. Birthplaca<br>Country)           | Stata or Foreign  |
| the Maryland<br>28a-f show<br>notitied at  | -c             | 10a. Steta 10b. County   |   | ity, Town or Location MiEYERSU                       | DALE                          |   |   |                                    |                                     | Insida City Limits                                      |
| th with the M<br>23a or 28a-f  | Il Director    | 10e. Straat and Numbar   | wn AVE  | -  | Zip Coda                      | 552   |   | 10g. Citizan of                    |                                     | 7.00 10.10  |
| after dea<br>or itams  | by Funeral     | 11. Mantai Status  1 Navar Married 2 Married  3 Widowad 4 Divorced                 | 12. Was Decedant Evar in I<br>Armed Forcas?<br>1X Yas 2 No /9<br>If Yes, Giva<br>Yaar or Datas: | 44   | cedant of H<br>pecify Cuba    | ispanic Origin? (S<br>in, Maxican, Puar<br>Specify: | Specify Yas or No<br>to Rican, atc.)    |                                    | ce - Amarican Ir<br>ck, Whita, atc. |   |
| n 72 hours<br>"natural",   |                | 15. Decedant's Edu<br>(Specify only highast grad                                   | ıcation   | 16a, Dacedant's U                                    | sual Occup<br>work dona       | ation<br>during most of wo                          | rking                                   | 16b. Kind of B                     | usiness/Industr                     | у   |
| filed within<br>Hygiene.<br>Ather than   | Completed      | Elementery/Secondery (0-12)  | Collaga (1-4or 5+)  | EQUIPME  |                               | OPERAT  | on                                      |                                    | ,                                   | Y DEPT  |
| d 2 should be filed with the and Mental Hygiene. 7 is marked other than traumatic event, the Mental Hygiene. | To Be          | 17. Fathar's Name (First, Middla, Last)  THOMAS                                    | KLINK   | <  |                               | 18. Mother's Na.                                    | ma (First, Middle,                      | Maiden Surnen                      |                                     |   |
| end 2 shou<br>balth end M<br>n 27 is mar<br>ier traumal  |                | 19a. Informant's Name/Ralationship (7)   | (Pe, Print)   | 19b. Mailing Addre                                   | ess (Straet                   | end Number or Ri                                    | Ural Routa Numb                         | er, City or Town,                  | State, Zip Coo                      | 5557  |
| 00   |                | 20a. Method of Disposition  1  | 20b.  | Place of Disposition /                               | Verne of                      | T   | Date                                    | 20c Location                       | City of Town                        | State   |
| permit. Pag<br>Departmant<br>Important: If<br>any Injury o   |                | 21. Signatura of Funaral Servica Licens  |   | 22. Name   | end Addra                     | ss of Facility  RIVE /=  AIN ST                     | UNERAL                                  | HOME,                              | INC.                                | ****  |
| 77.4   |                | 23e. Part1. Entar tha disaasa, or comp<br>shock, or heert failura. List only o     | cations that causad the deana causa on aech line.   | th. Do not antar tha m                               | node of dyln                  | g, such as cardia                                   | c or respiretory e                      | rrest,                             | App                                 | proximete<br>erval Batween                              |
| Physician<br>/Medical<br>Examiner  | Je.            | immediate Causa (Final disaase or condition rasulting in deeth)                    | a. Metastatic Dua to (  | Transition   |                               | ll Bladd  | ler Canc                                | er                                 |                                     | months  |
| icate be executed physician and sthe burial-trensit  | Examiner       | Sequantielly list conditions, if any, leading to immadiata causa. Entar Undarlying | b. Dua to (   | or as a consaquance o                                | of):                          |   |   |                                    |                                     |   |
| \$ 0 s   | //Medical      | Causa (Disease or Injury<br>that initiated events<br>resulting In death) Last      | Dua to (  | or as e consaquanca o                                | f):                           |   |   |                                    |                                     |   |
| death cer<br>e ettendir<br>d for use   | icia           | Part II. Other eignificant conditions con  | ptributing to death but not re-   | sulting in the underlying                            | a cause aiv                   | an in Part I  | 23h Did                                 | tobacco usa co                     | ntribute to the                     | cause of death  |
| the sche   | y Physician/   | Chronic Obstruct   |   |  | g cause giv                   | en in Feit i.                                       |   | Yes 2 No                           |                                     | .7  |
| requir<br>been s<br>should   | Completed by   |  |   |  |                               |   | 24a. Was                                | an autopsy<br>ormad?               | avallab                             | autopsy findings<br>la prior to<br>etion of causa<br>h? |
|  |                |  |   |  |                               |   | 10                                      | Yas 2 No                           | 1 □ Ya                              | s 2 No  |
| Physician: The this certificate ral director, pag  | Be             | 25. Was casa ratarrad to madical axaminer?   | lospital:   |  | DO4 Oth                       | or.   | ath (Check only o                       |                                    |                                     |   |
| Phys<br>r this<br>aral dir   | To To          | 1 ☐ Yas 2 No   | 28a. Date of Injury   | ER/Outpatient 3 28b. Tima of                         | DOA                           | 4 LI Nursing F                                      | loma 5 Rasi                             | dance 6 □Oth<br>how Injury occur   |                                     |   |
| i or Attending<br>effer death.<br>Director: Affer<br>d in by the fune  | ation          | 1 Netural 5 Panding invastigation  | (Month, Day Year)   | Injury<br>M  | 28c. Injun<br>Work            | k?<br>Yas 2□No                                      |   |                                    |                                     |   |
| bai or Attending P<br>is effer death.<br>Bai Director: Affer t<br>ed in by the funera                        | Certification: | 3 Sulcida 6 Could not ba<br>4 Homlolda detarmined                                  | 28a. Place of Injury - At h<br>building, atc. (Space  | noma, farm, straat, fact<br>ify)                     | ory, office                   |   | 28f. Location (<br>City or To           | Streat and Numb<br>wn, Steta)      | ber or Rural Ro                     | ute Number,   |
| To the Hospital or At<br>within 24 hours effer of<br>To the Funeral Direct<br>completely filled in by        | edical         | 29a. Certifier (Check only one) Cartifying Physical Exami                          | sician: To the bast of my knonar: On the basis of axamino and mannar stated.                    | owledge, death occurre<br>ation end/or Invastigation | ed at tha tim<br>on, in my of | ne, date end plece<br>pinion, deeth occu            | e, end dua to tha<br>urred et tha tima, | causa(s) and me<br>data and place, | anner as steted<br>end due to tha   | l.<br>cause(s)  |
| within 2<br>To the<br>comple   | Me             | 29b. Signatura and title of partitle   | 1   | 2  | 29c. License                  | e number  |   | 29d. Data signe                    | d (Month, Day,                      | Year)   |
| 15   |                | · Wefa   |   |  | D4349                         | 7   |   | JUNE /                             | 2 , 199                             | 98  |
| me   |                | 30. Nama and eddress of Derson who co<br>DR. DANIEL LEIBMAN,                       |   |  | MBERI                         | AND. MD   | 2150                                    | )2                                 |                                     |   |
| Sta  |                | 31. Data filed (Mogth, Dey, Yeer)  | 38 Registrar's Sign   | ature  |                               | ,             | -150                                    | -                                  |                                     |   |



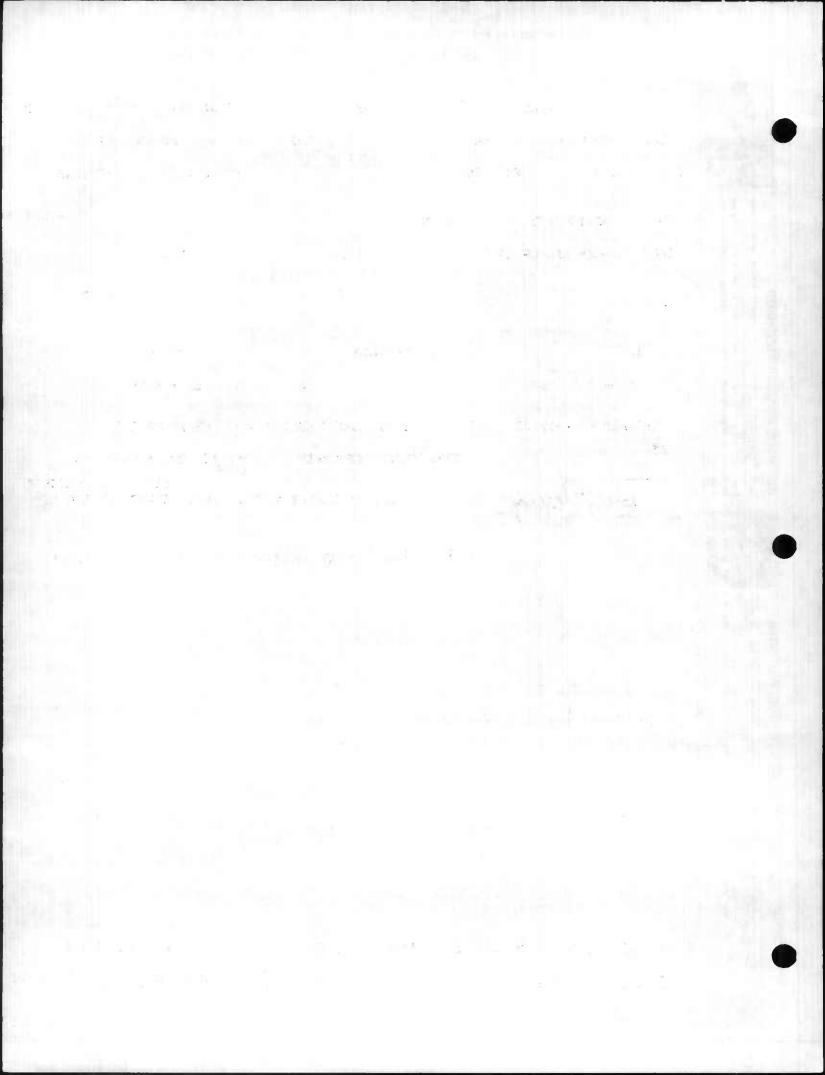
State of Maryland / Department of Health and Mental Hygiene |

Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month R. **Physician** JUNE LAPP 11 1998 2:10 PM /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4a Facility Name (If not Institution, give street end number) Examiner 3808 BROOKE MEADOW LANE. OLNEY MONTGOMERY If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) FEB 8 1928 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (Stete or Foreign **Funeral** Days Hours 1□ M OF F 215 26 6348 Yrs MARYLAND **Director** Usual Residence of Decedent with the Marylend 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylen Department of Health and Mental Hyglene.
Important: if Item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Medical Examines must be mortified at energy. 10a. State 10b. County 1 ☐ Yes 2 ☐ No Directo MONTGOMERY OLNEY 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3808 BROOKE MEADOW LANE 20832 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yes, Give Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Rece - American Indian 11. Maritel Stetus 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: WHITE þ 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) INSPECTOR VITRO 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be IRVIN DANIEL RUDY ARIE SUSAN MILLIE RUDY 19a. Informant's Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) CHARLES C. LAPP JR (SON) 3808 BROOKE MEADOW LANE OLNEY MD 20832 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State MD VETERANS CEMETERY JUNE 15 CHELTENHAM 4 ☐ Donetion 5 ☐ Other (Specify) 1998 22. Name and Address of Facility 11800 NEW HAMPSHIRE SILVER SPRING MD Approximate Interval Between Onset and Deeth HINES-RINALDI FUNERAL HOME 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Physician Immediate Cause (Final disease or condition resulting in death) /Medical metastatic breast cancer years Examiner Due to (or as e consequenca of) Physician/Medicai Examiner attending physician end for use es the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, that initiated events resulting in death) Last Due to (or as a consequence of) signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 No Unknown syndrome ģ 24b. Were autopsy findings aveilable prior to been sign 24a. Was an autopsy performed? Completed completion of cause of death? nis certificate has b 1⊠ Yes 2□ No or Attending Physician: 25. Was case referred to medical exeminer? 26. Place of Death (Check only one) Be Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☑ Residence 6 ☐ Other (Specify) 1 Yes 2⊠ No 2 After this 27 Manner of Death 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: 1 Natural 5 Pending 1 Tyes 2 No investigation after death. Director: A 2 Accident 6 Could not be determined within 24 hours after dea To the Funeral Director completely filled in by th 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, end due to the cause(s) and manner es stated 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner steted. 29d. Date signed (Month, Dey, Year) 29b. Signeture and title of certifier 29c. License number June 15, 1998 RES-OOD 15 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) 600 N. Wolfe St., Pathology 509; Baltimore, MD 21287 E SILVERMAN, MD 31. Date filed (Month, Day, Year) 32. Registrer's Signature John Davidson-Randell JUN 15

Registrar

Brus



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 'Amend #4a,6/16/98,BMW,Montg. Co. Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 2030 PM **Physician** FINE ENWAR /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MONTGOM FIL SORING STREET SICUER If Under 1 Year If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) MARCH 16, 1908 9. Birthplaca (State or Foreign 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months Days Hours Min 1□ M 25 F WASHINGTON DC 90 Yrs. 162-34-8295 Director Usual Residence of Decedant with the Maryland r 28a-f show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 20No MONTGOMERY Directo MARYLAND SILVER SPRING 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number permit. Pagas 1 and 2 should be filed within 72 hours aftar death with 1 Department of Haaith and Mental Hygiena. Important: if Item 271s marked other than "natural", or itema 23a or any highry or other traumatic event, the Medical Examiner maint be a bottos. 3417 KILKENNY STREET 20904 UNITED STATES Funeral 14. Race - American Indian, Bleck, White, etc. 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Nevar Married 2 Married Specify: WHITE 1 ☐ Yas 2 No Specify: Baltimore, Maryland 21215-0020 þ 3 ₩idowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) 12 REGISTERED NURSE MEDICAL 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fathar's Name (First, Middle, Last) CHARLES EMMERT GRACE LEAMAN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) /daughter GRACE L. SWAN 19914 WATERLOO COURT, GERMANTOWN, MARYLAND 20874 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 (7) Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) FORT LINCOLN CREMATORY 6-16-98 BRENTWOOD, MARYLAND 21. Signature of Funeral Service Li 22. Name and Address of Facility HINES-RINALDI FUNERAL HOME, INC. 11800 NE HAMPASHIRE AVE., SILVER SPRING, MD. 20904 INC. 11800 NEW 23a. Part1. Enter the disease, or complications that the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failura. List only one causa on each line. Approximete Interval Between Onset and Death Physician ARTENIOSCLEROTIC CARDIOVASCUUM DISEASC /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Due to (or as a consequence ot): Examiner attending physician and for usa as the burial-transit law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants resulting In death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) 23b. Did tobacco usa contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yee 2 No 3 Probably 4 Unknown signed t þ 24b. Were autopsy tindings available prior to Completed 24a. Was en autopsy performed? completion of cause of death? paga 2 s has 1 Yes 2000 Be 26. Place of Death (Check oply one) Hospital: Other: 4 □ Nursing Home 5 Residence 6 □ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To this 28a. Date of Injury (Month, Day Year) funaral 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Aftar Attending 1 Natural 5 Pending after death. Director: Aft 1 ☐ Yes 2 ☐ No 2 ☐ Accident Investigation ector: by tha 6 Could not be determined 3 ☐ Suicida 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 0 Hospital 24 hours critifying Physicien: To the best of my knowledge, death occurred at the time, date end pleca, end due to the cause(s) and manner as stated.

Con the best of exemination and/or investigation, in my opinion, death occurred at the time, date and pleca, and due to the cause(s) and manner stated. 29a. Certifie edicai complataly one) To the To the To the 29c. Licensa number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifie 15236 DME

State

Registrar

31. Date filed (Month, Day, Year)

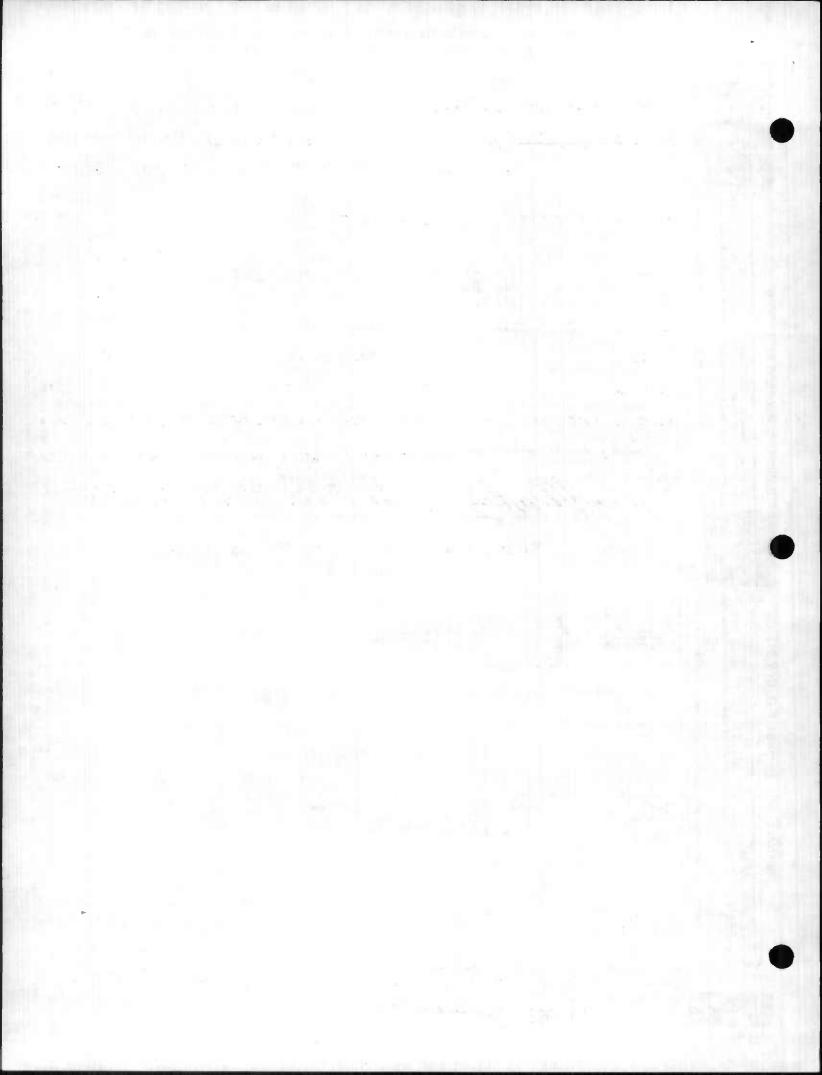
1 6 1998

I. MARGOUI

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

MO.

DOCKULUS DILTE, DOCKULUS MO 20852 32. Registrar's Signature Randall



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Deeth 3. Tima of Death Month Yeer **Physician** ORWAND THOWAS LEDNUM 12 5:00 a June 1998 /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4a Facility Neme (If not institution, give street and number) Examiner The Memorial Hospital Easton If Under 1 Year if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number Birthplaca (Stete or Foreign Country) 6. Sex **X** M 2 ☐ F 7. Age (In yrs. last birthdey) Min. Months Deys Hours 4, 80 1917 214-20-5022 Maryland Usuel Residence of Deceden 10d. Inside City Limits 10a. Stete 10b. County 10c. City. Town or Location 1 ☐ Yes 2 No Talbot Bozman Directo Maryland 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? U.S.A. 21612 Swan Cove Rd. Funeral 23279 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 No It Yes, Give Yeer or Dataa: 14. Raca - Amarican Indian, 11. Marital Status Bleck, Whita, etc. 1 Navar Married 2 Married White 1 ☐ Yes 2 No Specify: Specify: p 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) Elementery/Secondary (0-12) Seafood Waterman 18. Mother's Nama (First, Middle, Melden Sumeme) 17. Fether's Name (First, Middle, Last) Mary Belle Jones Ormond Thomas Lednum 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) 21612 P.O. Box 183 Bozman, Maryland Wife Betty J. Harrison 20a. Method of Disposition
1 ☑Burlai 2 ☐ Cramation 3 ☐ Removel from Stete 20b. Placa of Disposition (Neme of cematery, cremetory or other piece) 20c. Location - City or Town, Stete Woodlawn Memorial Park Cem. 6-15-98 Easton, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility 21 Signeture of Funeral Service Licenses Harrison E. Leonard Funeral Home 312 S. Talbot St. St. Michaels, Maryland 21663 unison Leonar 23a. Pert1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth Month Immediate Cause (Fine) diseese or condition resulting in deeth) Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated evants resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Dua to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 PNo 3 Probably 4 Unknown à 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy Completed 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending investigation Injury 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end pleca, and due to the cause(s) end menner steted. 29a. Certifier Medical (Check only one) 29d. Deta signed (Month, Dey, Year) 29c. License number 29b. Signature d titla of cortifier Mrd 30. Name and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

State Registrar

**Funeral** 

**Director** 

7 is marked other than "natural", or Itams 23s or 28s-f show traumatic avant, the Medical Examiner must be notified at

n and Mental Hygiena.

mit. Pages 1 and 2 should be file partment of Health and Mental Hy portant: If Itam 27 ia marked oth y injury or other traumetic avant

Department of important: If any injury or once.

**Physician** 

/Medical

Examiner

physician and s the burial-trans

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certificate

After this

24 hours after death.

funeral director,

completely To the Vithin 2

Hospital or Attending Physician:

the death certificate be axecuted

P.O.

Division of Vital Records.

with the Maryland

death

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DRMOND

Maryland 21215-0020

Baltimore,

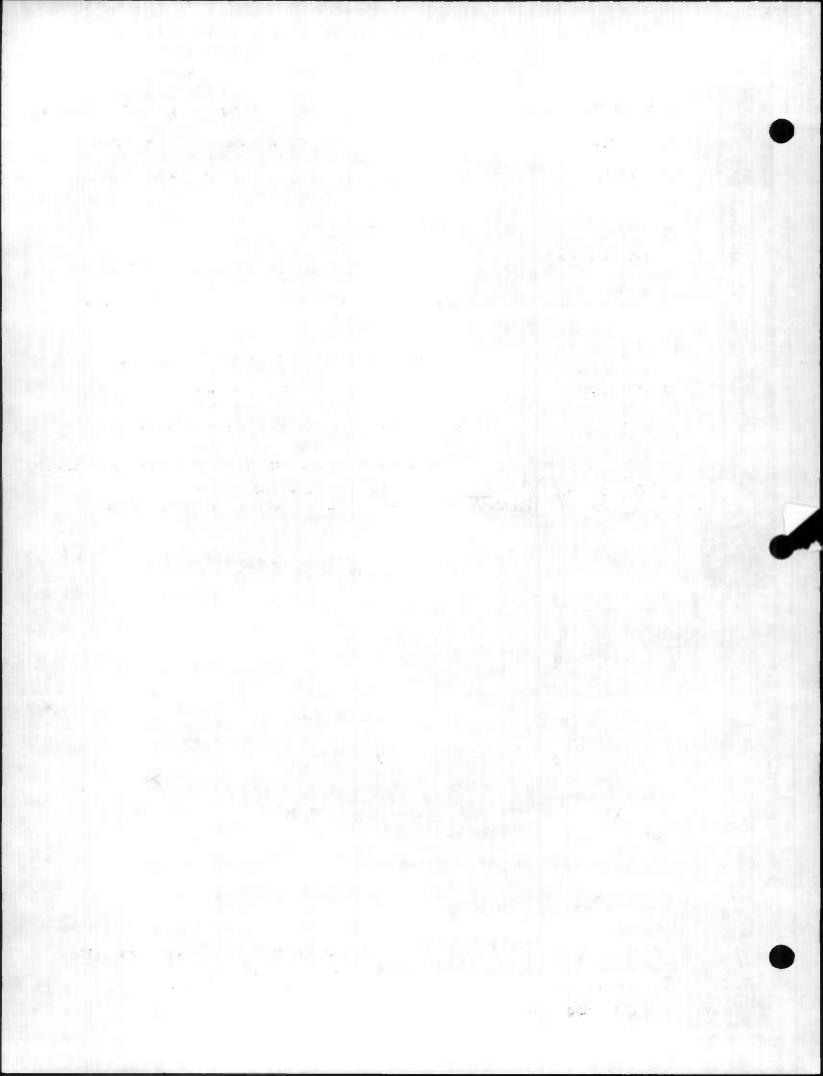
31. Date tiled /Month

509 Idlewild Ave. Easton, Maryland David H. Smith M.D. 32. Registrar's Signeture Julia Tevidon

F 5 981 ... 4 6 665

State of Maryland / Department of Health and Mental Hygiene 98 20193

|                                     | Certificate of D  | <i>Death</i>                                     | Reg                                  | . No.                          | 0 ( 0   | 190                                      |  |  |  |  |
|-------------------------------------|---|--|--------------------------------------|--------------------------------|---|--|--|--|--|--|
| ,                                   | 1. Decedent's Nema (First, Middle, Last)  | 2.   | Dete of Death<br>Month               | Dey                            | Yeer 3. Tir   | me of Death                              |  |  |  |  |
| ysician<br>Aedical                  | CARL CLIFTON LEHR   | J  | UNE                                  | 16 199                         | - 111   | 15 <sub>PM</sub>                         |  |  |  |  |
| aminer                              | 4a Fecility Nama (If not institution, give street and number) 4b  | b. City, Town, or Locat                          | tion of Death                        | 4c. County of                  | of Death  | 111                                      |  |  |  |  |
|                                     | SACRED HEART HOSPITAL   | CUMBERLAN  |                                      |                                | EGANY   |  |  |  |  |  |
| eral<br>ctor                        | 5. Social Security Number 6. Sax 7. Age (In yrs. last birthday) 1 Undar 1 Yeer 217-10-7437 82 Yrs. 82 H Undar 1 Yeer Months Days                                    | Hours Min.                                       | Date of Birth<br>(Month, Day, Y      | 915                            | 9. Birthplace (S<br>Country)<br>PA.                   | tata or Foreign                          |  |  |  |  |
| To Be Completed by Funeral Director | 10a. State 10b. County 10c. City, Town or Location  |  |                                      |                                | 10d. Insi   | ida City Limits                          |  |  |  |  |
| Director                            | MARYLAND ALLEGANY FROSTBURG  10e. Street and Number 10f. Zip Coda   |  | 100                                  | . Citizan of W                 |   | Yas 2□No                                 |  |  |  |  |
|                                     |   |  | 109                                  |                                |   |  |  |  |  |  |
| era                                 | 1 KAYLOR CIRCLE 21532  11. Meritel Stetus 12. Wea Decedent Ever In U.S. 13. Was Decedent of His   | spenic Orlgin? (Specif                           | v Yas or No-                         | U · S                          | · A .   | an,                                      |  |  |  |  |
| by Funeral                          | Armed Forces?  1 Navar Married 2 X Married 1 Yas 2 No 1 Yas 2 No 1 Yas 3 Widowad 4 Divorced  1 Yas 0 No 1 Yas 2 No 1 Yas 2 No                                       | n, Maxican, Puàrto Ric<br>Specify:               | ćan, atc.)                           | Specify:                       | WHITE   |  |  |  |  |  |
| ted                                 | 15. Decedent's Education 16e. Decedent's Usual Occupat  | ition  | 16                                   | b. Kind of Bu                  | siness/Industry                                       |  |  |  |  |  |
| Completed                           | (Specify only highast grade complated)  Elementery/Secondery (0-12)  12  (Giva kind of work done at tiffa. DO NOT usa ratired)  MONTGOMERY WARI                     |  |                                      | MANAGE                         | R   |  |  |  |  |  |
| Be                                  | 17. Fathar's Nama (First, Middla, Last)   | 18. Mothar'a Name (F                             |                                      |                                |   |  |  |  |  |  |
| To B                                | CLIFTON LEHR  | ELSIE D  | AWSON                                |                                |   |  |  |  |  |  |
| -5                                  | 19a. Informant's Name/Raiationship (Type, Print) 19b. Meiling Address (Straat and   | nd Number or Rurel F                             | Routa Number, C                      | City or Town,                  | Steta, Zip Code)                                      |  |  |  |  |  |
|                                     | HEIDI BUSER NIECE 821 MT ROYAL AV   | VE CUMBERL                                       | AND MAR                              | YLAND                          | 21502   |  |  |  |  |  |
|                                     | 20e. Mathod of Disposition  20b. Piece of Disposition (Nama of camatary, cramatory or other place   | a) i   | Data 20                              | c. Location -                  | City or Town, Sta                                     | ita                                      |  |  |  |  |
|                                     | 1 Burial 2 Stramation 3 Ramoval from State 4 Donation 5 Other (Specify)  CUMBERLAND CREMATOR  |  | 1000 0                               | IMPEDI                         | ARID MADY   | 7T 3TD                                   |  |  |  |  |
| Suc Suc                             | 21. Signeture of Funeral Service Licensae  A C M MERRITT-ADA  A MERRITT-ADA   | s of Facility                                    |                                      | UMBEKL                         | AND_MAK   | LAND                                     |  |  |  |  |
| DUC#                                | ale d. Leurett 404 DECATUR  | R STREET C                                       | UMBERLA!                             | ND MAR                         | YLAND   |  |  |  |  |  |
|                                     | 23a. Pan1. Enter the disease, or complications that caused the death. Do not anter the mode of dying shock, or heart failure. List only one ceuse on each line.     | ), such as cardiac or re                         | aspiratory erres                     | t,                             | Appro   | ximata<br>el Between                     |  |  |  |  |
| in                                  |   |  |                                      |                                | Onsat   | end Death                                |  |  |  |  |
| 1                                   | Immediata Causa (Final diseasa or condition A Solivation Dh.  | moni A   |                                      |                                | 12  | hours                                    |  |  |  |  |
| er                                  | disease or condition rasulting in death)  A Spiration  Due to (or es e consequence of):   |  |                                      |                                |   |  |  |  |  |  |
| a la                                |   |  |                                      |                                |   |  |  |  |  |  |
| Examiner                            | Sequentially list conditions,  Due to (or as a consequence of):   |  |                                      |                                |   |  |  |  |  |  |
|                                     | Sequentially list conditions, if any, leeding to immadiete causa. Entar Undarlying Causa (Disease or injury that initiated avants  Due to (or as a consequence of): |  |                                      |                                |   |  |  |  |  |  |
| edical                              | Causa (Disease or injury that Initiated avants resulting in death) Last  Due to (or es e consequenca of):   |  |                                      |                                |   |  |  |  |  |  |
| Med                                 | TOOLING III WARLI LEGI  |  |                                      |                                |   |  |  |  |  |  |
| an                                  | d   |  |                                      |                                |   |  |  |  |  |  |
| sicia                               | Part II. Other algnificant conditions contributing to death but not resulting in the underlying causa given   | ın in Part i.                                    | 23b. Dld tob                         | ecco uae con                   | tribute to the co                                     | nues of death?                           |  |  |  |  |
| by Physician                        | Sepsis ; Respire tony Faith   | use  | 1 🗆 Yee                              | 2□ No                          | 3 Probably  | 4 nknown                                 |  |  |  |  |
| Completed I                         | Sepsis ; fespire tony Faith<br>Ngomic Brain Syndromy  | ,  | 24a. Was an performa                 |                                | 24b. Wera aut-<br>availabla<br>completio<br>of death? | opsy findings<br>prior to<br>on of causa |  |  |  |  |
| mo                                  |   |  | 1 ☐ Yas                              | 2000                           | 1 ☐ Yas   | 2 No                                     |  |  |  |  |
|                                     | 25. Was casa rafarred to medical  | 26. Placa of Death (                             |                                      |                                |   |  |  |  |  |  |
| o Be                                | examiner?  1  |  |                                      |                                | ar (Spacify)  |  |  |  |  |  |
| -                                   | 27. Mannar of Death 28a. Date of Injury 28b. Time of 28c. Injury  |  | d. Dascribe how                      |                                |   |  |  |  |  |  |
| tlor                                | M 4 V   | <br Yas 2 □ No                                   |                                      |                                |   |  |  |  |  |  |
| Certification:                      | 2 Accident Investigation 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, streat, factory, office building, etc. (Specify)                 |  | 1. Location (Stre<br>City or Town,   |                                | er or Rural Route                                     | Number,                                  |  |  |  |  |
| edical Co                           | 29e. Cartifiar (Check only one)  2/2 Medical Examiner: On the basis of exemination and/or invastigation, in my opi and mannar stated.                               | e, data and place, and<br>pinion, daath occurred | d dua to tha cau<br>at the time, det | se(s) and ma<br>e end plece, i | nnar as stated.<br>and dua to tha ca                  | ause(s)                                  |  |  |  |  |
| Medical Certification: 7            | 29c. Licensa 29c. Licensa   | ı number   | 290                                  | d. Data signed                 | d (Month, Day, Y                                      | 'ear)                                    |  |  |  |  |
|                                     |   |  |                                      |                                |   |  |  |  |  |  |
|                                     | Jew 1   | 11644  | JU                                   | JNE /                          | 6 1998  |  |  |  |  |  |
|                                     | 30. Name and address of person who complated causa of daath (Itam 23a) (Type, Print)  | m.l.   | 21000                                |                                |   |  |  |  |  |  |
|                                     | Dr. Jesus lan, Prosiburg Plaza, Prosibu   | ing , mile -                                     | ~13 3 +                              |                                |   |  |  |  |  |  |
| State                               | 31. Date filed (Mogth, Day, Year) 32. Begintrad's Signature.  |  |                                      |                                |   |  |  |  |  |  |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene. Amend #8, 6/15/98, BMW, Montq. Co. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Day **Physician** JUNE 11, 1998 8:20 AM NAMMAN /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner MANOR CARE-BETHESDA BETHESDA MONTGOMERY If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign
Country) **Funeral** Days 10M 20 F Yrs 578.32.2793 **Director** NEW YORK 84 Usual Residence of Decedent with the Maryland 10c. City, Town or Location 10d. Inside City Limits r 28a-f show 10a. State 1 ☐ Yes 2 No Directo MARYLAND MONTGOMERY ROCKVILLE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7 is marked other than "naturel", or items 23s or traumatic avent, the Medical Examiner must be 886 AZALEA DRIVE 20850 USA death Funeral 14. Rece - American Indian, Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Mentel Status permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "naturel", or iter any injury or other traumatic avent, the Medical Example once. 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Datas: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry College (1-4or 5+) Elemantary/Secondary (0-12) MANAGER FEDERAL GOVERNMENT 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be HARRY MENDELOWITZ ROSE WEISMAN 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) PEAR MANDEL/SPOUSE 886 AZALEA DRIVE, ROCKVILLE, MARYLAND 20850 20b. Placa of Disposition (Name of cematery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State KING DAVID MEMORIAL GDNS 6/14/98 FALLS CHURCH, VIRGINIA 4 ☐ Donation 5 ☐ Other (Specify) EDWARD SAGEL FUNERAL DIRECTION, INC. 1091 ROCKVILLE PIKE, ROCKVILLE, MARYLAND 20852 Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat and Death Physician METASTATIC BRONCHOGENIC CARCINOMA =3 Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or as a consequence of) Physician/Medical Examiner physician and s the burial-transit certificate be executed Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. Due to (or es e consequenca of) USB 8 signed by the a P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? been si 24a. Was an autopsy performed? Completed pege 2 s certificate has 2 0 No 1 ☐ Yes 2 ☐ No 25. Was case rafarrad to medical examiner? Be 26. Placa of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3□ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Daath 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work?

Division of Vital Records, Attending Physician: 6

Certification: 6

After this

Oirec Hospital 24 hours within 24 hou To the Funel completely fi

State Registrar

To the

31. Date filed (Month, Day, Year)

Natural

2 Accident

4 Homicida

29b. Signeture and title of

3 ☐ Suicide

29a. Certifier

edicai

5 Pending investigation

6 ☐ Could not be datarmined

son who completed cause of death (Itam 23a) (Typa, Print)

2 No

1 ☐ Yes

29c. License number

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to tha cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29d. Date signed (Month, Day, Year)

281. Location (Street and Number or Rural Route Number, City or Town, Stata)

DELRAY AVE

32. Registrar's Signature

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

SEA COUNTY OF THE PARTY AND DESCRIPTION OF THE PARTY. AND STREET THE TOTAL STREET STREET

wa Davidson-Randale

Examiner

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumetic event, the Heal call Examiner must be notified a gonde.

NAME KNOWN TO PHYSICIAN: WILLIAM MALLALIEU

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

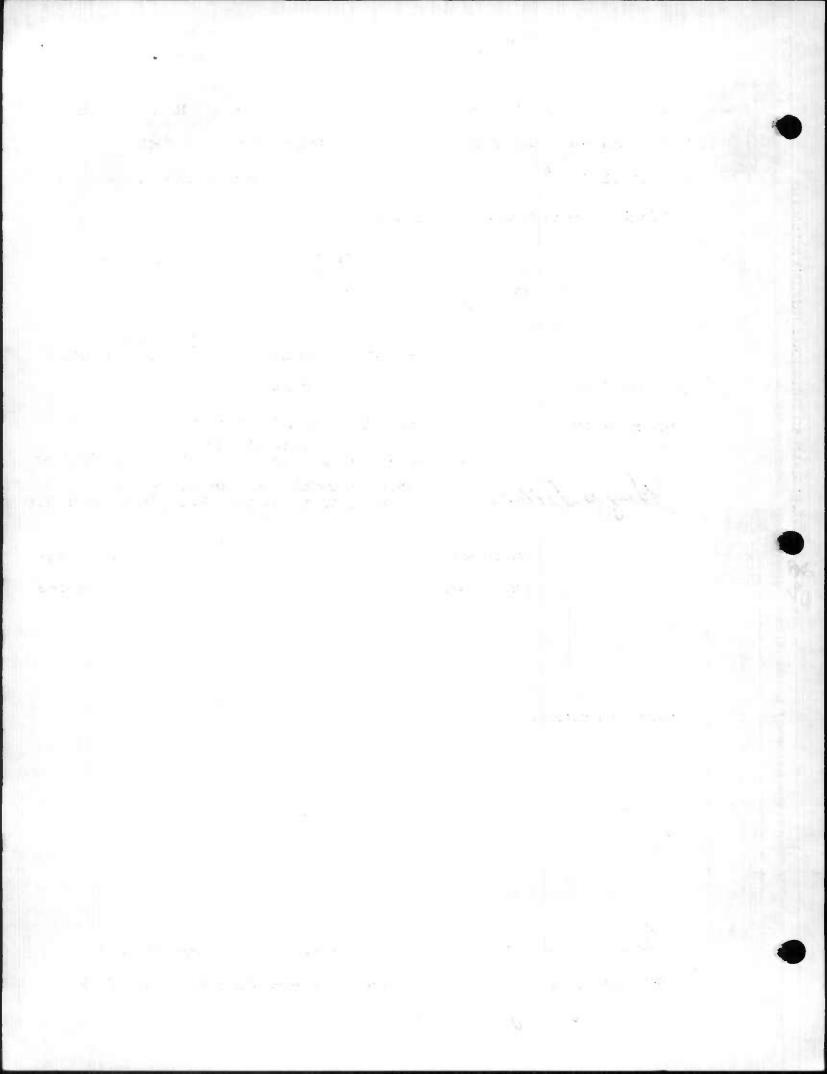
To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effect death.

To the Furnaral Director: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit Division of Vital Records, P.O. Box 68760,

|   |   |  |  |                              | Cer                             | titicate (   | or De                                | atn                            |                                      | Reg. N            | 0.                 |                                  |                   |                      |
|---|---|--|--|------------------------------|---------------------------------|--|--------------------------------------|--------------------------------|--------------------------------------|-------------------|--------------------|----------------------------------|-------------------|----------------------|
| 1. Decedent's Ner   | ne (First, Mida   | lle, Last)                             |  |                              |                                 |  |                                      |                                | 2. Dete of De<br>Month               |                   | ey .               | Yeer                             | 3. Tim            | e of Death           |
| William   |   |  | and the same of th | u                            |                                 |  | - (                                  |                                | June                                 |                   | Ö, 19              |                                  | 10:               | O5AM                 |
| 4e. Fecility Neme   | (If not Institution   | on, give street end                    | d number)  |                              |                                 |  | 4b. C                                | ity, Town, or                  | Location of Deet                     |                   |                    | of Deeth                         |                   |                      |
| VA Maryl  |   |  |  |                              |                                 |  |                                      | rry Po                         |                                      |                   | Cec:               | il                               |                   |                      |
| 5. Sociel Security I  | Number  | 6. Sex<br>1 M M 2□                     |  | e (In yrs. I                 | ast birthday)                   | If Under 1 Y<br>Months De                          |                                      | Jnder 24 Hrs<br>ours Min       |                                      | rth<br>ey, Year   | 7)                 | 9. Birthple<br>Country           | ce (Ste           | ete or Foreign       |
| 217-05-   | -9392   | TAX INI ZC                             |  | 79                           | Yrs.                            |  |                                      |                                | March 25                             |                   |                    | Marylar                          | -                 |                      |
| Usuel Residence of  | 10b. Count  | ,                                      |  | 10c. City                    | , Town or Lo                    | cation   |                                      |                                |                                      |                   |                    |                                  |                   | e City Limits        |
| Maryland  |   | ueen Ann                               | 010  | ,                            | Crump                           |  |                                      |                                |                                      |                   |                    | 100                              |                   | Yes 2□No             |
|   | •   | uccii mii                              | 16 5   |                              | Or unp                          |  |                                      |                                |                                      | 10- 0             | latin and add      | 10-110                           | 21                | 3.5                  |
| 10e. Street end Nu  | mber  |  |  |                              |                                 | 10f. Zip Co  | 10                                   |                                |                                      | 10g. C            | rizen or           | Whet Country                     | y e               |                      |
|   |   | 10.111                                 |  |                              |                                 |  | 1628                                 |                                |                                      |                   |                    | States                           |                   |                      |
| 11. Maritel Status  |   | Arme                                   | Decadent I<br>d Forces?  | E SILI                       |                                 | Yes, specify                                       | of Hisper<br>Juban, M                | nic Origin? (S<br>exicen, Puer | Specify Yes or No<br>to Ricen, etc.) | 0-                |                    | e - Americer<br>ck, White, et    |                   | 1,                   |
| 1 Never Mar   | $\Lambda\Lambda$  | rried 1 total                          | es 2 1   | NO<br>THITT                  | . 1                             | □Yes 2🂢  | No Sp                                | ecify:                         |                                      |                   | Specif             | V: T.Thair                       |                   |                      |
| 3 CJ WIGOWEG  |   |  | or Dates:  | MMTT                         | 10- D                           |  |                                      |                                |                                      | 1.01              | (d) . 1 . 4 m      | Whit                             |                   |                      |
| (Spe  |   | nt's Educetion<br>est grede comple     | ted)   |                              | (Give                           | ent's Usuel Or<br>kind of work do<br>DO NOT use re | ne durine                            | g most of wo                   | orking                               | 16b.              | Kind of B          | usiness/Indu                     | stry              |                      |
| Elementary/Sec  | ondary (0-12)   | Cotle                                  | ge (1-4or 5  |                              |                                 |  |                                      |                                |                                      |                   | itrac              |                                  | 1 -               |                      |
| 17. Fether's Neme   | (First Middle   | (ast)                                  |  |                              | Electr                          | cician   |                                      |                                | me (First, Middle                    |                   |                    | g & E                            | Lec               | tric_                |
| John Mal  |   | ,                                      |  |                              |                                 |  |                                      | Eunice                         |                                      | 5, 1110100        | , barnon           | 110)                             |                   |                      |
|   |   |  |  |                              | 10h Malija                      | - Address (Ca                                      |                                      |                                |                                      | 014               | . T.               | 01-1-71-0                        | harata h          |                      |
| 19e, Informent's N  |   |  | ,  |                              |                                 |  |                                      |                                | ural Route Numb                      |                   |                    |                                  |                   | 0.0                  |
| Helen Ma  |   | u                                      |  | 20h DI                       | Post                            | UIIIC sition (Neme of                              | e Ro                                 | x 11/,                         | Crumpt                               | on,               | Mary               | Tand A                           | 210.              | 28                   |
|   | ,   | 3 Removel f                            | rom State  | 200. F                       | emetery, crem                   | netory or other                                    | plece)                               | June                           | 13 <sup>Dete</sup> 19                | 98                | Location -         | - City or Town                   | n, Stati          | 3                    |
| 4 Donation  | 5 Other (S  | Specify)                               |  | Suc                          | llersy                          | ville  | Cem                                  | etery                          |                                      | Sud1              | ersv               | ville,                           | Ma:               | ryland               |
| 21. Signeture of  | uneral Service  | Licensee                               |  |                              | 22<br>Fo.1                      | Name and A   | dress of                             | Fecility                       | lewnam Fun                           | ferro             | Homo               | DΛ                               |                   | 2165                 |
| Ma  | WB.   | Fellor                                 | 03   |                              |                                 |  |                                      |                                | Office B                             |                   |                    |                                  | n î               |                      |
| 23a. Part1. Enter   | disease, o  | r complications to<br>t only one ceuse | hat ceused   | the deeth                    |                                 |  |                                      |                                |                                      |                   | 0, 11              | . A                              | oproxi            | imete                |
| S:10CK, 01 1181   | on landie. Lis  | t only one ceuse                       | On Bech III  | 10.                          |                                 |  |                                      |                                |                                      |                   |                    | i c                              | Onset e           | Between<br>and Deeth |
| Immediate Cause   |   | Sou                                    | ntico  | mia                          |                                 |  |                                      |                                |                                      |                   |                    | de la                            |                   | da                   |
| disease or condition resulting in deeth)  | on  | e. Se                                  | ptice  |                              | es e conseq                     | uosoo of):   | -                                    |                                | -                                    |                   |                    | cn.                              | ree               | days                 |
|   |   | ACI                                    |  |                              | failu                           |  |                                      |                                |                                      |                   |                    | th                               | ~~~               | dave                 |
| Sequentially list a   | anditions   | b                                      |  |                              | es e conseq                     |  |                                      |                                |                                      |                   |                    | [L11.                            | ree               | days                 |
| if eny, teeding to le<br>ceuse. Enter Und   | mmediate<br>erlying   | ]                                      |  | D40 (0 (0)                   | 00 0 0011004                    | uonoo on.  |                                      |                                |                                      |                   |                    | 1                                |                   |                      |
| Sequentially list or if eny, teeding to liceuse. Enter Und Ceuse (Diseese or that trittered event                     | r Injury 🖠  | C                                      |  | Due to (or                   | as e consequ                    | ience of):   |                                      |                                |                                      |                   |                    |                                  |                   |                      |
| resulting in deeth)   | Lest  |  |  | 10 (0.                       | ,                               |  |                                      |                                |                                      |                   |                    |                                  |                   |                      |
|   |   | d                                      |  |                              |                                 |  |                                      |                                |                                      |                   |                    |                                  |                   |                      |
| Part II. Other signi  | ficent conditi  | ons contributing                       | to death bu  | ut not resu                  | iting In the ur                 | nderlying ceus                                     | aiven In                             | Pert i.                        | 23b. Did                             | tobacc            | o use co           | ntributa to t                    | he cau            | sa of death?         |
|   |   |  |  |                              |                                 | ,  |                                      |                                |                                      |                   | 2X No              |                                  |                   | 4 🗆 Unknowi          |
| Parkins   | on's di   | sease                                  |  |                              |                                 |  |                                      |                                |                                      | , , , ,           | ZZ 110             |                                  | ,                 |                      |
|   |   |  |  |                              |                                 |  |                                      |                                | 24a. Wes                             |                   | opsy               |                                  |                   | osy findings         |
|   |   |  |  |                              |                                 |  |                                      |                                | perf                                 | ormed?            |                    |                                  | eble pr           | of cause             |
|   |   |  |  |                              |                                 |  |                                      |                                |                                      |                   | - 674              |                                  |                   |                      |
|   |   |  |  |                              |                                 |  |                                      |                                | 10                                   | Yes               | 2 No               | 10                               | Yes               | 2□ No                |
| No. 100   |   | Hospital:                              |  |                              |                                 |  | Other                                |                                | eth (Check only                      |                   |                    |                                  |                   |                      |
| 25. Wes cese refe<br>exeminer?  | No  |  | 1 Inpatie  |                              | ER/Outpatien                    |  | 4                                    | Nursing i                      | Home 5 Res                           |                   |                    |                                  |                   |                      |
| exeminer?   | Afe   |  | lete of Injui<br><i>Month, D</i> ej  | Year)                        | 28b. Time of<br>injury          |  | njury et<br>Work?                    | ۰                              | 28d. Describe                        | now inj           | ury occur          | red                              |                   |                      |
| exeminer?   | 5 Pendi   |  |  |                              |                                 | М  | 1 🗌 Yes                              | 2 🗆 No                         | 00/ 1                                | (0)               | 4.44               | - 6 //                           |                   |                      |
| exeminer? 1 Yes 2 A  27. Manner of Dee 1 Naturel 2 Accident   | 5 Pendi   | igation<br>not be                      |  |                              |                                 |  |                                      |                                | 28f. Location                        | (Street e         | and Numi           | ber or Hurel I                   | Youte /           | Vumber,              |
| exeminer? 1 Yes 2 🕅 27. Manner of Dee 1 🖾 Naturel   | 5 Pendi   | not be                                 | Plece of Injudicing  | ury - At ho<br>. (Specify    | me, farm, stre                  | et, fectory, of                                    | ice                                  |                                | City or To                           | wn, Ste           | te)                |                                  |                   |                      |
| exeminer? 1 Yes 2 2 27. Manner of Dee 1 Naturel 2 Accident 3 Sulcide 4 Homicide                                       | 5 Pendii<br>Invest<br>6 Could<br>determ                               | not be nined 28e. P                    | uilding, etc   | c. (Specify                  | ")                              |  |                                      |                                |                                      | wn, Ste           | te)                |                                  |                   |                      |
| exeminer?  1 Yes 22  27. Manner of Dee  1 Naturel  2 Accident  3 Sulcide  4 Homicide  29e. Certifier (Check only)     | 5 Pendii Invest 6 Could determ  | not be nined 28e. P                    | the best one bests of  | of my knov                   | vledge, deeth                   | occurred et th                                     | e time, de                           | ete end plec                   | e, end due to the                    | ceuse(            | te)<br>s) end m    | enner as stel                    | ted.              | se(s)                |
| exeminer?  1 Yes 22  27. Manner of Dee  1 Naturel  2 Accident  3 Sulcide  4 Homicide  29e. Certifier (Check only one) | 5 Pendinest Invest 6 Could determ                                     | not be nined 28e. P b                  | the best of  | of my knov                   | vledge, deeth                   | occurred et the                                    | e time, de                           | n, death occ                   | e, end due to the                    | ceuse(            | s) end mand place, | enner as stell<br>and due to t   | he ceu            |                      |
| exeminer?  1 Yes 22  27. Manner of Dee  1 Naturel  2 Accident  3 Sulcide  4 Homicide  29e. Certifier (Check only)     | 5 Pendinest Invest 6 Could determ                                     | not be nined 28e. P b                  | the best one bests of  | of my knov                   | vledge, deeth                   | occurred et the                                    | e time, de                           | n, death occ                   | e, end due to the                    | ceuse(            | s) end mand place, | enner as stel                    | he ceu            |                      |
| exeminer?  1 Yes 22  27. Manner of Dee  1 Naturel  2 Accident  3 Sulcide  4 Homicide  29e. Certifier (Check only one) | 5 Pendinest Invest 6 Could determ                                     | not be nined 28e. P b                  | the best one bests of  | of my knov                   | vledge, deeth                   | occurred et the estigation, In r                   | e time, de                           | n, death occ                   | e, end due to the                    | ceuse(<br>dete ei | s) end mand place, | enner as stell<br>and due to the | he ceu<br>ey, Yea |                      |
| exeminer?  1 Yes 22  27. Manner of Dee  1 Naturel  2 Accident  3 Sulcide  4 Homicide  29e. Certifier (Check only one) | 5 Pendinvest 6 Could determ  1 Certifylt 2 Medical  title of certific | igation not be nined 28e. P b          | the best on the best of the be | of my know<br>exeminetiated. | viedge, deeth<br>ion end/or inv | occurred et the estigetion, in r                   | e time, do<br>ny opinion<br>ense nur | n, death occ                   | e, end due to the                    | ceuse(<br>dete ei | s) end mand place, | enner as stell<br>and due to t   | he ceu<br>ey, Yea |                      |

State

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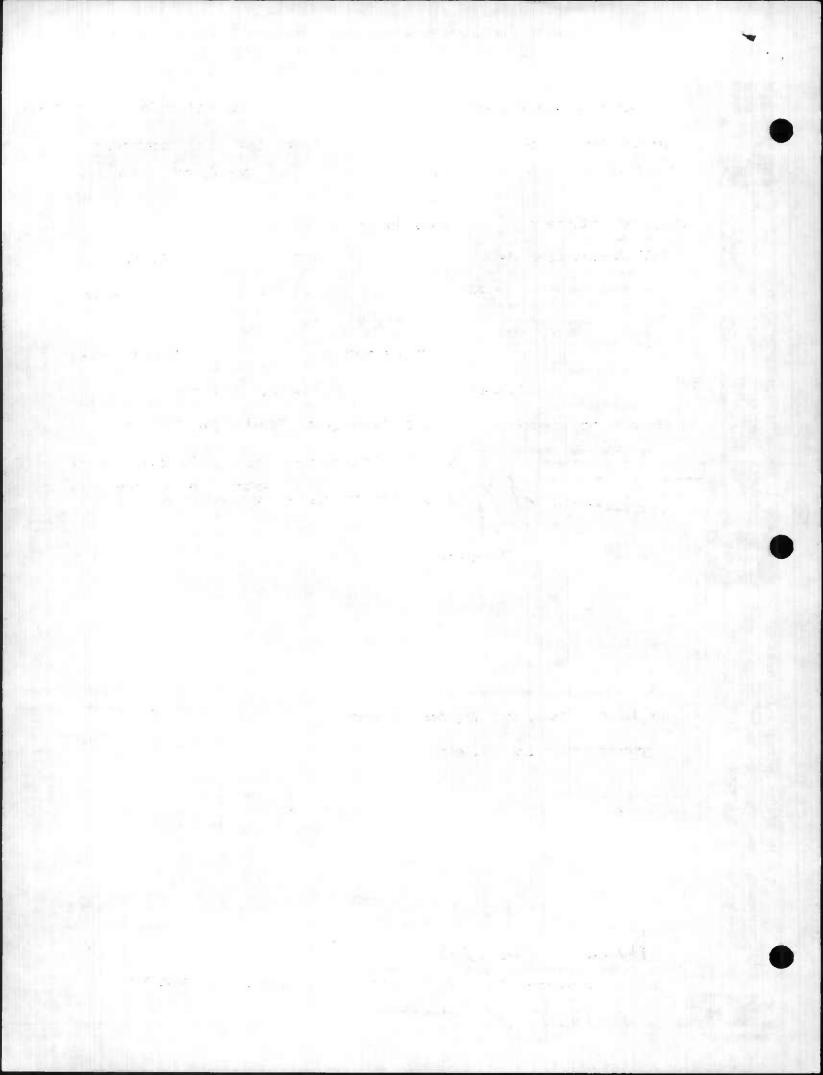


# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 8 20 196 Certificate of Death Reg. No.

|  |   | ,   | Ce                                    | rtificate of                             | Death  | F                                     | Reg. No.                           | 20100  |
|--|---|---|---------------------------------------|--|--|---------------------------------------|------------------------------------|--|
|  | 1. Decedent'e Neme (First, Middle, L  | ast)  |                                       |  |  | 2. Dete of Dee<br>Month               | th<br>Dey                          | 3. Time of Deeth                                   |
| Physician<br>/Medical  | Alexander Young   | McCormack   |                                       |  |  | June 10                               | 1000                               | 11:50 P.M.   |
| Examiner   | 4e Fecility Name (If not institution, g   | ve street and number)   |                                       |  | 4b. City, Town, or                             | Location of Deeth                     | 4c. County                         | of Deeth   |
|  | Mariner Health (  | Care  |                                       |  | Kensingto                                      | on                                    | Montgo                             | omery  |
| Funeral<br>Director  | 101-05-7092   | 373 to a - c  | yrs. last birthdey)<br>89 Yrs.        | Months Deys                              |  |                                       | 908                                | 9. Birthplece (Stete or Foreign<br>Country)        |
| within 72 hours after deeth with the Maryland ena. than "natural", or ftems 23s or 28s-f show he Medical Exertine must be notified as ompleted by Funeral Director   | Usuel Residence of Decedent  10e. Stete 10b. County   | 100   | . City, Town or Lo                    | ocation                                  |  |                                       |                                    | 10d. Inside City Limits                            |
| Mar Mar  | Maryland Montgome   | ry S  | ilver Sp                              | ring                                     |  |                                       |                                    | 1 ☐ Yes XX No                                      |
| vith the Ma<br>t or 28s-f s<br>be notified   | 10e. Street end Number  |   |                                       | 10f. Zip Code                            |  | Harley II.                            | 10g. Citizen of V                  | Vhat Country?                                      |
| 23a 23a 3a   | 11550 Stewart La  | ne #413   |                                       |  | 20904  | - 1-1                                 | U.S.A                              |  |
| f Health and Mentel Hygiena. Item 27 is marked other than "natural", or items 23e or 28e-1 show other traumstic event, the Medical Examiner must be notified at To Be Completed by Funeral Director  | 11. Merital Status  1 Never Merried 2 Merried  3 Widowed 4 Divorced   | 12. Was Decedent Ever Armed Forcas?  1  Yes 2000 No If Yes, Give Year or Detes: |                                       | Wes Decedent of I<br>If Yes, specify Cub | Hispenic Origin? (Spen, Mexican, Puer Specify: | Specify Yes or No-<br>to Rican, etc.) | Blec                               | e - American Indien,<br>k, White, etc.<br>: white  |
| ygiena.<br>Ner than "natura<br>nt, tre Neotcall<br>Completed   | 15. Decedent's I<br>(Specify only highest g   |   | 16e. Dece                             | dent's Usuel Occu                        | pation   | deina                                 | 16b. Kind of Bu                    | siness/industry                                    |
| Is marked other than 'r<br>aumatic event, pre Hea<br>To Be Comple  | Elementary/Secondery (0-12)   | College (1-4or 5+)  |                                       |  | during most of wo                              | ,,,,,,                                |                                    |  |
| Co   | 8   |   | offic                                 | e worker                                 |  |                                       |                                    | e company  |
| Be very  | 17. Fether's Neme (First, Middle, Las   | t)  |                                       |  | 18. Mother's Ne                                | me (First, Middle,                    | Maiden Sumem                       | Θ)   |
| To To  | (Unknown)   | McCormack   |                                       |  | Isabel   | Primros                               |                                    |  |
| E E  | 19e. Informent's Name/Relationship  |   | 19b. Meili                            | ng Address (Stree                        | t end Number or R                              |                                       | r, City or Town,                   | Stete, Zip Code)                                   |
| Her to   | James I. McCorm   |   | 2504<br>b. Pleca of Disp              | Campbell                                 | Pl. Kens                                       |                                       | MD 2089                            |  |
| if them 27<br>or other tr  | 20e. Method of Disposition  1 Duriel XXCremetion 3  | Removel from State  | cemetery, cre                         | metory or other ple                      |  | Dete                                  |                                    | City or Town, Stete                                |
| ant: H   | 4 Donetion 5 Other (Spec  | ily) / No   |                                       |  | atory Jur                                      | e 11,199                              | 8 Arlin                            | gton, VA   |
| Department of Healt<br>Important: If Nem 27<br>any injury or other to  | 21, Signature of Funerel Servica Lice   | insee & G   | 2                                     | 2. Name end Addr                         | ess of Fecility                                | koma Fun                              | eral Ho                            | me. Inc.   |
| 25 8 8   | Daya  | 11/100  |                                       |  | 11 St. NW                                      | <i>Washing</i>                        | ton, DC                            | 20012  |
|  | 23a. Part1. Enter the disease or conshock, or heart failure. List only                                      | nplicetions that caused the yone cause on each line.                            | death. Do not en                      | ter the mode of dy                       | Ing, such es cardia                            | c or respiretory er                   | rest,                              | Approximate<br>Intervel Between<br>Onset and Deeth |
| ysician<br>fedical   | Immediate Cause (Finel  | -   |                                       |  |  |                                       |                                    |  |
| aminer   | diseese or condition resulting in deeth)  | • Pneumoni  |                                       |  |  |                                       |                                    | 3 days   |
| e e  |   | Due   | to (or es e conse                     | quenca of):                              |  |                                       |                                    |  |
| in and in and in a set of the set | 0   | b   | to (or es e conse                     | aneuce off.                              |  |                                       |                                    |  |
| the bunal-transit  | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury | Due   | to (or es e conse                     | querice orj.                             |  |                                       |                                    |  |
| e pri  | fulfilleled events  | C   | to (or es e conse                     | nuence of):                              |  |                                       |                                    |  |
| as the   | resulting In deeth) Lest  |   |                                       |  |  |                                       |                                    |  |
| for use  | If girls to   | l d   |                                       |  |  |                                       |                                    |  |
| etached for use as the burner of the burner  | Pert II. Other significant conditions   | contributing to death but no  | t resulting in the t                  | underlying cause o                       | iven in Pert I.                                | 23b. Dld t                            | obacco use co                      | ntributs to the cause of deeth?                    |
| detached f   |   |   |                                       |  |  | 10                                    | res ZXNo                           | 3 Probably 4 Unknown                               |
| b d  | senile cacotex  | ra, coronary  | neart d                               | rsease                                   |  |                                       |                                    | I  |
| should should  | gorobrousagas   | - i   |                                       |  |  | 24e. Wes                              | en eutopsy<br>med?                 | 24b. Were autopsy findings eveileble prior to      |
| 2 C  | cerebrovascula  | ı msurricier  | ıсу                                   |  |  |                                       |                                    | completion of cause of death?                      |
| paga 2 should  |   |   |                                       |  |  | 101                                   | es ŽXNo                            | 1 ☐ Yes 2 ☐ No                                     |
| director, paga   | 25. Wes case referred to medical  |   |                                       |  | 26. Plece of De                                | eth (Check only o                     | ne)                                |  |
|  | exeminer?<br>1 ☐ Yes 2 ☑ No   | Hospital: 1 Inpatient   | 2 ER/Outpetie                         | nt 3 DOA                                 | ther: 4 Nursing I                              | Home 5 Resid                          | lenca 6 Oth                        | er (Specify)                                       |
|  | 27. Manner of Deeth   | 28a. Dete of Injury<br>(Month, Dey Yea  |                                       |  |  |                                       | now Injury occur                   |  |
| Director: Afti<br>3 in by the fur<br>ertificatio   | 1 Neturel 5 Pending investigati   | on  | injury                                |  | Yes 2 No                                       |                                       |                                    |  |
| Decide: Attention of the control of  | 3 Suicide 6 Could not determine   |   | At home, farm, st                     | reet, factory, office                    |  | 28f. Location (S<br>City or Tox       |                                    | er or Rurel Route Number,                          |
| To the Funeral Director: After th completely filled in by the funeral Medical Certification:   | 29e. Certifier (Check only one)  29e. Certifier (Check only one)  | hysician: To the best of my<br>iminer: On the basis of examend menner stated.   | knowledge, deel<br>ninetion end/or in | th occurred et the to                    | ime, dete end plec<br>opinion, deeth occ       | e, and due to the curred at the time, | ceuse(s) and me<br>date end plece, | enner es steted.                                   |
| o the  | 29b. Signature end title of cartifier   | S. W. H. G. State O.  |                                       | 29c. Licen                               | nse number                                     |                                       | 29d. Date signe                    | d (Month, Day, Year)                               |
| F 0  | MAT   | 8. 0  |                                       | D089                                     | 944  |                                       | June 13                            |  |
|  | 30. Neme and eddress of person who  | completed sum of death  | (Item 23a) (Type                      |  |  |                                       |                                    | -, 2230  |
|  | Martin C. Sha   |   |                                       |  | Kensingt                                       | on MD 2                               | 0895_21                            | 10   |
|  | rattii C. Slid  | ract, III 3/2   | o rarra                               | Jul Ave.                                 | rensingu                                       | OII, PID Z                            | 0095-21                            | 10   |

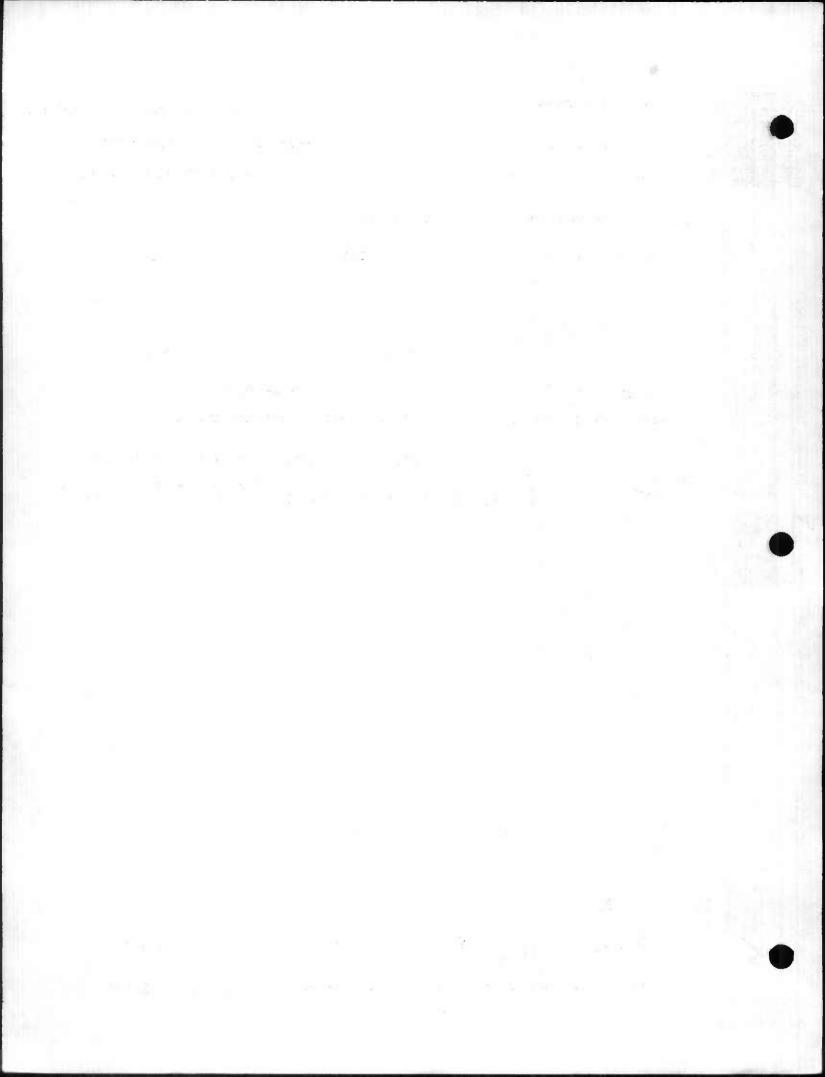
State Registrar

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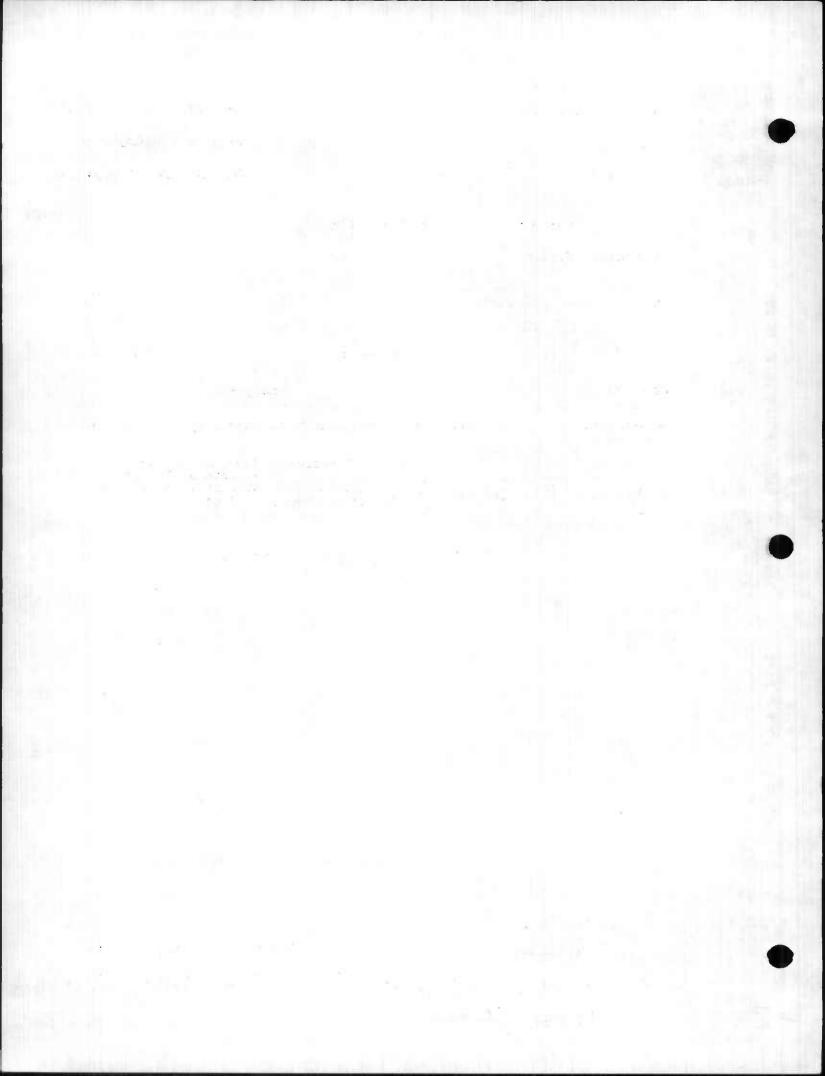


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|                   |  |                     | 1 December 1 Name (First A  | tiololin tran         | -41  |                                  | Cei                                | rtificate                                 | of     | Death                                     |                                      | Reg.                   | No.                       | ) (-                              | UI              | 91                                      |
|-------------------|--|---------------------|---|-----------------------|--|----------------------------------|------------------------------------|---|--------|---|--------------------------------------|------------------------|---------------------------|-----------------------------------|-----------------|---|
| 1                 | Physic   |                     | 1. Decedent's Nama (First, M<br>Jean McC  |                       |  |                                  |                                    |   |        |   | 2. Data of D<br>Month<br>June 1      |                        | Day<br>1998               | Yaar                              |                 | me of Death 05 P.M                      |
|                   | /Medi<br>Examir  |                     | 4a. Facility Nama (If not Insti   | ution, give           | straat and numi  | per)                             |                                    |   |        | 4b. City, Town, or                        |                                      | -                      | 4c. County                | of Death                          | 14.             | 05 P.M                                  |
|                   | LAGIIII  | 101                 | Mariner Heal  | th Ca                 | ire  |                                  |                                    |   | ]      | Kensingto                                 | n                                    |                        | Monto                     | omer                              | V               |   |
|                   | Funeral<br>Director  |                     | 5. Social Security Number 129–10–5864   | 6. Se                 |  | Aga (In yrs.                     | last birthday)<br>95 Yrs.          | If Undar 1<br>Months                      |        | If Undar 24 Hrs                           |                                      | irth<br>lay, Ye<br>23, |                           |                                   | iaca (S         | tata or Foraign                         |
|                   | pue *  |                     | Usuai Residence of Decedar<br>10a. Stata 10b. Co  |                       |  | 10c C                            | ty, Town or Lo                     | cation                                    |        |   |                                      |                        |                           | 1                                 | Od Inc          | da City Limits                          |
|                   | Manyle   | to                  |   | zgome                 | ery  |                                  | ver Sp                             |   |        |   |                                      |                        |                           |                                   |                 | Yaa 2 No                                |
|                   | r 28a  | irec                | 10e. Street and Number  |                       |  |                                  |                                    | 10f. Zlp C                                | oda    |   |                                      | 10g.                   | Citizan of \              | What Cour                         | ntry?           |   |
|                   | th with  | aiD                 | 11550 Stewar  | Lan                   | ne #413  |                                  |                                    | 209                                       | 04     |   |                                      | Ţ                      | J.S.A.                    |                                   |                 |   |
| 020               | ges 1 and 2 should be filled within 72 hours after death with the Maryland it of Heelih and Mentel Hyglene. If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Modical Examinat must be not lied at | by Funeral Director | 11. Marital Status  1 Nevar Married 2  3 XWidowed 4 Divo  | Varried               | 12. Was Deced<br>Armed Ford<br>1  Yas 2<br>If Yas, Give<br>Yaar or Dat | as?<br>□No<br>X                  |                                    | Was Deceda<br>If Yas, specif<br>1 ☐ Yaa 2 |        | Hispanic Origin? (Span, Maxicen, Puarl    | pecify Yas or N<br>o Rican, atc.)    | 0-                     |                           | e - Amaric<br>ck, Whita,<br>v: Wh |                 | an,                                     |
| 2-0               | 2 hou  | ted                 | 15. Dec   | dent's Ed             | ucation  |                                  | 16a. Deced                         | dent's Usual                              | Occu   | pation                                    | dele e                               | 168                    | o. Kind of B              | uainass/Ind                       | dustry          |   |
| 21215-0020        | ne.  | Completed           | (Specify only h<br>Elamantary/Secondery (0-   |                       | College (1-4   | or 5+)                           | life. I                            | DO NOT usa                                | retire | during most of word<br>ad)                | ring                                 |                        |                           |                                   |                 |   |
| d 2               | filed with<br>Hygiene.<br>ther ther  |                     | 17. Fathar's Name (First, Mic   | dia l'est)            |  |                                  | Hom                                | e make                                    | r      | 18. Mothar's Nar                          | na /Eiret Middl                      | a Mai                  | Own h                     |                                   |                 |   |
| lan               | ed be cove cove  | To Be               |   |                       |  |                                  |                                    |   |        | 200                                       | Taylor                               | a, renar               | oen ouman                 | 14/                               |                 |   |
| Maryland          | and 2 should be selith and Mentel in 27 is marked o  | -                   | William Lenn 19a. Informent's Name/Rala James I. McC  | lonship (7            |  |                                  | 19b. Mailir<br>2504                | ng Address (                              | Stree  | rand Number or Ru<br>Pl. Kens             | ral Routa Num                        | ber, C                 | ity or Town,              | Stata, Zip                        | Code)           |   |
| re,               | s 1 and<br>7 Heelth<br>tem 27<br>other tr  |                     | 20a. Mathod of Disposition  |                       |  | 20b.                             | Placa of Dispo                     | sition (Nama                              | of     |   | Data                                 | 200                    | . Location -              | City or To                        | wn, Sta         | ita                                     |
| MO                | Pages<br>nent of i   |                     | 1 ☐ Burial 2 ☐ Cramat<br>4 ☐ Donation 5 ☐ Othe  |                       |  |                                  | camatary, cran<br>Virgi            |   |        |   | ine 17,1                             | 998                    | 8 Arl                     | ingto                             | n, s            | <i>J</i> A                              |
| Baltimore,        | permit. Pages 1 and<br>Department of Health<br>Important: if itsm 27<br>any injury or other tr<br>once.  |                     | 21 Signature of Funeral Ser   |                       |  | . 1                              |                                    |   |        | ass of Facility 7                         | akoma I                              |                        |                           |                                   | Inc             | c.                                      |
|                   | _  | Н                   | 23a. Part1. Entar tha diagram<br>shock, or haart fail re  | , or comp             | olications that cau  | sad the daa                      |                                    |   |        |   |                                      | _                      |                           | 20                                | Appro           | ximate                                  |
|                   | Physician<br>/Medicai<br>Examiner  |                     | immediate Ceusa (Final disaasa or condition resulting in death)   | List only o           | 1  |                                  | demen                              |   |        |   |                                      |                        |                           | У                                 | Onset<br>ear:   | al Batween<br>and Death                 |
|                   | g study  | Je.                 |   |                       |  | Due to (                         | or es a conseq                     | juance of):                               |        |   |                                      |                        |                           |                                   |                 |   |
|                   | icate be executed<br>physician and<br>s the burial-transit   | Examiner            | Sequentially list conditions,   |                       | b. ———   | Due to (                         | or es a conseq                     | uanca of):                                |        |   |                                      |                        |                           | - 1                               |                 |   |
| 50,               | oe exe   |                     | Sequantially list conditions, if any, laading to immediate causa. Enter Underlying Causa (Disaesa or injury | "                     | C  |                                  |                                    |   |        |   |                                      |                        |                           | i                                 |                 |   |
| 68760,            | ificate be executed<br>g physician and<br>as the bunal-transit   | edical              | that Initiated events<br>raaulting In daath) Last   | 1                     |  | Dua to (d                        | or as a conseq                     | uance of):                                |        |   |                                      |                        |                           | i                                 |                 |   |
| Box (             |  | -                   |   | -                     | d  |                                  |                                    |   |        |   |                                      |                        |                           | 1                                 |                 |   |
|                   | death<br>e atte  | icia                | Part ii. Other eignificant con  | ditiona co            | entributing to deal  | h hut not ras                    | culting In the u                   | ndarivina cer                             | ea ni  | iven in Part I                            | 23h Did                              | Ltoba                  | CCO HIND CO               | ntribute to                       | the ce          | use of death?                           |
| P.0               | es that the de<br>igned by the a<br>be deteched (  | by Physician/M      | Senile In   |                       |  | III DUL IIIOLI IAS               | sutting in the ut                  | indarrying cec                            | isa gi | vali ili Falti.                           |                                      | Yes                    | 2 Ĭ No                    |                                   |                 | 4 Unknow                                |
| of Vital Records, | aw requires to seen s  | Completed b         |   |                       |  |                                  |                                    |   |        |   | 24a. Wa                              | s en a<br>formed       |                           | av                                | aliabla p       | ppsy findings<br>prior to<br>n of ceuse |
| Ě                 | 0 - 5  | Com                 |   |                       |  |                                  |                                    |   |        |   | 1 🗆                                  | Yas                    | 2 DXNo                    | 10                                | Yas             | 2 No                                    |
| /ita              |  | Be                  | 25. Was casa raferred to me axaminer?   | -                     |  |                                  |                                    |   | T      | 28. Piece of De                           | th (Check only                       | ona)                   |                           |                                   |                 |   |
| of                | this al di   | 2                   | 1 Yas 2 No  |                       |  |                                  | ER/Outpatien                       |   |        |   | ioma 5□Ras                           |                        |                           |                                   | v)              |   |
| O                 | Ing<br>After<br>une  | tion                | 27. Manner of Death  1 Natural 5 Pa 2 Accidant  | nding<br>astigation   | 28a. Data of<br>(Month,  | Day Year)                        | 28b. Time of<br>Injury             | M 280                                     | Wo     | nryat<br>ork?<br>]Yas 2.∐No               | 28d. Describe                        | how                    | njury occur               | red                               |                 |   |
| Division          | al or Attending<br>s efter death.<br>i Director: After<br>id in by the fune  | Certification:      | 3 ☐ Suicida 6 ☐ Co  | uld not be<br>ermined | 288. Place of  | Injury - At h<br>, atc. (Special | oma, farm, stri<br>fy)             | eet, factory,                             |        |   | 28f. Location<br>City or To          |                        |                           | er or Rura                        | / Routa         | Number,                                 |
|                   | To the Hospital or within 24 hours efter To the Funeral Dir completely filled in   | edical (            | 29a. Cartifiar<br>(Check only one)  | fying Phy<br>cal Exam | rsician: To the be<br>inar: On the basi<br>and manna                   | s of axamina                     | owledga, daath<br>ation and/or inv | occurred at<br>astigetion, in             | the ti | ma, data and placa<br>opinion, death occu | , and due to the<br>rred at tha time | ceus<br>, date         | e(s) end ma<br>and plece, | annar as si<br>and dua to         | atad.<br>tha ca | use(s)                                  |
|                   | within 7 To the comple   | Me                  | 29b. Signature and titla of ce  | tifiar                | 0  | ~                                |                                    | 29c. l                                    | ican   | sa number                                 |                                      | 29d.                   | Data signe                | d (Month,                         | Day, Ye         | iar)                                    |
|                   | 5  |                     | Martin  | C                     | There  | CB 3                             |                                    |   | 800    | 944                                       |                                      |                        | 6/16/9                    | 98                                |                 |   |
|                   |  |                     | 30. Nema and addrass of per   |                       |  |                                  |                                    |   |        |   |                                      |                        |                           |                                   |                 |   |
|                   |  | <b>A</b> a          | Martin C  | . Sha                 | argel, M   | .D. 37                           | 20 Far                             | ragut                                     | Av     | enue Ker                                  | singtor                              | 1,_1                   | MD = 20                   | 0895                              |                 |   |
|                   | Sta  | te                  | 11 IAI 1  |                       | - 100  | orar a Signi                     | etura Rande                        | .00                                       |        |   |                                      |                        |                           |                                   |                 |   |



|  |  |                               |  |                                     |                                | partment of F<br>ertificate of                           |  | F                                     | Reg. No.                           | 6.00                      | 0130  |  |
|--|--|-------------------------------|--|-------------------------------------|--------------------------------|--|--|---------------------------------------|------------------------------------|---------------------------|---|--|
| Physician<br>/Medical  | A E  |                               |  |                                     |                                |  |  | 2. Dete of Dea<br>Month<br>June 13    | Day                                | Year                      | 3:00 PM   |  |
| Examiner   | A pre 1974 h.L. 188  | Institution, give             | street and numb  | oer)                                |                                |  | 4b. City, Town, or                       | Location of Deeth                     | 4c. County                         | of Death                  |   |  |
|  | 2716 Muns  | on Stre                       | et   |                                     |                                |  | Silver S                                 | Spring                                | Mont                               | gome                      | ry  |  |
| Funeral<br>Director  | 5. Social Security Number 578-03-44 Usual Residence of Dec   | 81                            | ex   | Age (In yrs. I                      | lest birthde<br>Yrs.           | Months   Davs  |  |                                       | , Year)<br>, 1914                  | 9. Birthr<br>Coul<br>Wash | place (State or Foreign<br>ntry)<br>ington                          |  |
| Man Man  |  | b. County                     |  | 10c. City                           | y, Town or                     | Location   |  |                                       |                                    |                           | Od. Inside City Limits  |  |
| with the Marylan<br>a or 28a-f show<br>Leanofffed at<br>Director   | MD   | Montgo                        | mery   |                                     | Silv                           | er Spring  |  |                                       |                                    |                           | 1 ☐ Yes 2 ☑ No  |  |
| A Paris  | 10e. Street and Number   | 1                             |  |                                     |                                | 10f. Zip Code  |  |                                       | 10g. Citizen of W                  | /hat Cou                  | ntry?   |  |
| 23 to 181  | 2716 Muns  | on Stre                       | et   |                                     |                                | 2090   |  |                                       |                                    | SA                        |   |  |
| 15-0020  72 hours after death with the Marylar instural; or itsms 23s or 28s-1 show idical Evariable. Insut be notified at effect by Furneral Director   | 11. Marital Status 1 ☐ Never Married 3 ☑ Widowed 4 ☐   |                               | 12. Was Deceded Armed Force 1 Test 2 If Yes, Give Year or Date | es?<br>No                           | S. 1                           | 3. Was Decedent of H If Yes, specify Cub  1 ☐ Yes 2 ☒ No | en, Mexican, Puer                        | Specify Yes or No-<br>to Rican, etc.) |                                    | k, White,                 | cen Indien,<br>etc.<br>White  |  |
| 15-00<br>72 hount<br>matural<br>edical Ex  | , 15.  | Decadent's Ed                 | lucation   |                                     | 16a. De                        | cedent's Usual Occup                                     | petion                                   |                                       | 16b. Kind of Bu                    | siness/In                 | dustry  |  |
| Maryland 21215-0020 of 2 should be filed within 72 hours at the and Merital hygiener.  7 is marked other than "natural", or traumatic event, the Medical Exami   | Elementary/Seconder  | nnly highest gra<br>ry (0-12) | College (1-4   | or 5+)                              |                                | ive kind of work done  e. DO NOT use retire              | ad)                                      | orking                                | 0                                  | Home                      |   |  |
| nd 2   | 12<br>17. Father's Name (Firs  | t. Middle, Last)              |  |                                     | п                              | omemaker   | 18. Mother's Na                          | me (First, Middle,                    |                                    |                           | 2   |  |
| ylan<br>ylan<br>Mental<br>mrkad o<br>affe ave  | Frank Kin  |                               |  |                                     |                                |  |  | v King                                |                                    |                           |   |  |
| laryla<br>2 should<br>and Men<br>aumatic<br>To   | 19a. Intormant's Name  |                               | Type, Print)   |                                     | 19b. Me                        | elling Address (Street                                   |  |                                       | r, City or Town,                   | State, Zij                | Code)   |  |
| E 2 W b  | Marion Pi  | er                            | (dau   | ghter)                              | 271                            | 6 Munson S   | Street, S                                | Silver Sp                             | ring, M                            | D 2                       | 0902  |  |
| 00 - £ 5 6   | 20e. Method of Disposit  |                               |  | 20b. P                              |                                | sposition (Name of crematory or other pla                |  | Dete                                  | 20c. Location -                    |                           | own, State  |  |
| Pages mant of uny or o   | 1 St Burlal 2 C  |                               |  |                                     | t Lin                          | coln Ceme  | tery                                     | 6/17/98                               | Brentwoo                           | d, M                      | D   |  |
| Balt Balt C  | 21. Signature of Funeral Service Licensee  22. Name and Address of Fecility Francis J. Collins Fune Home, Inc. 500 University Blvd. West Silver Spring, MD 20901 |                               |  |                                     |                                |  |  |                                       |                                    |                           |   |  |
| Physician<br>/Medical<br>Examiner  | 23a. Part I Inter the d<br>shock, or heart fa<br>Immediate Cause (Fina<br>disease or condition<br>resulting in death)  | ilure. List only              | one cause on eac   | ch line.                            | r as a con                     | vesperate ot):   |  | iling                                 | 1651,                              |                           | Approximate<br>Interval Between<br>Onset and Death                  |  |
| cuted nd transit   | Sequentially list conditi  | ons,                          | b  |                                     | 1                              | sequence of):  |  |                                       |                                    |                           |   |  |
| P.O. Box 68760, that the death certificate be executed ed by the attending physician end deteched for use as the burial-transit Physician/Medical Examiner   |  | diate 19                      | d  | Due to (or                          | r es e cons                    | sequence of):  |  |                                       |                                    |                           |   |  |
| P.O. Box 6 net the death certifi d by the attending leteched for use as  | Part II. Other significan  | t conditions of               | ontributing to deal  | th but not resu                     | ulting In th                   | e underlying cause gr                                    | iven in Pert I.                          | 23b. Dld 1                            | obacco use cor                     | ntribute/                 | o the cause of death  |  |
| P.C  |  |                               |  |                                     |                                |  |  | 10                                    | Yes 2□ No                          | 3 Pro                     | bably 4 Unknow  |  |
| cords, requires been sign should be  |  |                               |  |                                     |                                |  |  | 24e. Was<br>perfo                     | an autopsy<br>med?                 | C                         | Vere autopsy findings vallable prior to ompletion of cause i death? |  |
| I Rec  |  |                               |  |                                     |                                |  |  | 101                                   | res 2 No                           | 1                         | ☐ Yes 2☐ No   |  |
| /ital  | 25. Wes case referred examiner?  | to medical                    |  |                                     |                                |  |  | eath (Check only o                    | ne)                                |                           |   |  |
| Division of Vital Rector the Hospital or Attending Physician: The law within 24 hours effer cleath. To the Funeral Director: After this certificate has a completely filled in by the funeral director, page 2. Medical Certification: To Be Comp. | 1 ☐ Yes 2 ☑ No   | Pending Investigation         | 28e. Date of<br>(Month,  | Injury Day Year)                    | ER/Outpe<br>28b. Tim-<br>Injur | e of 28c. Inju   |  | Home 5 Resid                          | dence 6 Other                      |                           | ify)  |  |
| Division C Ne Hospital or Attending P. In 24 hours effer death. Ne Further Infector: After the pletely filled in by the funers edical Certification:   | 3 Suicide 6  | Could not be determined       |  | f Injury - At ho<br>, etc. (Specify | ome, farm,                     | , street, factory, office                                |  | 28f. Location (S<br>City or Tox       | Street and Numb<br>vn, State)      | er or Rur                 | ral Route Number,   |  |
| Hospi<br>24 hour<br>Funeri<br>stely fill   | 29a. Certifier 15<br>(Check only 25)   | Certifying Ph<br>Medical Exam | ysician: To the be<br>niner: On the besi                       | is of examinat                      | wledge, de<br>tion and/o       | eath occurred at the ti<br>r investigation, in my        | ime, date and plac<br>opinion, deeth occ | e, and due to the curred et the time, | ceuse(s) end ma<br>date and place, | nner as                   | stated.<br>to the cause(s)  |  |
| To the within To the comple  | 29b. Signature and tin   | or condition                  | 0  | · market                            |                                | 29c. Licen   | 1 094.8                                  |                                       | 29d. Dete signed                   | d (Month                  | , Day, Year)  |  |
| State  | 30. Name and eddress JUILE FO 31. Date filed (Month, D   | X M.I                         | ) - 103  | 313 (gistrar's Signa                | Geo                            | rgia Ave   | enve, s                                  | Silver S                              | Spring                             | , MC                      | 20902   |  |
| Registrar  |  | 1 6 199                       | 2 4.   | Savidson                            | - Bri                          | dell   |  |                                       |                                    |                           |   |  |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Tima of Death Month **Physician** Robert Allen Mebane June 15, 2:30 P.M. /Medicai 4a. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** Silver Spring Fig. 8. Dete of Birth (Month, Day, Year) 11106 Luttrell Lane Montgomery 5. Sociei Security Number If Under 1 Year 9. Birthplece (State or Foreign Country) 1920 North Carolina 7. Age (In yrs. last birthday) **Funeral** 1⊠M 2□ F Days 77 056-18-6284 Yrs. Director 10, Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be nothled at 1 Yes 2 □ No Directo Florida Dade Opa Locka 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 4020 N.W. 188th Street items 23a 33055 United States Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yas, Give Year or Dates: WWII 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours aftar of Departmant of Haath and Mantal Hygiene. Important: If Ifem 27 is marked other than "natural", or then any Injury or other traumetic event, the Medical Exemp 1 ☐ Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elamantary/Secondary (0-12) Sollege (1-4or 5+) Chief Dispatcher Metro Rail 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Sumame) Be John A. Mebane Rachel Snowden 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) (daughter) Crystal McGinty 11106 Luttrell Lane, Silver Spring, MD 20902 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Chesapeake Crematory, Inc.6/17/98 Beltsville, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture Funeral Service Accer-22. Name and Address of Facility
McGuire Funeral Service, Inc. 7400 Georgia Ave. N.W., Washington, D.C. 20012 Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on each lina. Approximete Intervel Between Onset and Death **Physician** /Medicai Immadiate Cause (Final Pancreatic Cancer disease or condition resulting in death) **Examiner** Due to (or as a consequence of): Examiner physician and s the bunal-transit The lew requires that the death certificete be axecuted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): Box 68760 Physician/Medicai Due to (or as a consequence of) usa P.O. signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Records, bean si 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 s cartificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attanding Physician: Within 24 hours after death.

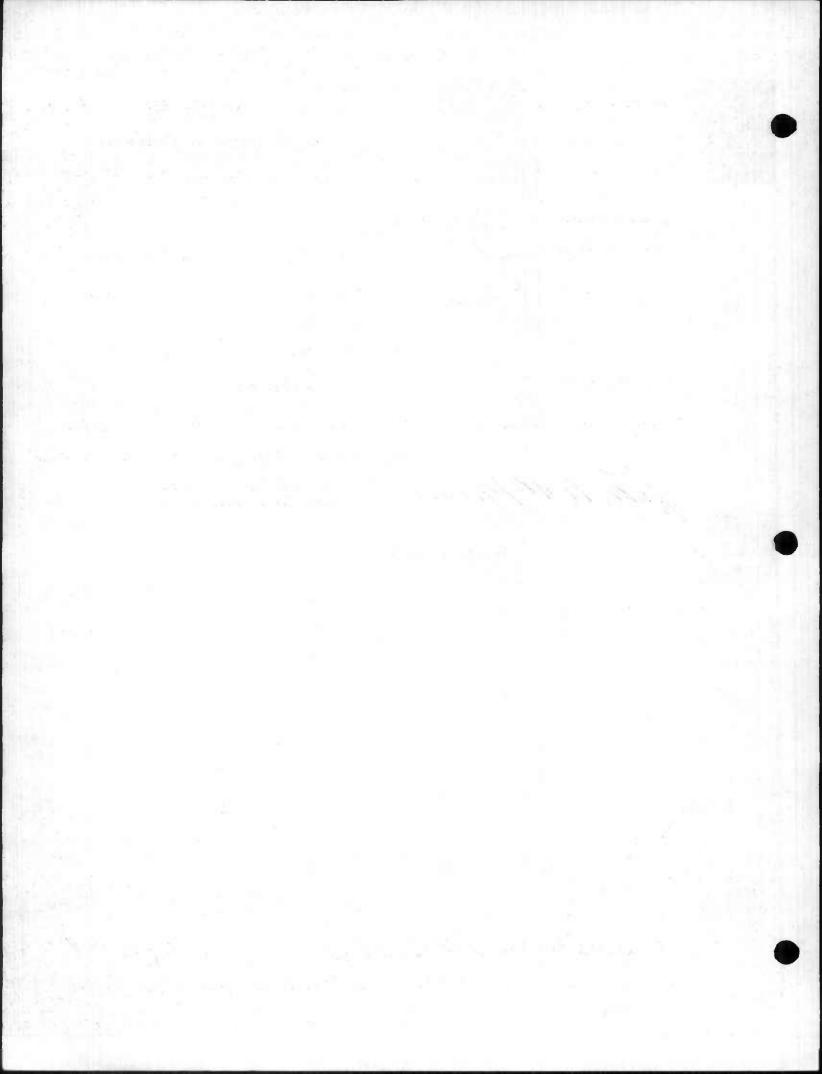
To the Funeral Director: After this cardifica complately filled in by the funeral director, F. Be 25. Was casa raferred to medical axaminar? 26. Place of Death (Check only one) Hospital: P 1 Yes 2 No Other: 4 ☐ Nursing Homa S ☐ Rasidanca 6 ☐ Other (Specify) 1 Inpatiant 2 ER/Outpatiant 3 DOA 28a. Date of Injury (Month, Day Year) 28d. Dascribe how injury occurred Certification: 27. Manner of Death 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending Investigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datermined 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicida Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, end due to the cause(s) and manner stated. 29b. Signature and title of cartifie 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and a drass of person who complated cause of death (Item 23a) (Type, Print)

State Registrar

31. Data filed (Month, Day, Year)

JUN 17

Crystal Mebane McGinty, M.D., 1106 Spring St., #200, Silver Spring, Maryland 32. Registrar's Signature A lia Savidson



State of Maryland / Department of Health and Mental Hygiene

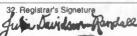
Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Last) 2. Deta of Death 3. Time of Death <sup>Day</sup> 1998 **Physician** June 16, Milburn 9:40 AM Florence Cole /Medical 4a Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Silver Spring Althea Woodland Nursing Home Montgomery If Undar 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 F Deys Yrs. 526-60-5945 93 Feb. 21, 1905 Pennsylvania Director Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City. Town or Location 10d. Inside City Limits ir than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at 1 ☐ Yes 2 X No Directo Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1000 Daleview Drive 20901 United States Funeral deeth 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 M No if Yes, Give Year or Datas: 14. Race - American Indian, Black, White, etc. 11. Maritel Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mentel Hygiene. Inportant: If Ikem 21 is marked other than "natural", or fee any Injury or other traumatic event. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: þ 3 ☐ Widowed 4 X Divorced White Completed 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Give kind of work done during most of working life. DO NOT use retired) (Specify only highast grede complated) College (1-4or 5+) Elementery/Secondary (0-12) 4 Teacher Public Education 18. Mother's Neme (First, Middle, Melden Sumeme) 17. Father's Name (First, Middle, Lest) Olive Humbert. Albert Cole 2 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informant's Name/Reletionship (Type, Print) Sally Reviole (daughter) P. O. Box 31223, Sea Island, GA 31561 20a. Method of Disposition

1 Disputal 2 Cramation 3 Ramoval from State 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) LaFayette Memorial Park 6-19-98 Brier Hill, Pennsylvania 22. Name and Address of Facility 21. Signature of Funeral Service Licensee Whitmarsh Funeral Home 134 W. Church Street, Fairchance, Pennsylvania 23a. Part1. Enter the disease, or complications that causad tha death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical Immediata Cause (Final disaasa or condition resulting in death) Congestive Heart Failure Examiner Due to (or as a consequence of): Examiner Dehydration certificate be executed physician and the buriel-trans Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In deeth) Lest Due to (or as a consequence of): Pneumonia P.O. Box 68760. Physician/Medical Due to (or as a consequence of): 80 ettending 980 0 23b. Did tobacco use contribute to the cause of death? ed by the deteched Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. signed by t 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. þ 24b. Were eutopsy findings available prior to 24a. Was en autopsy Completed peen completion of causa of deeth? hes page 2 1 Yes 2 No certificate 1 Yes 2 No director. 25. Was case referred to medical examinar? Be 26. Plece of Death (Check only one) 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Lo 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Deeth funeral 28d. Describe how injury occurred 28h Time of 28c. Injury at Work? Certification: 28e. Date of Injury (Month, Dey Year) After Attending 5 Pending 1 ☐ Yas 2 ☐ No ofter deeth. Director: A investigation 2 Accident 6 Could not be determined 3 Sulcide Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide ŏ Hospital of 24 hours e Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the cause(s) and menner as stated.

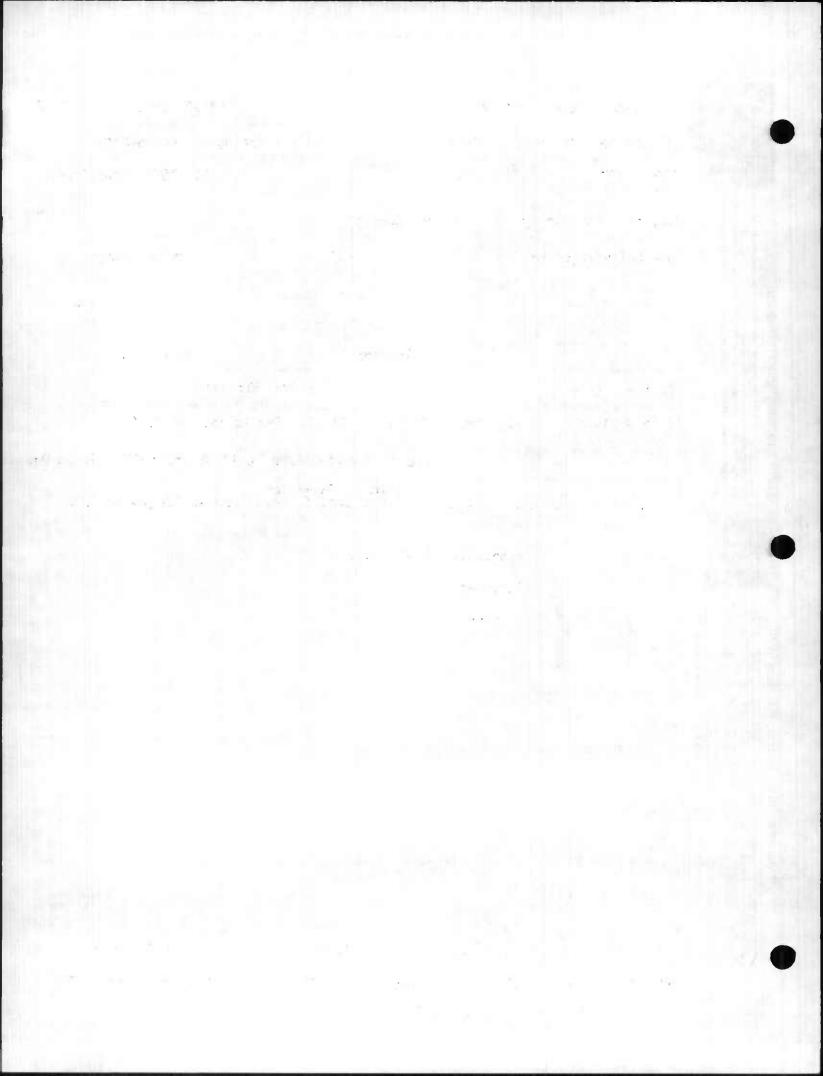
| Medical Examiner: On the best of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. edicai 29a. Certifier (Check only one) To the I 29b. Signeture and the of certifier 29c. Licanse number 29d. Date signed (Month, Dev. Year) D21900 June 16, 1998 30. Name end address of person who completed causa of death (Item 23a) (Type, Print) Smith S. Ho, M.D., 7610 Carroll Avenue, #280, Takoma Park, Maryland 20912-6312 31. Date filed (Month, Dey, Year)

State Registrar

17 1998 JUN



Shin



| ate of Maryland / Department of Health and | Mental Hygiene                | O O  | 2000          |
|--|-------------------------------|------|---------------|
| Certificate of Death                       | Reg. No.                      | 20   | 2020          |
|  | 2. Dete of Deeth<br>Month Day | Year | 3. Time of De |

**Physician** /Medical Examiner Arthur Joseph

1. Decedent's Neme (First, Middle 1 est)

June 17, 1998 6:20P.

10d. Inside City Limits

Approximete Interval Between Onset end Deeth

5 min.

4-6 mos.

1XXes 2□No

physician end sthe buriel-trans Se esn Por signed by the e s need should hes certificate Attending Physician: director this funerel After death.

Box 68760

P.O.

Records,

Division of Vital

Baltimore, Maryland 21215-0020

or Attendation of the death To the Hospital or A within 24 hours after To the Funeral Direc completely tilled In by

Be

Certification:

Medical

Miller, Sr. 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth 5812 Swarthmore Drive College Park Prince George's 5. Sociel Security Number if Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 18 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** Months Deys Hours XXM 2DF Maryland 80 Yrs. 217-01-4158 Director Usual Residence of Decedent death with the Mandend 10e. Stete 10b. County 10c. City, Town or Location must be notified at College Park Maryland Prince George's Direct 10f. Zip Code 20740 10e. Street end Number 10g Citizen of What Country? United States 5812 Swarthmore Drive Funeral 7 is marked other than "natural", or items traumatic event, the Medical Examples m 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 20000 Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Maritel Status filed within 72 hours efter 1 Never Married 2 Married 1 ☐ Yes 200 Specify: Specify: White Š 3 ☐ Widowed 4 ☐ Divorcad natural'. 15. Decedent's Education ify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest I Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) U.S. Government Mechanical Contractor 10 permit. Pages 1 and 2 should be file Department of Health and Mentel Hy, Important: If Item 27 Is marked othe eny Injury or other traumatic event, once. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) 8 Mary Rose McNally Miller William . 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) same as #10 Margaret M. Miller (wife) 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) Dete 20c. Location - City or Town, Stete XX Burlel 2 Cremetion 3 Removal from State 6/20/1998 Brentwood, Maryland Ft. Lincoln Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility 21. Signature of Funeral Service I Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Maryland 20705 23a. Part1. Enter the disease, or complication, this caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one course on each line. **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) Cardiac Arrest Examiner Due to (or es e consequenca of): Examiner Carcinoma of the Pancreas certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequença of): Chronic Obstructive Airways Disease Physician/Medical Due to (or as e consequenca of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. þ Completed

years 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24e. Wes an autopsy performed? 24b. Were eutopsy findings aveileble prior to completion of cause of death? 1 Yes 2 No 25. Wes case referred to medical 26. Place of Deeth (Check only one) examiner' Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home Residenca 6 Other (Specify) 1 ☐ Yes 2XXXIo 28a. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one)

tXXCertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, end due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, dete end placa, and due to the cause(s) end menner stated. 29c. License number

29b. Signeture end title of cartifier

DC 11694

29d. Date signed (Month, Day, Year)

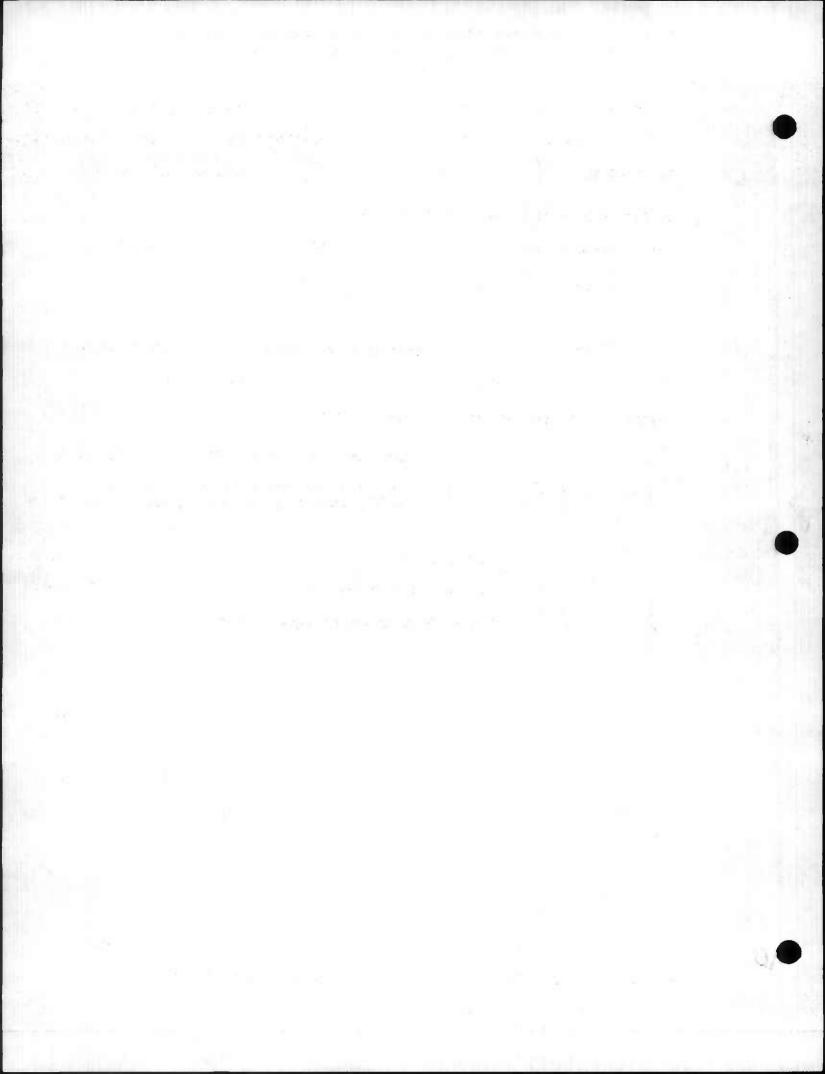
June 18, 1998

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Stefan Dosa, M.D. 730 24th Street, N.W. Washington, D.C. 20037

State Registrar 31. Dete filed (Month, Dey, Yeer) JUN 1 9 1998





State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3 Time of Deeth 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month **Physician** 07114 June /Medical 4b. City, Town, or Location of Death 4e Facility Neme (If not institution, give street and number) 4c. County of Death Examiner SHADY GROVE ADVENTIST HOSPITAL

16 Sav 7. Age (In yrs. lest birthday) If Under 1 Year MONTGOMERY ROCKVILLE 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 5. Sociei Security Number 7. Age (In yrs. lest birthday) **Funeral** 1X) M 2 F Months Deys Hours Min. 76 195-16-5429 January 17, 1922 Pennsylvania Director Usual Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other treumstic event, the Medical Examinar must be notified at 1⊠ Yes 2 No Director Maryland Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 323 Dean Drive 20851 United States permit. Pages 1 and 2 should be filed within 72 hours efter deeth 1 Department of Health and Mental Hydene. Important: If item 27 is marked other than "natural", or items 23a empiry or other treumatic event, the Medical Examiner must page. Funeral 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ⊠ Yes 2 □ No
If Yes, Give WW II
Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Marital Stetus 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: þ White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Plumber Federal Government 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Emil Modzel Julia Mussgnug 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Alice Modzel/ Wife 323 Dean Drive, Rockville, Maryland 20851 20b. Piece of Disposition (Neme of cemetery, crematory or other piece) June 15, Dete 20e. Method of Disposition 20c. Location - City or Town, State 1 X Burlal 2 ☐ Cremetion 3 ☐ Removal from State Norbeck Memorial Park 4 ☐ Donetion 5 ☐ Other (Specify) Olney, Maryland 22. Name and Address of Fecility Robert A. Pumphrey Funeral Home/ 21. Signature of Funerel Service Lib Rockville, Inc. 300 West Montgomery Average Rockville, Maryland 20850-2805 300 West Montgomery Avenue, M00689 isease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory arrest, lure. List only one ceuse on each line. Approximate Intervei Between Onset end Deeth Physician Immediate Ceuse (Finei disease or condition resulting in deeth) /Medical Examiner Examiner physician and the bunal-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of) P.O. Box 68760 Physician/Medicai Due to (or es e consequence of): 950 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the 1 Yes 2 No 3 Probably 4 Unknown signed by Division of Vital Records. by 2 24b. Were autopsy findings sveileble prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed hes or Attending Physicien: 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Inpatient 2 ER/Outpetient 3 DOA after death. Director: After this funeral 28e. Dele of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigation 6 Could not be determined ne Hospital or Attental news after desire Funeral Director pletely filled in by the 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the cause(s) end manner es stated.
2 Medicat Examiner: On the best of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end manner stated. 29a. Certifier Medicai (Check only one) completely To the To the F 29c. License number 29d. Dete signed (Month, Day, Year) lot 30. Name and address of person who completed

**DHMH 16 Rev 6/95** 

Registrar

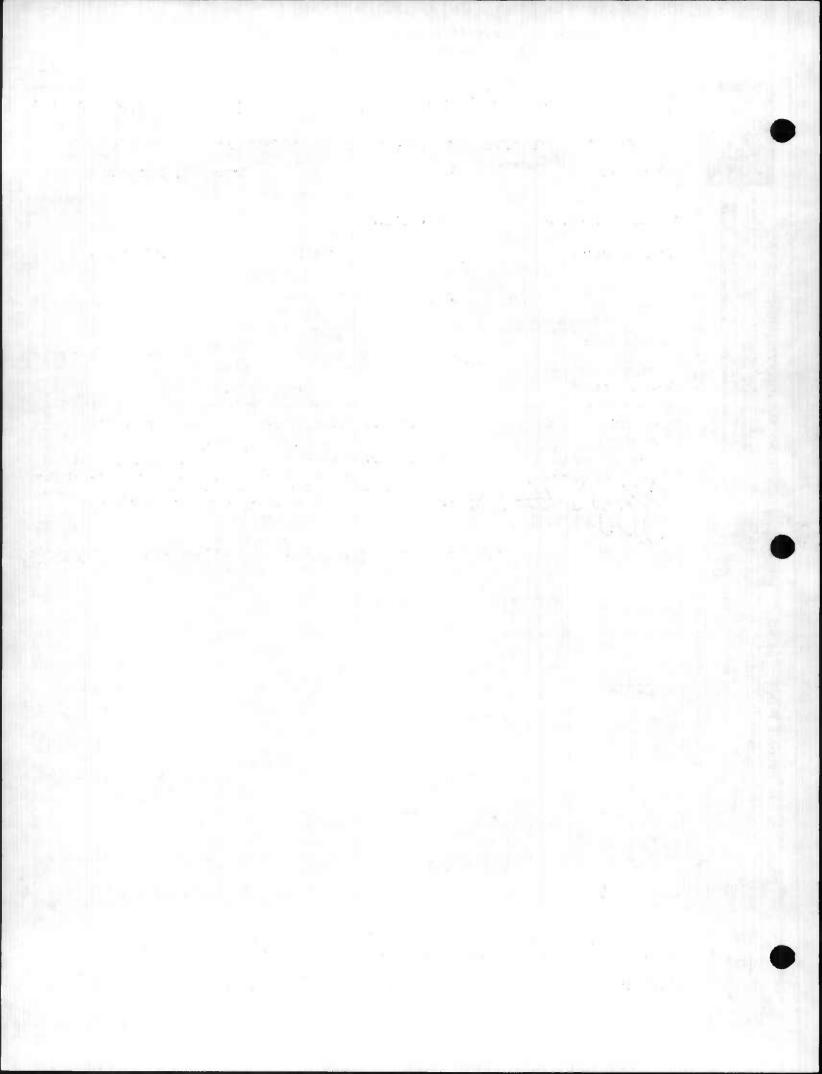
MKanhouwa

31. Dete filed (Month, Day, Year)

JUN

1 5 1998

32. Registrar's Signeture



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Daath Month Day Year **Physician JEAN** 16, MARTHA MOSES JUNE 1998 2:10 AM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not Institution, giva street and number) Examiner MANOR CARE NURSING HOME CHEVY CHASE MONIGOMERY If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** Months Days 1□ M 20 F Hours 577-60-5765 Yrs JULY 20, 1922 MISSOURI Director Usual Residence of Decedent the Maryland 10a. State 10c. City. Town or Location 10d. Inside City Limits 10b. County r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 Yes 2 No Director NONE D.C. WASHINGTON 10e Street and Number 10f. Zip Code 10g, Citizen of What Country? filed within 72 hours efter death with 20037 VIRGINIA AVE. N.W. #830 U.S.A. Funeral 12. Was Decedant Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 ☐ Married 1 ☐ Yes 2 X No If Yes, Giva Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: py 3 ☐ Widowed 4 ☐ Divorced WHITE Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) RET. - ACCOUNTANT ACCOUNTING marked other 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Pagas 1 and 2 should be in nent of Heelth end Mentel I PATTERSON MARJORIE EUGENE MOSES 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Nama/Relationship (Type, Print) Lepartment of Heelth en.
Important: if item 27 is n.
any injury or other WILLIAM WIGGINS/COUSIN 3838 OAK LAWN AVE., SUTTE 700, DALLAS, TX. 75219 of Disposition (Name of Date 20c. Location - City or Town, State 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 6/17/98 CHAMBERS CREMATORY RIVERDALE, MD. 21. Signature of Funeral Service L 22. Name and Address of Facility MOOO91 CHAMBERS FUNERAL HOMES, P.A., RIVERDALE, MD. 20737

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

MOOO91 CHAMBERS FUNERAL HOMES, P.A., RIVERDALE, MD. 20737

Approximate Interval Between Onset and Death **Physician** a Carcinoma of the /Medical months Immediate Cause (Final disaasa or condition resulting in death) Examiner Examiner physician and the burial-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequenca of) signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No p 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed peen performed' page 2 s his certificate his director, page 2 1 No 1 Yes 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical axaminar? 26. Place of Death (Check only one) Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To this 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After 1 Natural 5 Pending 1 Yes 2 No deeth. Investigation hin 24 hours efter deem the Funeral Director: / mpletaly filled in by the 2 Accident 6 Could not be determined 3 Suicida 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical within 2 To the I \$ 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier. 0 1033357 30. Nagre and address of person who completed cause of death (Item 23a) (Type, Print) Wisconsin Ave Chang Chan MO 5530 anathan Musher mo

32 Registrar's Signature Randelle

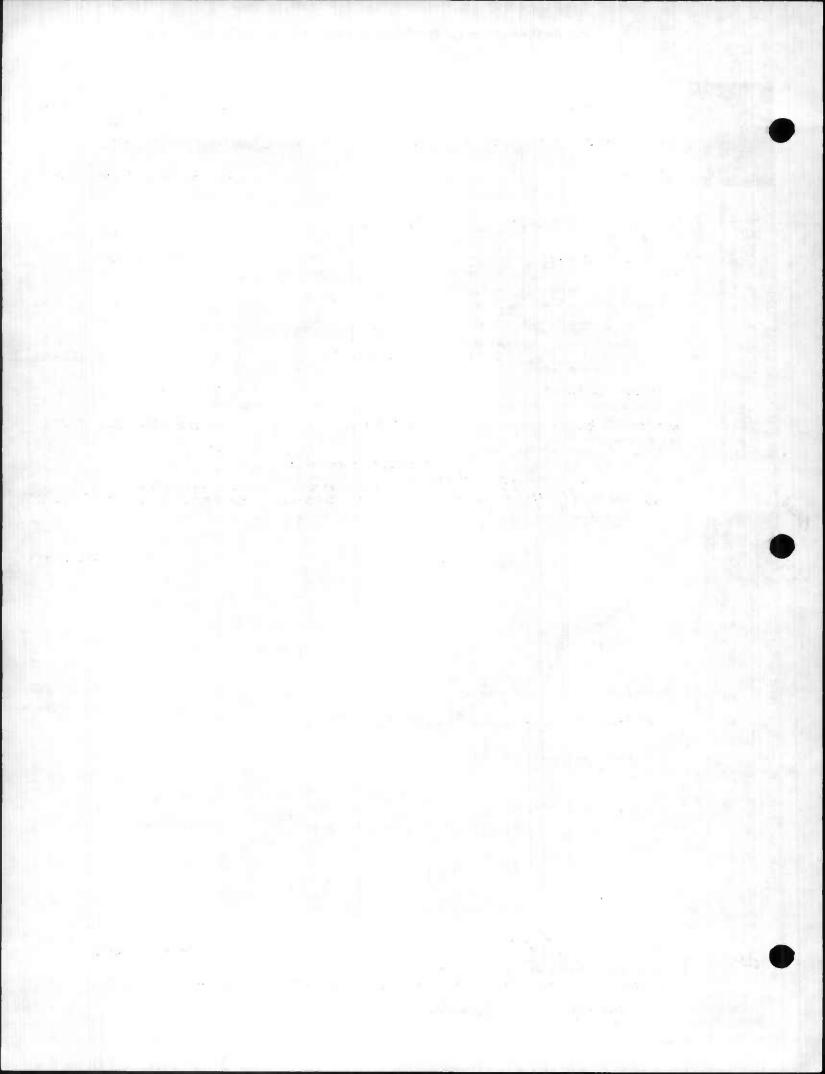
State Registrar 31. Date filed (Month, Day, Year)

1 8 1998

DHMH 16 Ray 6/95

The state of the s The second are said attention with a state of the s District District Short I The second secon THE REPORT OF THE PROPERTY OF THE PARTY OF T

| 1. Decedant's Nama (First, Middla, La   | st)  |                               | ificate o                        |  | 2. Data of De               |                             |                             | 3. Tima of Death                        |
|---|--|-------------------------------|----------------------------------|--|-----------------------------|-----------------------------|-----------------------------|---|
| Mary H. Myer  |  |                               |                                  |  | Month<br>Turne 1            | 6, 1998                     | Yaar                        | 8:00 PM                                 |
| An Frankling Mant Institution of  | a street and number)                                     |                               |                                  | 4b. City, Town, or                           |                             |                             | of Death                    | 0:00 FM                                 |
| Westminster Conv  |  | ehab. Cen                     | ter                              | Uostmi                                       | naton                       | Car                         | roll                        |   |
| 5. Social Sacurity Number 6. S  |  | yrs. last birthday)           | If Undar 1 Yas                   |  | 8. Data of Bir              |                             |                             | aca (Stata or Foreig                    |
| 253-01-1009   | □M 2⊠F 84  |                               | Months Day                       | ys Hours Min.                                | Aug. 20                     | 5, 1913                     |                             | ecticut                                 |
| Usual Rasidenca of Decedent   |  | 0                             |                                  |  |                             |                             | 1                           |   |
| 10a. Stata 10b. County  | 100  | c. City, Town or Loca         | ation                            |  |                             |                             | 10                          | ld. Insida City Limits                  |
| Maryland Montgo   | mery   | Rockvi                        |                                  |  |                             |                             |                             |   |
| Maryland Montgo 10e. Street and Number 1012 Kennon Cour 11. Marital Status 1 Navar Married 2 Married  |  |                               | 10f. Zip Code                    |  | 1.10                        | 10g. Citizan of V           |                             |   |
| 1012 Kennon Cour  |  |                               |                                  | 0851   |                             | United                      |                             |   |
| 11. Marital Status  | 12. Was Decedant Evar<br>Armed Forcas?<br>1 ☐ Yas 2 🗓 No | in U,S. 13. W                 | as Decedant of<br>ras, specify C | f Hispanic Origin? (S<br>uban, Maxican, Puar | o Rican, atc.)              | Blac                        | a - Amarica<br>ck, Whita, a | itc.                                    |
| 1 ☐ Navar Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced  | If Yas, Giva<br>Yaar or Datas:                           | 1[                            | Yas 2 🗓 N                        | lo Specify:                                  |                             | Specify                     |                             |   |
| 15. Decedent's Ed   |  | 16a. Decede                   | nt's Usual Occ                   | cupation                                     |                             | 16b. Kind of Bu             | Whi<br>usinass/Ind          |   |
| (Specify only highast gra   | da complated)  | (Giva ki<br>lifa. Do          | nd of work dor<br>NOT usa rat    | cupation<br>na during most of wo<br>ired)    | rking                       |                             |                             |   |
| Elementery/Secondary (0-12)   | Collaga (1-4or 5+)<br>4                                  | Adı                           | ninistr                          | ator   |                             | Publ                        | ic Sc                       | hools                                   |
| 17. Fathar's Nama (First, Middla, Last)   |  |                               |                                  | 18. Mothar's Ne                              | me (First, Middle           | , Maiden Sumem              | ia)                         |   |
| 17. Father's Nama (First, Middle, Last)  Daniel H. Haven  | S  |                               |                                  | Edw  | ina Pari                    | melee                       |                             |   |
| 19e. Informant's Name/Relationship (  | Type, Print)   | 19b. Mailing                  | Addrass (Stre                    | et and Number or R                           | ural Routa Numb             | er, City or Town,           | Steta, Zip                  | Code)                                   |
| Robert C. Myer /  | son  | 15120                         | Water C                          | ak Drive,                                    | Darnest                     | own, Mar                    | yland                       | 20878                                   |
| 20a. Mathod of Disposition  |  | Ob. Place of Disposi          | tion (Nema of                    | Diace) June 18                               | Data<br>1000                | 20c. Location -             | City or Tov                 | wn, Stata                               |
| 1 ☐ Buriai 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specification )  |  | fontgomer                     | Crema                            | torium, I                                    | , 1998                      | Bethesd                     | a. Ma                       | ryland                                  |
| 21. Signatura of Funaral Servica Licer  | - 7  |                               |                                  | drass of Facility<br>umphrey Fun             |                             |                             |                             |   |
| Berbera 6 Mc  |  | Men (2 300                    | West Mo                          | umphrey run<br>ontgomery Av                  | eral Home                   | / KOCKVIII 6<br>vrille Mar  | ryland                      | 20850-2850                              |
| 23a. Part1. Entar tha diseasa, or com<br>shock, or haart failura. List only   |  |                               |                                  |  |                             |                             |                             | Approximata<br>Intarval Batween         |
| shock, or haart failura. List only  | ona causa on aach lina.                                  |                               |                                  |  |                             |                             |                             | Onsat and Death                         |
| Immediata Causa (Final  | Donol For  | . 1                           |                                  |  |                             |                             | 10                          |   |
| disaesa or condition resulting in death)  | e. Renal Fai   | to (or as a consequ           | ence of):                        |  |                             |                             | 10                          | ne month                                |
| Sequantially list conditions, if any, leading to immadiate causa. Entar Undariying Causa (Disaasa or injury that initiated avants rasulting in death) Last                    |  |                               |                                  |  |                             |                             |                             |   |
| Sequentially list conditions.   | b. Dua   | to (or as a consaqu           | anca of):                        |  |                             |                             |                             |   |
| Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disassa or injury   |  |                               |                                  |  |                             |                             | i                           |   |
| that Initiated avants rasulting in daath) Last  | C. Dua   | to (or as a consaque          | anca of):                        |  |                             |                             |                             |   |
|   |  |                               |                                  |  |                             |                             |                             |   |
|   | d  |                               |                                  |  |                             |                             |                             |   |
| Part II. Other significant conditions of  | ontributing to death but no                              | t rasulting in tha und        | larlying causa                   | givan in Part i.                             | 23b. Did                    | tobacco usa co              | ntribute to                 | the cause of death                      |
| II  | A1 =1 = 2 = = 1  |                               |                                  |  | 1 🗆                         | Yes 2 No                    | 3□ Prob                     | ably 4 📉 Unknow                         |
| Hypothyroidism,   | Alzneimer  | s_Type_Del                    | nentla                           |  |                             |                             |                             |   |
|   |  |                               |                                  |  | 24e. Was                    | s an eutopsy ormad?         | ava                         | ra autopsy findings<br>illabla prior to |
|   |  |                               |                                  |  | 113                         |                             | of o                        | nplation of causa<br>leath?             |
|   |  |                               |                                  |  | 10                          | Yas 2\no                    | 1 🗆                         | Yas 2□ No                               |
| 25. Was casa rafarrad to medical axaminar?  |  |                               |                                  | 26. Pleca of De                              | ath (Check only             | ona)                        |                             |   |
| 25. Was casa rafarrad to medical axaminar? 1 ☐ Yas 2 ☒ No   | Hospital: 1 ☐ Inpatient                                  | 2 ER/Outpatient               | 3LI DOA                          |  | Homa 5□ Ras                 | idanca 6 □Oth               | ar (Specify                 | )                                       |
| 27. Manner of Deeth  1 X Natural 5 □ Panding  | 28e. Data of Injury<br>(Month, Day Yea                   | 28b. Tima of Injury           | 28c. Ir                          | njury et<br>Vork?                            | 28d. Dascribe               | how injury occur            | red                         |   |
| 2 ☐ Accidant invastigation  |  |                               |                                  | ☐ Yas 2 ☐ No                                 |                             |                             |                             |   |
| 3 Suicida 6 Could not be datarmined   | 28a. Placa of Injury -<br>building, atc. (S)             | At homa, farm, strain oacify) | at, factory, offic               | ca   | 28f. Location<br>City or To | (Street and Numbown, State) | per or Rura                 | Routa Number,                           |
|   |  |                               |                                  |  |                             |                             |                             |   |
| 27. Manner of Deeth  1 X Natural  2 Accidant  3 Suicida  4 Homicida  29a. Cartifiar (Check only one)  27. Manner of Deeth  5 Panding invastigation  6 Could not be datarmined | yalclan: To the best of my                               | knowledge, death of           | occurred at the                  | tima, data end plec                          | e, and dua to the           | cause(s) and ma             | annar as st                 | ated.<br>tha cause(s)                   |
|   | and mannar stated.                                       |                               |                                  |  |                             |                             |                             |   |
| 29b. Signatura and titla of cartifiar   | 1.11/ 001  | 1                             | 29c. Lica                        | ansa number                                  |                             | 29d. Data signe             | d (Month, I                 | Day, Year)                              |
| //  | 101  | )                             |                                  | D33184                                       |                             | June 17,                    | 1998                        | 3                                       |
| 30. Name and address of person who  | completed cause of daath                                 | (Itam 23a) (Type, P           | rint)                            |  |                             |                             |                             |   |
| T . 1 TO 77 1   | er MD 1/   | 125 Tibor                     | ty Road                          | 1, #208, E                                   | Idershu                     | ro MD                       | 21784                       |   |
| Jonathan D. Kushn 31. Date filad (Month, Day, Year)   |  | Signature Randel              |                                  | 1, 1/200, 1                                  | Tuc I Sou                   | 16, 110                     | 21/04                       |   |



7. Age (In yrs. lest birthday) 62 Yrs.

Certificate of Death

if Under 1 Year

Months

Deys

2. Dete of Deeth

June 22,

Month

4b. City, Town, or Location of Deeth

Cumberland
If Under 24 Hrs. 8

Min

Hours

Usuel Residence of Decedent with the Maryland worle 10a. Stete 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f shot traumatic event, the Medical Examiner must be in titled at MD Allegany Cumberland Director 10e. Street end Number 10f. Zip Code 311 Arch Street 21502 permit. Pagas 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s any injury or other traumatic event. Funeral 12. Was Decedent Ever in U,S. Armed Forces? ↑□ Yes 2 □ No if Yes, Give Year or Detes: 1954–65 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 1 Never Merried 2 Married 1□ Yes Z□ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Gen Service Admin 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Roscoe Murphy Nonnie (Chapman) 19e. informent's Neme/Retetionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Margaret M. Murphy-wife 311 Arch Street Cumberland MD 21502 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece)
Sunset Memorial Park 20e. Method of Disposition
1 ☐ Bunai 2 ☐ Cremetion 3 ☐ Removel from State 06/25 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerei Service Licenses 22 Scarperii of Fulleral Home, P.A. Cumberland, MD 21502 23a. Pert1. Enter the disease, or complications that caused the deeth. shock, or hear feiture. List only the cause on each lin. Do not enter the mode of dying, such es cardiec or respiretory errest, **Physician** /Medicai Immediate Cause (Finel CHRONIC RENAL FAILURE disease or condition resulting in death) Examiner Due to (or es e consequence of) Examiner HYPERTENSION ed by the attending physician and datached for use as the burial-tran Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Ves 2 No DIABETES MELLITUS þ Completed 24e. Wes an eutopsy performed? peed CORONARY ARTERY DISEASE page 2 this certificate has Attending Physician: funeral director 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Date of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Division After 1 Naturei 5 Pending death. 1 Yes 2 No Hospital or Attendir 24 hours after death. Funeral Director: A letely filled in by the ft Investigation 2 Accident 6 Could not be determined 3 Suicide Location (Street end Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide To the Hospital within 24 hours a To the Funeral C 29a. Certifier 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner as steted.
2 Medical Examiner: On the bests of examination end/or investigetion, in my opinion, death occurred et the time, dete end plece, end due to the ceuse(s) end menner stated. Medical (Check only one) 29b. Signature end title of certain 29c. License number 29d. Date signed (Month, Day, Yeer) June 22 D 33280 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 625 Kent Avenue, Suite 101

1. Decedent's Neme (First, Middle, Last)

Sociel Security Number

426-68-3686

Kenneth Criss Murphy

4e. Fecility Neme (If not institution, give street end number)

Memorial Hospital & Medical Center

6. Sex 1□ M 2□ F

**Physician** 

/Medical

Examiner

**Funeral** 

Director

3. Time of Death Day 1998 4:55A.M. 4c. County of Deeth Allegany 8. Date of Birth Month, Day, Year 1935 Birthplece (State or Foreign MISS. 10d. Inside City Limits Yes 2 No 10g. Citizen of Whet Country? USA 14. Rece - American Indien, Bleck, White, etc. Specify: white 16b. Kind of Business/Industry Federal Government 20c. Location - City or Town, Stete Cumberland MD 21502

> Approximete Onset and Deeth

3 YEARS

15 YEARS

3 Probably 4 Unknown

24b. Were eutopsy findings eveileble prior to completion of cause of deeth?

1 ☐ Yes 2 ☐ No

1998

Cumberland, MD

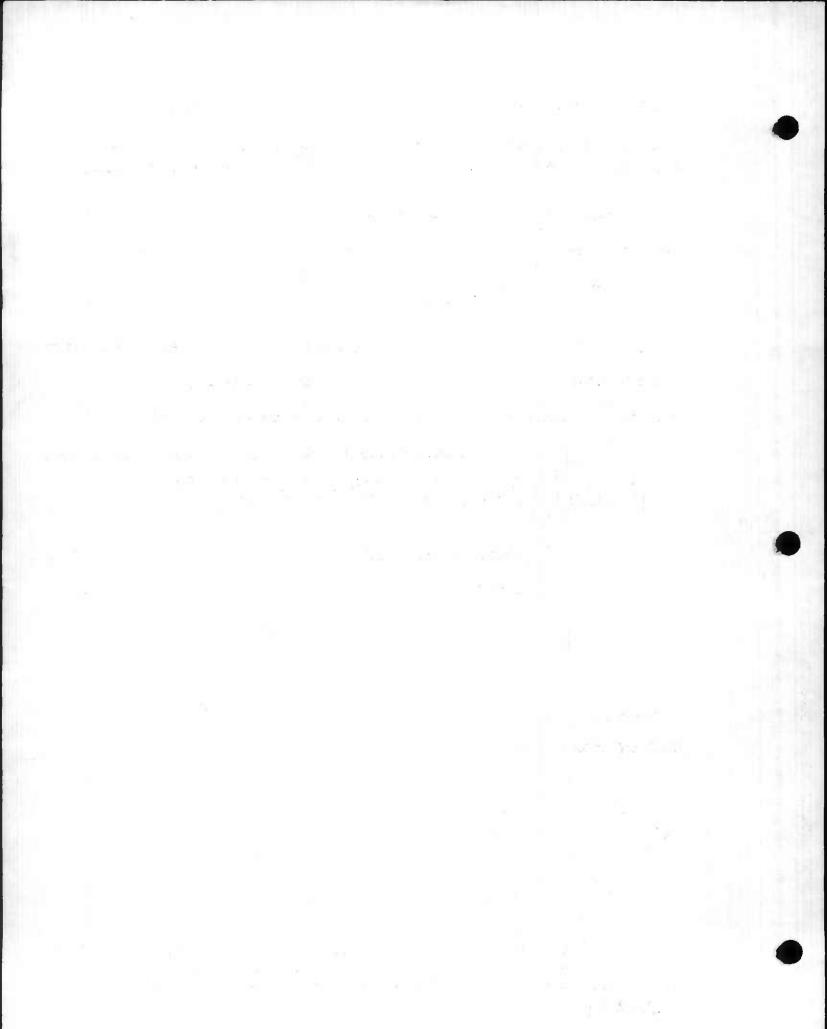
P.O. Box 68760, Records, of Vital

426-68-3686

KENNETH MURPHY

State Registrar

Dr. S. Gupta,



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death Month MARTZ **Physician** FLORENCE KATHEYN 1998 JUNE 10 8:10 /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Fecility Name (If not institution, give street end number) **Examiner** CUMPERLAND HEART HOSPITAL ALLEGEN SACREN If Under 24 Hrs. 8. Dete of Birth (Month, Day) 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthdey) Stete or Foreign Months Days Hours 1 ☐ M 2 🕱 F 94-01-5280 Yrs Director Usual Residence of Decedent with the Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or frame 23s or 28s-f show the Wedical Examiner must be notified at SOMERSET SALIS BURG 1 Yes 2 No Director 10g. Citizen of What Country? 10e. Street and Number DIXON Hwy USA MASON 100 Funeral death 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 17 Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus permit. Pages 1 end 2 should be filled within 72 hours after Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or ite any highry or other traumatic event, the Medical Examina Date. 1 ☐ Yes 2 ☐ NO If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOME MAKER 18. Mother's Name (First, Middle, Malden Sumame) 17. Father's Name (First, Middle, Last) Be SCHROCK LLoyd 12228 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Obde) 19a. Informant's Name/Relationship (Type, Print) KALPH MARIZ 10089 MASON IXON 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 Buriel 2 □ Cremation 3 □ Removal from State 12/98 UNION 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses YERS DULE PA 15552 Rac 203 or camplications that baused the death. Do not enter the mode of dying, such as cardiac or respiratory errest List only one ceuse or each line. Approximate Interval Between Onset and Deeth 23a. Part1. Enter the diser-**Physician** Immediate Ceuse (Final disease or condition resulting In death) /Medical 72 hours RENAL FAILURE Examiner Due to (or as a consequence of): Examiner CONGESTIVE HEART FAILURE OFF AND ON 10 years ettending physician and for use es the buriel-transit The law requires that the death certificate be assecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence of) 10 years ISCHEMIC DILATED CARDIOMYOPATHY P.O. Box 68760. Physician/Medical Due to (or as a consequence of) 10 years CORONARY HEART DISEASE detached 23b. Did tobacco use contributs to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 I Unknown HAD CORONARY BYPASS GRAFT SURGERY AND P.T.C.A. DUE Division of Vital Records. þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes en autopsy performed? TO CORONARY OCCLUSIVE DISEASE WITH HISTORY OF M.I. certificate has b lirector, page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director, 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) To Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Manner of Death 28b. Time of 28c. Injury at Work? Certification: 5 Pending investigation 1 Natural
2 Accident 2 No 1 Yes 6 Could not be 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) and manner as stated. 29a. Certifier edical 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, dete end plece, end due to the cause(s) and manner stated. (Check only 29d. Dete signed (Month, Dey, Year) 29b. Signature and title of cartifier 29c. License number D17474 ween JUNE 22 1998 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) MAS CLARENCE VINCENT MD 909B SETON DRIVE CUMBERLAND MD 21502

DHMH 16 Rev 6/95

State Registrar

A. 111 4.5 11/4/10 12/10 MARKET STATE the way in the same a grant and the same of the same of parties about 4,500 and it Harman Transaction of the second second The state of the s 257013 44.5% 1.725.18° 2.1.755 4-75 Desirate that the Thomas Balan THE DESIGNATION OF THE PROPERTY OF THE PROPERT THE CHILD IN STREET HE WAS SAME. 4 = 1 = 1 = 1

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene | Certificate of Death 2. Date of Deeth 3. Time of Death 1. Decedent's Name (First, Middle, Last) **Physician** John Henry Murphy, Sr. 1630 JUNE 11, 1998 /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4e Facility Name (If not institution, give street end number) **Examiner** Sacred Heart Hospital Cumberland Allegany If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** Months Days 1X M 2 F Yrs. 217-05-0219 84 **Director** May 12,1914 Maryland Usual Residence of Decedent with the Maryland r 28a-f show 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No WV Mineral Keyser Director 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number permit. Peges 1 and 2 should be filed within 72 hours efter deeth with I Department of Health end Mental Hygiene.
Important: If item 27 is marked other than "naturel", or items 23a or any injury or other traumatic event, the Modical Evantine must be no once. 593 West Piedmont Street 26726 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian. 11. Marital Status Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: White by 3 ☐ Widowed 4 ☐ Divorced WW II Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Meat Cutter Food Store 8th. 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Name (First, Middle, Last) Be Thomas R. Murphy Lula Mae Alexander 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Louise W. Murphy (Wife) 593 W. Piedmont Street, Keyser, WV 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Potomac Memorial Gardens 6/14/98 Keyser, WV 22. Neme end Address of Facility 21. Signature of Funeral Service Licensee Markwood Funeral Home en hots 111 S. Mineral St., Keyser, WV 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** Idiation auto Browdite Immediate Cause (Final disease or condition resulting in death) /Medical the to (or as a consequence of): Examiner Examiner thiselipsing attending physician and for use es the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records. P.O. Box 68760. Physician/Medical Due to (or es a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 6 1 Yes 2 No 3 Probably 4 Unknown artery disease P 24b. Were eutopsy findings available prior to 24a. Was an autopsy performed? Completed completion of cause of death? certificate hes b lirector, pege 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: director, 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death 28b. Time of 28c. Injury al Work? 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) Certification: After 1 Natural 5 Pending thin 24 hours efter death.

the Funeral Director: After expletely filled in by the fur 1 Yes 2 No investigation 2 Accident 6 ☐ Could not be 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) To the vithin 2

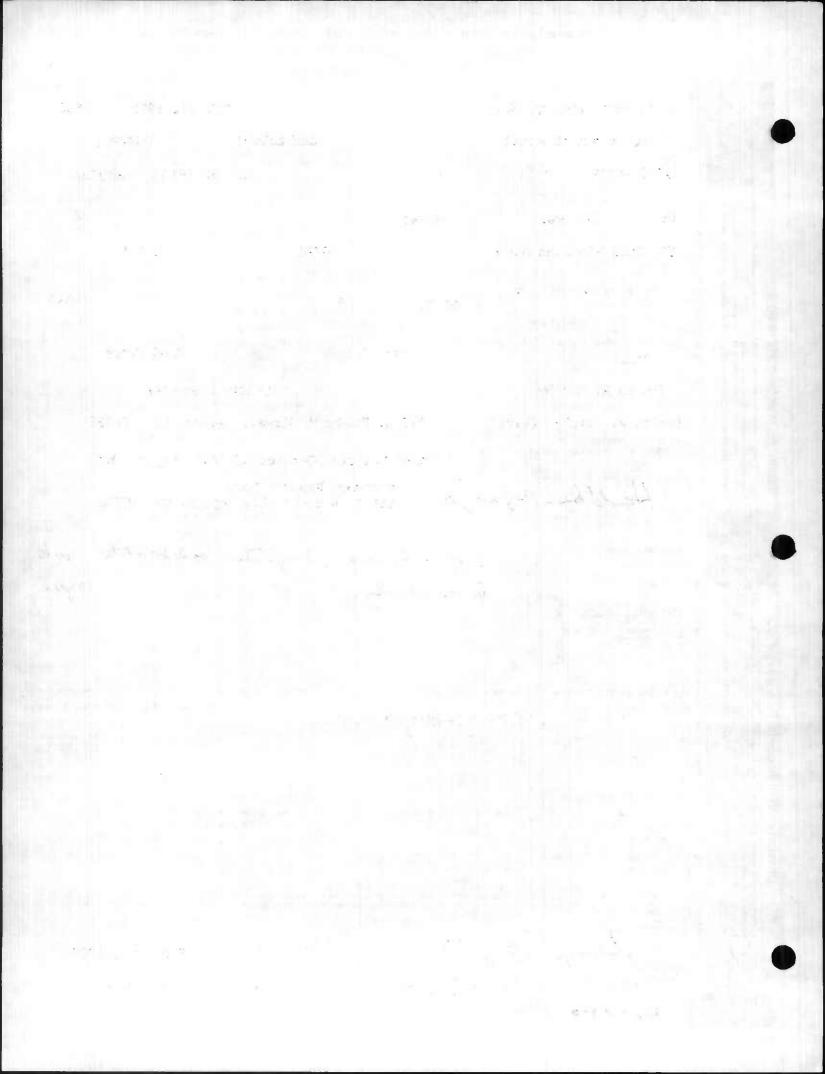
29c. License number

29d. Date signed (Month, Day, Year)

Registrar

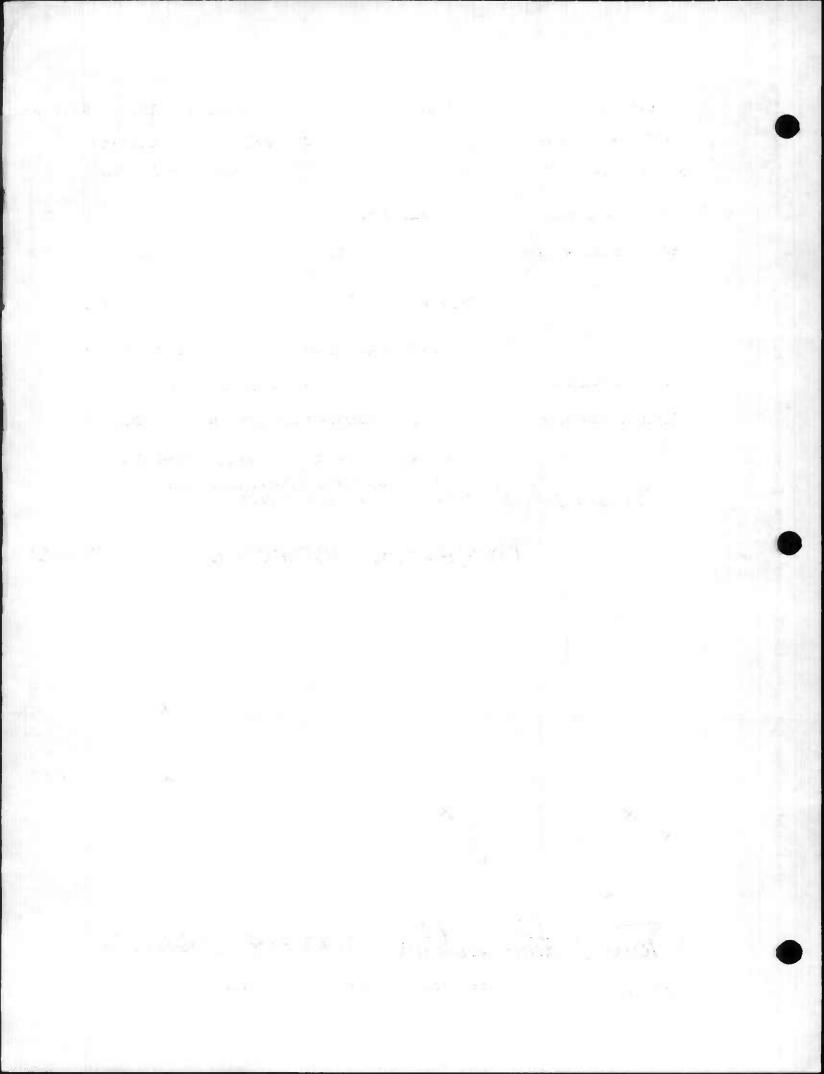
29b. Signeture end title of certifier

30 Name and address of person who completed cause of death (Item 23a) (Type, Print) (FeO VG & Breza H.D. 912 Seton Dri H.D. 9/2 Seton Drive Cumberland MD 21502 31. Date filed (Month, Day, Year) JUN 1 6 1998



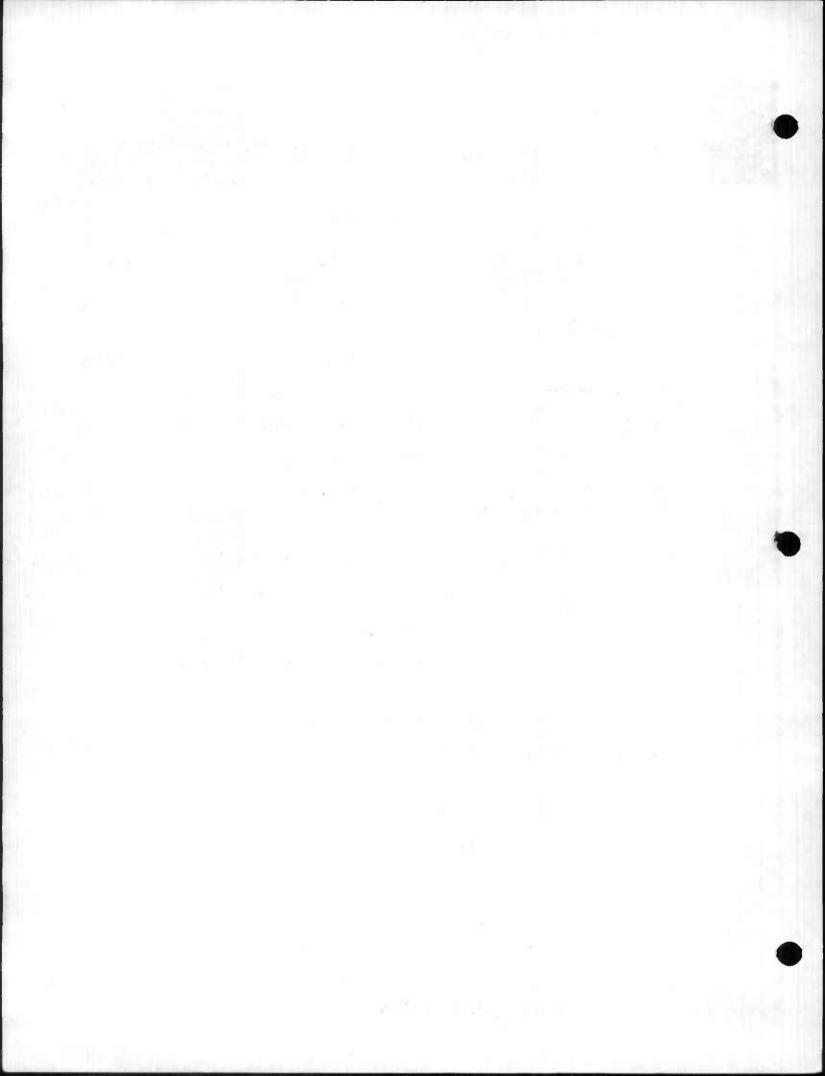
State of Maryland / Department of Health and Mental Hygiene

|   |                    |   |   |                                     | Cei                      | rtificate c                                    | of Death                                |                      | F  | Reg. No.                           | 6                        | 0208  |
|---|--------------------|---|---|-------------------------------------|--------------------------|--|---|----------------------|--|------------------------------------|--------------------------|---|
| Dhamini   |                    | 1. Decedent's Name (First, Middle, Le   | est)  |                                     |                          |  |   |                      | 2. Date of Dea                           | ith<br>Day                         | Year                     | 3. Time of Death  |
| Physici<br>/Medi  |                    | Lawrence  | R.  | Maie                                | ers                      |  |   |                      |  |                                    | 98                       | 9:07 pm   |
| Examir  |                    | 4a. Facility Nama (If not institution, gi<br>Memorial Hospi   |   | er)                                 |                          |  | Cum                                     | ber                  | ocation of Daath                         | A11                                | of Death                 |   |
| Funeral<br>Director   |                    | 5. Social Sacurity Number 6. 2 1 4 4 2 0 2 6 8 Usual Residence of Decedent  | Sex<br>11 M 2 F   | Aga (In yrs. last b                 | virthday)<br>Yrs.        | if Under 1 Ya<br>Months Day                    | ar If Undar 2<br>ys Hours               | Min.                 | 8. Date of Birtl<br>(Month, Day<br>Apr 6 | 1945                               | 9. Birthp<br>Cour<br>M   | piaca (Steta or Foreign   |
| show  |                    | 10a. State 10b. County  |   | 10c. City, To                       |                          |  |   |                      |  |                                    | 1                        | 0d. Inside City Limits  |
| the Mary<br>r 28a-f sh  | ctor               | MD Allegan  | У   | Cu                                  | mber                     | cland  |   |                      |  |                                    |                          | 1 ☐ Yes 2X No   |
| death with the Maryland<br>ms 23e or 28e-f show<br>Livest be notified at  | Funeral Director   | 10e. Street and Number 508 Woodside Ave   | enue  |                                     |                          | 10f. Zip Code 215                              |   |                      |  | 10g. Citizen of V                  |                          | ntry?   |
| <u> </u>  | by                 | 11. Maritai Status  1 Never Married 2 Married  3 Widowed 4 Divorced   | 12. Was Deceder Arened Force: 1 12 Yes 2 If Yes, Give Year or Datas | s?                                  |                          | Was Decedent of<br>If Yes, specify C           |   | In? (Spo<br>Puarto   | ecify Yas or No-<br>Rican, etc.)         | 14. Rac<br>Biad<br>Specify         | ck, White,               | cen Indian,<br>etc.   |
| 72 hours  | eted               | 15. Decedent's E<br>(Spacify only highast gr  | ducation<br>rede completed)   | 16                                  | a. Deced                 | dent's Usuai Oc<br>kind of work do             | cupation<br>ne during most              | of work              | ina                                      | 16b. Kind of Bu                    | usiness/In               | dustry  |
| 2121<br>d within<br>giene.<br>r then  | Completed          | Eiementary/Secondary (0-12)   | College (1-4o   | w.E.)                               | life. I                  | DO NOT use rel<br>Pruck Di                     | lired)                                  |                      |  | Crites                             | Tra                      | nsfer   |
| Aaryland 212 2 should be filed with and Mental Hygiene, le merked other ther summit: event, treat                                   | Be                 | 17. Father's Name (First, Middle, Les<br>Richard Maiers   |   |                                     |                          |  |   |                      | e (First, Middle,<br>Ruppenka            |                                    | 10)                      |   |
|   | To                 | 19e. Informant's Neme/Relationship Joyce Maiers-wi  |   |                                     |                          | -  | eat end Number                          | r or Rure            | mberlan                                  | r, City or Town,                   |                          | Code)   |
| Baltimore, M<br>bemit. Pages 1 and 2<br>bepartment of Health<br>mportant: If item 27 in<br>ny Injury or other tra                   |                    | 20a. Method of Disposition  1 Burial 2 Cremation 3 5 4 Donation 5 Other (Special Control of the | □Removai from Stat  | 20b. Piaca<br>cemet                 | of Dispo                 | sition (Neme of<br>metory or other)<br>s Cemet | plece)                                  | 1                    | Date 06/18                               | 20c. Location -                    | City or To               |   |
| Baltimor<br>permit. Pages<br>Department of I<br>Important: If its<br>any Injury or of   |                    | 21. Signature of Funeral Service Lice   | nsee A  | rival                               | 22                       | Name and Ad<br>Scarpe                          | dress of Eacility<br>III Fun<br>Land MD | eral                 | L Home,                                  | P.A.                               |                          |   |
|   |                    | 23a. Part1. Enter the disease, or con shock, or heert feilure. List only  | nplicetions that ceus   | ed the death. Do                    | not ent                  |  |   |                      |  | rest,                              |                          | Approximate<br>Interval Between   |
| Physician<br>/Medical<br>Examiner   |                    | Immediate Cause (Final disease or condition resulting in death)   |   | OCAR<br>Due to (or es e             | DI                       | AL   |   |                      |  |                                    |                          | Onset and Death  15 min   |
| . Box 68760, death certificate be executed a attending physician and ad for use as the burial-transit                               | n/Medical Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initieted events resulting in death) Last  | b   | Due to (or as a                     |                          |  |   |                      |  |                                    |                          |   |
| Bo<br>death o<br>attend<br>d for us   | iciar              | Part II. Other significant conditions   | contribution to death   | but not condition                   | in the                   | adarbina asusa                                 | siuse in Rost I                         |                      | 22h Did t                                | obacco uno co                      | ntribute t               | the cause of death?   |
| P.O   | / Physician/       | Partit. Other significant conditions  | contributing to death   | but not resulting                   | in the u                 | nderlying cause                                | given in Pert i.                        |                      | 1 🗆 1                                    |                                    |                          | bably 4 Unknown   |
| aw requires subsentings   | Completed by       |   |   |                                     |                          |  |   |                      | 24a. Was a                               | an autopsy<br>med?                 | av                       | ere autopsy findings<br>vallable prior to<br>impletion of causa<br>deeth? |
| = F # 8   | Com                |   |   |                                     |                          |  |   |                      | 1 🗆 Y                                    | es 2 No                            | 1[                       | ☐ Yes 2 No  |
| f Vital  <br>ystcien: Th<br>s certificate<br>director, pag  | Be                 | 25. Was cese referred to medical examiner?  |   |                                     |                          |  |   | of Deetl             | h (Check only o                          | ne)                                |                          |   |
| Phys<br>this<br>rai di  | ation: To          | 1 Yes 2 No  27. Menner of Death 1 Natural 5 Pending 2 Accident Investigation  | Hospital: 1 inpa  28a. Date of Ir (Month, L                         |                                     | Outpatier Time of Injury | 1 28c. It                                      | Other: 4 Nur<br>njury at<br>Work?       |                      | me 5 Resid<br>28d. Describe h            |                                    |                          | (y)   |
| Division  To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune | Certification:     | 3 Suicide 6 Could not to determined   | 28e. Piace of I<br>building,  | Injury - At home,<br>etc. (Spacify) | farm, str                | reet, factory, offi                            | се                                      |                      | 28f. Location (5<br>City or Tox          | Street and Numb<br>m, Stete)       | er or Rure               | el Route Number,  |
| na Hospit<br>n 24 hour<br>ne Funera   | edical             | 29a. Certifier (Check only one) Certifying Pl   | hysicien: To the besis<br>miner: On the besis<br>and manner         | of exemination a                    | ge, death<br>ind/or inv  | n occurred at the<br>vestigation, in m         | e time, date end<br>ly opinion, deat    | f place,<br>h occurr | and due to the dred at the time, of      | cause(s) and ma<br>date and piace, | inner as s<br>and due to | stated.<br>o the ceuse(s)   |
| To the To the To the Company  | M                  | 29b. Signature and title of certifier   | Durena  | wood!                               | nD                       |  | ense number 23 7                        | 79                   | AU S                                     | 29d. Data signe                    | d (Month,                | Dey, Year)  |
| 220   |                    | 30. Name and address of person who  | completed cause of  | death (Item 23a                     | ) (Type,                 | Print)   |   |                      |  |                                    |                          |   |
| 100   |                    | Dr. Livengood<br>31. Date flied (Month, Day, Year)  |   | on Dri                              | ve                       | Cumber   | land M                                  | 1d 2                 | 21502                                    |                                    |                          |   |
| Sta<br>Registi  |                    | 31. Date filed (Month, Day, Year)   | 2. Hegy   | strar's Signature                   | 1                        |  |   |                      |  |                                    |                          |   |



|                   |   |                |   | State of Ma                                     |                                    | epartment of F<br>Certificate of                       |                                      |                                   | glene 9 {<br>leg. No.          | 3 20                           | 1209                              |
|-------------------|---|----------------|---|---|------------------------------------|--|--------------------------------------|-----------------------------------|--------------------------------|--------------------------------|-----------------------------------|
| г                 | Dhunial   |                | 1. Decedant's Nama (First, Middla, L  | ast)  |                                    |  |                                      | 2. Data of Dee<br>Month           |                                |                                | 3. Tima of Death                  |
|                   | Physici<br>/Media   |                | Wade Mendes   |   |                                    |  |                                      | June                              | Day<br>1.5 1                   | Yaar<br>1998                   | 1633                              |
| ,                 | Examir  |                | 4a. Facility Nema (If not institution, g  |   |                                    |  | 4b. City, Town, or L                 |                                   | 4c. County                     |                                | 1055                              |
|                   |   |                | Kent & Queer  | Anne's  | Hospit                             | 2 1  | Chastart                             | OMB                               | K o                            | ent                            |                                   |
|                   | Funeral   | 16             | Social Security Number     6.   | Sex 7. Age                                      | e (In yrs. last birt               | hday) If Undar 1 Yeer                                  | Chestert If Undar 24 Hrs. Hours Min. | 8. Dete of Birth                  | Voor                           |                                | ce (Stete or Foreign              |
|                   | Director  |                | 056-36-3069   | X□M 2□F   | 5.3                                | rs. Months Deys  | Hours Min.                           | Aug. 28                           |                                | -                              |                                   |
|                   | P .   |                | Usual Rasidance of Decedant   |   |                                    |  |                                      | Aug. 20                           | ,1344                          | Mew                            | -iork                             |
|                   | show the  |                | 10a. Stete 10b. County  |   | 10c. City, Town                    | or Location  |                                      |                                   |                                | 10d                            | I. Inside City Limits             |
|                   | Me Ma   | cto            | Maryland Kent   |   |                                    | Chestert   | own                                  |                                   |                                |                                | 1 ☐ Yes 2 No                      |
|                   | or 20   | Director       | 10e. Street and Number  |   |                                    | 10f. Zip Coda  |                                      | 1                                 | 0g. Citizen of \               | Whet Country                   | n                                 |
|                   | 23a   | a              | 5240 Johnsont   | own Rd.   |                                    | 21   | 620                                  |                                   | 11                             | S.A.                           |                                   |
|                   | 72 hours after death with the Maryland<br>natural, or frems 23s or 28s-f show<br>deat Examiner must be notified at  | Funeral        | 11. Marital Status  | 12. Was Decedant I<br>Armed Forcas?             | Evar in U,S.                       | 13. Was Decedant of F                                  |                                      | ecify Yas or No-                  | 14. Rac                        | e - Amaricen<br>ck, Whita, atc |                                   |
| 0                 | or H  |                | 1 ☐ Navar Marriad 2 ☐ Married   | 1 Yas 2V N                                      | lo                                 | 1 ☐ Yas 2 ☐ No   | Specify:                             | Thoon, ato.,                      |                                |                                |                                   |
| 000               | ral.  | d by           | 3 ☐ Widowed 4 ☑ Divorced  | Yaar or Datas:                                  |                                    | TO THE EXT   | орвону.                              |                                   | Specify                        | Whit                           | te                                |
| 21215-0020        | be filed within 72 hours after death with the Marylan stal Hygiene.  Id other than "natural", or Nems 23s or 28s-f show event, the Medical Examener must be notified at | Completed      | 15. Decedant's E<br>(Specify only highast g   |   | 16a.                               | Decedant's Usuel Occup<br>(Give kind of work dona      | during most of work                  | ina                               | 16b. Kind of B                 | usiness/Indus                  | stry                              |
| 12                | within ene.   | Id I           | Elementary/Secondary (0-12)   | Collega (1-4or 5                                | +)                                 | life. DO NOT usa retire                                | d)                                   | 377                               |                                |                                |                                   |
| 7                 | filed v<br>Hygie<br>fiber t   | ပိ             | 12  |   |                                    | Caretak  |                                      |                                   |                                | rming                          | 3                                 |
| and               | Mental Parked of  | Be             | 17. Fathar's Name (First, Middla, Las   |   |                                    |  | 18. Mothar's Nam                     | e (First, Middla, i               | Ma <i>id</i> an Su <i>m</i> an | 18)                            |                                   |
| Ä                 | should be<br>nd Mental<br>marked o  | 10             | Stuart Mend   |   |                                    |  | Haz                                  | el Wa                             | de                             |                                |                                   |
| Maryland          | l 2 sh<br>and<br>ls m   |                | 19a. Informant's Name/Reletionship  |   |                                    | Mailing Addrass (Street                                |                                      |                                   |                                |                                |                                   |
|                   | s 1 and 2 should<br>of Health and Men<br>item 27 is marke<br>other traumatic  |                | Lena Mendes-Da  | ugnter  | 45                                 | 17 Muncas Disposition (Nama of                         | ter Mill                             | . Rd.,                            | Rockvi                         | lle,                           | MD                                |
| altimore,         | Pages<br>nent of h<br>int: if its   |                | 20a. Method of Disposition 1 Burial 2 Cramation 3   | ☐Removel from Stata                             | cemata/                            | r, cramatory or other ple                              | ce)                                  |                                   | 20c. Location -                |                                |                                   |
| Ē.                | tant:   | 1              | 4 □ Donation 15 □ Othar (Spec   | (fy)  | Callibr                            | idge Crema   | atory 6                              | -18-98                            | Cambr                          | idge,                          | , MD                              |
| Bal               | permit. Pages<br>Department of<br>Important: If it<br>any Injury or o   |                | 21. Signature of Funeral Service Lice   | nsee  |                                    | 22. Name end Addre                                     |                                      |                                   |                                | ,                              |                                   |
|                   | 40 = e a  |                | Cheles Also   | . den   | 111110                             | Cambridge  | 1464 C                               | ory at                            | Green                          | liawn                          | Cemeter                           |
|                   |   |                | 23a. Party. Enter the disease or con<br>shock, or heart failure, list only                                  | plications that causad                          | tha daath. Do n                    | of entar the moda of dyir                              | ng, such as cerdiac                  | or raspiratory arr                | est,                           | -21.01                         | pproximata<br>ntarval Batween     |
|                   | Physician   | 1              |   |   |                                    |  |                                      |                                   |                                | Ö                              | nsat and Death                    |
| ć.                | /Medical  |                | Immediate Ceuse (Final disaasa or condition   | Carol   | in -17                             | uluman   | n An                                 | Int                               |                                | 1                              | 1+00,10                           |
|                   | Examiner  |                | resulting in daath)   | a. Coco   | Due to (or as a c                  | uluuruar onsequence of):  Lyo Car clix onsequance of): | 8                                    |                                   |                                |                                | .000                              |
|                   | D #   | Examiner       |   | , Ac  | ute L                              | Uso can dia  | 1 Jula                               | netin                             |                                | 3                              | HOURS                             |
|                   | and<br>trans  | Kam            | Sequentially list conditions,   | , 1   | Due to (or as a c                  | onsequance of):  |                                      | 1                                 |                                |                                |                                   |
| 80,               | clan s  | E E            | Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury |   | pente                              |  |                                      |                                   |                                | /                              | YEAR                              |
| 58760,            | cata be executed<br>physician and<br>s the burial-transit   | dical          | that initiated avants<br>rasulting in deeth) Last   |   | Dua to (or es a co                 |  |                                      |                                   |                                |                                |                                   |
| _                 |   | w              |   | Anterios  | clustei                            | Condio Va  | 25 culum                             | Deves                             | 4                              | 3                              | YRS                               |
| Box               | The law requires that the death certifite has been signed by the attending tage 2 should be detached for use as   | Physician/M    |   | u   |                                    |  |                                      |                                   |                                |                                |                                   |
|                   | e de<br>the a   | /sic           | Part II. Other significant conditions   | contributing to death bu                        | t not rasulting in                 | tha undarlying ceusa giv                               | van in Pert I.                       | 23b. Did to                       | bacco usa co                   | ntribute to th                 | he cause of death?                |
| P.O.              | d by<br>detac   |                | TOBACED ABOU  | se Hun  | mel. 10                            | 4.400  |                                      | 1 12 Y                            | es 2 No                        | 3 Probab                       | bly 4 Unknown                     |
| Ś                 | iras tha<br>signed<br>d be del  | by             | 7000,000  | -1/1/   | muu                                | 5 ruseun   | · Car                                |                                   |                                |                                |                                   |
| Records,          | v require<br>been si<br>should I  | Completed      | 16 Stony OF A   | Colend A  | 21.0                               |  |                                      | 24a. Was a perform                |                                | availa                         | autopsy findings<br>abla prior to |
| ec                | e law<br>has b  | npie           |   | ,,  | June                               |  |                                      |                                   |                                | of dee                         | eth?                              |
|                   |   | S              |   |   |                                    |  |                                      | 1 🗆 Y                             | as 2 No                        | 1 🗆 Y                          | fas 2□ No                         |
| Ita               | ystclan: The l<br>s certificate he<br>director, page  | Be             | 25. Was cese refarred to medical axaminar?  |   |                                    |  | 28. Plece of Deet                    | h (Check only or                  | na)                            |                                |                                   |
| -                 | Physician:<br>rthis certific<br>rrai director,  | 2              | 1 Yas 2 No  | Hospital:<br>1 ☐ Inpatia                        | nt 2EER/Out                        | petient 3 DOA Oth                                      | nar: 4 □ Nursing Ho                  | oma 5 🗆 Raside                    | ence 8 DOth                    | ar (Specify)                   |                                   |
| Division of Vital | ding Ph.<br>After thi<br>funeral  | ü              | 27. Mannar of Daeth 1 ☑ Natural 5 ☐ Panding   | 28e. Data of Injur<br>(Month, Day               | y 28b. T                           | me of 28c. Injury Wor                                  | ry at<br>rk?                         | 28d. Describe hi                  | ow Injury occur                | red                            |                                   |
| Sio               | Attending or death. ector: Affer by the fune  | Certification: | 2 ☐ Accidant invastigation  | in with   |                                    | M 1 🗆  | Yas 2□No                             |                                   |                                |                                |                                   |
| Ž                 | r Attend<br>ter daath<br>lrector:<br>n by the   | Ě              | 3 ☐ Suicide 6 ☐ Could not I detarmined  |   | ry - At homa, far<br>(Specify)     | m, street, factory, office                             |                                      | 28f. Location (Si<br>City or Town |                                | er or Rural R                  | iouta Number,                     |
|                   | irs af  | Ce             |   |   |                                    |  |                                      |                                   |                                |                                |                                   |
|                   | To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the  | edical         | (Check only 2 Medical Exa   | hysician: To the best of miner: On the basis of | f my knowladga,<br>axamination and | daath occurred at the tir<br>or invastigation, in my o | me, dete end place,                  | and dua to tha cred at the time d | ausa(s) and ma                 | nnar as state                  | ed.<br>a causa(s)                 |
|                   | the the   | Med            | anay  | and menner ste                                  | ted.                               |  |                                      |                                   |                                |                                |                                   |
|                   | 10 To   | <              | 29b. Signature and title of certifier   | 200   |                                    | 29c. Licans  |                                      | 2                                 | 9d. Date signe                 |                                |                                   |
|                   |   |                | · Care  |   |                                    |  | 3819                                 |                                   | 6/1                            | 6/98                           |                                   |
|                   |   | 1              | 30, Name and padress of parson who  | completed causa of de                           | ath (Itam 23a) (                   | Type, Print)   | , . ~                                | 1                                 | , , .                          |                                |                                   |
|                   |   |                | John C. Array   | BAL M.)   | u.s.                               | 948WASC  | ungtin ,                             | INR, CL                           | ces tes his                    | m Me                           | d 21620                           |
|                   | Sta   |                | 31. Data filed (Month, Dey, Yeer)   | 1998 32. Registra                               | r's Signetura                      | Randall  |                                      | ,                                 |                                |                                |                                   |
|                   | Registr   | dГ             | JUN I 3   | 1330  |                                    | CANAL T  |                                      |                                   |                                |                                |                                   |

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Tima of Death 1 Decedent's Name (First Middle, Last) 2. Date of Death Day **Physician** MARY JUNE 1998 ELOISE NEWELL 15, 9:15 AM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4e Fecility Name (If not institution, give street and number) Examiner HILLHAVEN NURSING HOME ADELPHI PRINCE GEORGES If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1□ M 2♥F Months Days Hours Min. 89 Yrs. 220-60-6044 FEB. 12,1909 INDIANA Director Usual Residence of Decedent tha Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits r 28a-f show 1 ♥ Yes 2 No ecto SILVER SPRING MONTGOMERY MD. 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code ā with r than "natural", or Items 23s or the Wedicsi Examiner must be SLIGO CREEK PARKWAY #212 U.S.A. 9039 20901 Funeral filed within 72 hours after death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: à 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) Coilege (1-4or 5+) HOMEMAKER AT HOME permit. Pages 1 and 2 should be file.
Department of Hasilith and Mental Hyg.
Important: if item 27 is marked
any injury or other to 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) OSCAR EVERETT LUCETTE KAUFMAN MARY HOWENSTINE 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) #10 CLARENCE A. NEWELL/HUSBAND SAME AS ITEM 20b. Placa of Disposition (Neme of cemetery, crematory or other place) Dete 20c. Location - City or Town, State 20e. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) CHAMBERS CREMATORY 6/16/98 RIVERDALE. MD. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility ramberell MOOO91 CHAMBERS FUNERAL HOMES, P.A., SILVER SPRING, MD. 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. **Physician** STROKE 3 WEERS Immediate Cause (Final disease or condition resulting in death) /Medicai Examiner Due to (or as a consequence of): Examiner that the death cartificate be executed physician and the burial-trans Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical Due to (or as a consequence of): as usa Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? PARKINSONS DISCASE 1 Yes 2 No 3 Probably 4 Unknown Records, ģ 24b. Were autopsy findings available prior to 24a. Was an autopsy Completed completion of cause of deeth? has is cartificata ha 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Physician: 25. Was case referred to medical examiner? Be 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 this 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Manner of Death 28b. Time of 28c. Injury et Work? Certification: Aftar Attending 1 Naturel 2 Accident 5 ☐ Pending aftar daath. Director: Af 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 3 ☐ Suicide 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide within 24 hours aftar To the Funeral Direcompletaly filled in b 6 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, end due to the cause(s) and manner es steled.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner steled. 29a. Certifier (Check only one) within 2 To the 29d. Date signed (Month, Dey, Year) 29c. License number 29b. Signature en SUNE 16, 1998 D31563 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) , 11251 LOCKWOOD SILVERSPRING 20901 CHAPLES M BENNER MO DRIVE.

State Registrar 31. Date filed (Month, Day, Year)

JUN 17 1998

32. Registrar's Signature
Salia Davidson-Randalle

.A.A.u 2004 1,24,424 THE RESIDENCE FOR THE ELPHYLOL STREET TWO NOTES SELECT HARBOR THE WELL OF MEET WESTERN WARRANT LOCAL TO WITHOUT THE ALTERNATION AND AND ADDRESS OF THE SECOND SECONDS 

State of Maryland / Department of Health and Mental Hygiene 98 20212

JUNE 17, 1998

|                 |  |                   |  |  |                     | Cei                    | rtificate c                | of Death                                     |   | Reg. No.   | 40414   |     |
|-----------------|--|-------------------|--|--|---------------------|------------------------|----------------------------|--|---|--|---|-----|
|                 | Physician  | า                 | 1. Decedent's Name (First, Middle, Las<br>ERNEST CLYDE NI  | ELSON SR.  |                     |                        |                            |  | 2. Date of De<br>Month<br>JUNE              | ath<br>Day   | 3. Tima of Death  |     |
|                 | /Medica<br>Examine   | _                 | 4a Facility Name (If not institution, give<br>MEMORIAL HOSPITA)  |  |                     |                        |                            | 4b. City, Town, of CUMBER                    | LAND  |  | of Death  |     |
|                 | Funeral<br>Director  |                   | 215-58-6300  | 7. Age<br>Д М 2□ F   | 48 (In yrs. 1       | lest birthday)<br>Yrs. | If Undar 1 Ye<br>Months Da |  |   |  | Birthplaca (Stete or Fore-<br>Country)     IARYLAND                                 | ign |
|                 | pu *   | -                 | Usual Residence of Decedent  10a. State 10b. County  |  | 10c. City           | , Town or Lo           | cation                     |  |   |  | 10d. inside City Limi   | ts  |
|                 | d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiene.  7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examinat must be notified at |                   | MARYLAND ALLEGA  | ANY  |                     | MBERLA                 |                            |  |   |  | 1 X Yas 2 □ N   |     |
|                 | the A  | Director          | 10e. Street and Numbar   | 1212   |                     |                        | 10f. Zip Cod               | 9  |   | 10g. Citizen of W  | That Country?   | _   |
|                 | A Por  |                   |  |  |                     |                        |                            |  |   |  |   |     |
|                 | ath 23   | runeral           | 477 BALTIMORE AVE  |  | to a section of the | 0 140                  | 1                          | .502   | (Casaita Vasas Na                           | U.S.   | · A •   |     |
|                 | er de  | Š                 | 11. Marital Status   | 12. Was Decedant 6<br>Armed Forces?                                |                     | 5. 13.                 | If Yes, specify C          | of Hispanic Origin?<br>Juban, Mexican, Pu    | erto Rican, atc.)                           | Black  | c, White, etc.  |     |
| 20              | saft   | Dy T              | 1 Never Marriad 2 Married  | 1 ☐ Yes 2 ☑ N<br>If Yes, Give                                      | 10                  |                        | 1□Yes 2∏                   | No Specify:                                  |   | Specify:   | WHITE   |     |
| 21215-0020      | hour   | 0                 | 3 Widowed 4 Divorced   | Yaar or Dates:   |                     | 16e Door               | dent's Usual Oc            | nunation                                     |   | 16b. Kind of Bu  | closes@aduets.  |     |
| 15              | - na   | lete              | 15. Decedent's Edi<br>(Specify only highest great  | le completed)  |                     | (Give                  | kind of work do            | ne during most of w                          | rorking                                     | 100. Kind of Bu  | alliess/Houstly   |     |
| 12              | within lene.   | Сотріетес         | Elementery/Secondary (0-12)  | College (1-4or 5   |                     |                        |                            |  | E CO  | MANUE  | PTDEC   |     |
|                 | Hygi<br>ther<br>mt.  |                   | 12<br>17. Fether's Name (First, Middle, Last)  |  |                     | KELLY                  | SPRING                     | FIELD TIR                                    | ame (First, Middle,                         | MANUF :  |   |     |
| an              | od of  | ן מ               |  |  |                     |                        |                            | NELLIE                                       |   |  |   |     |
| 2               | 2 should be filed with<br>and Mental Hygiene.<br>Is marked other than<br>aumatic event, the M  | 0                 | ARLIE R. NELSON  | Orinal   |                     | 10h Maili              | no Address /Ctr            | NELLIE<br>eet end Number or                  |   | or Cibror Town   | State Zin Code)   | _   |
| Maryland        | han<br>han<br>le r   |                   | 19a. Informant's Name/Relationship (7) GERALD NELSON   | BRO  | סשטי                |                        | -                          | RIDGELE                                      |   | 26753  | Siete, 21p 000e)  |     |
|                 | ges 1 and<br>t of Health<br>if item 27<br>or other tr  | -                 | 20a. Method of Disposition   | DROI   |                     |                        | sition (Neme of            |  | Date  |  | City or Town, State   |     |
| altimore,       | Sol  |                   | 1 M Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify   |  | C                   | ematery, cre           | netory or other<br>CEMETER | pleca)                                       | 1998  | ARTEMAS  |   |     |
| Balti           | permit. Pag<br>Department<br>Important: h<br>any injury o  |                   | 21. Signature of Funeral Service Literature of Funeral Service Lit | Mento  | 1                   | M                      | ERRITT-                    | dress of Facility                            |   |  |   |     |
|                 | Physician<br>/Medical<br>Examiner  |                   | shock, or heart failure. List only of<br>Immediate Cause (Final<br>disease or condition<br>resulting in death)   | a Conta  | A                   | r as a conse           | quence of):                | Word   | ly He                                       | d  | Interval Between Onset and Death  |     |
| x 68760,        | ertificate be<br>ling physicia<br>e as the bur   | vmedical Examiner | Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last   | c  |                     | r as a consec          |                            |  |   |  |   |     |
| ). Bo           | the attenthed for u  | Physician         | Part II. Other significant conditions co   | ntributing to death bu   | it not rest         | ulting in the u        | nderlying cause            | given In Pert i.                             | 23b. Dld                                    | tobacco use cor  | tributs to the cause of dea   | th? |
| s, P.O          | = 80   | by ruy            |  |  |                     |                        |                            |  | - 10  | Yes 2 No   | 3 Probably 4 Unkn   | owr |
| Records,        |  | Completed         |  |  |                     |                        |                            |  |   | an autopsy<br>ormed?   | 24b. Were autopsy finding<br>available prior to<br>completion of causa<br>of death? | S   |
| 0               | cate ha  |                   |  |  |                     |                        |                            |  | 18  | Yes 2LINo  | 10.Yes 2□ No  |     |
| Vital           |  | 9                 | 25. Was case referred to medical examiner?   | Hoopital   |                     |                        |                            |  | Death (Check only                           | one)   |   |     |
| of              | S S D  |                   | AZTES ZUNO   | Hospital: 1   Inpatie  | - 414               | ER/Outpatie            |                            |  | Homa 5□ Resi                                |  |   |     |
| <b>Division</b> | Attending Ph<br>or death.<br>betor: After th<br>by the funeral   | Certification:    | 27. Menner of Deeth  1 □ Natural 5 □ Pending  2 □ Accident investigation   | 28a. Dete of Inju  | Yaar)               | 28b. Time of Injury    | M                          | njury at<br>Work?<br>1 Yes 2 No              | Suffer                                      | how injury occurred to the source of the sou | self  |     |
| Vis             | for Attendate death Director: A  | 2                 | 3 Suicide 6 ☐ Could not be determined  | Zoe. Flace of Inju   | ry - At ho          | ome, farm, st          | raat, factory, off         | ice  | 28f. Location (                             | Streat end Numb  | er or Rurel Route Number,   |     |
| Ö               | afte afte  | Ser l             | - I Homolde  | building, etc  | . (Specif)          |                        | me                         |  | A.  | C 17   | Tpel Pomone   | ,   |
|                 |  | edical            | 29a. Certifier (Check only one)  1 Certifying Phy 2 Madical Exam   | rsician: To the best of<br>iner: On the basis of<br>and manner sta | examine             | wiedge, deat           | h occurred at th           | e time, date and pla<br>ny opinion, deeth oc | ice, and dua to the<br>courred at the time, | cause(s) and ma<br>dete end plece,   | nner as stated and due to the cause(s)  |     |
|                 | To the within To the comple  | Z -               | 29b. Signature and title of certifier  | IN.  |                     |                        |                            | anse number                                  |   |  | d (Month, Day, Year)  |     |

THO State

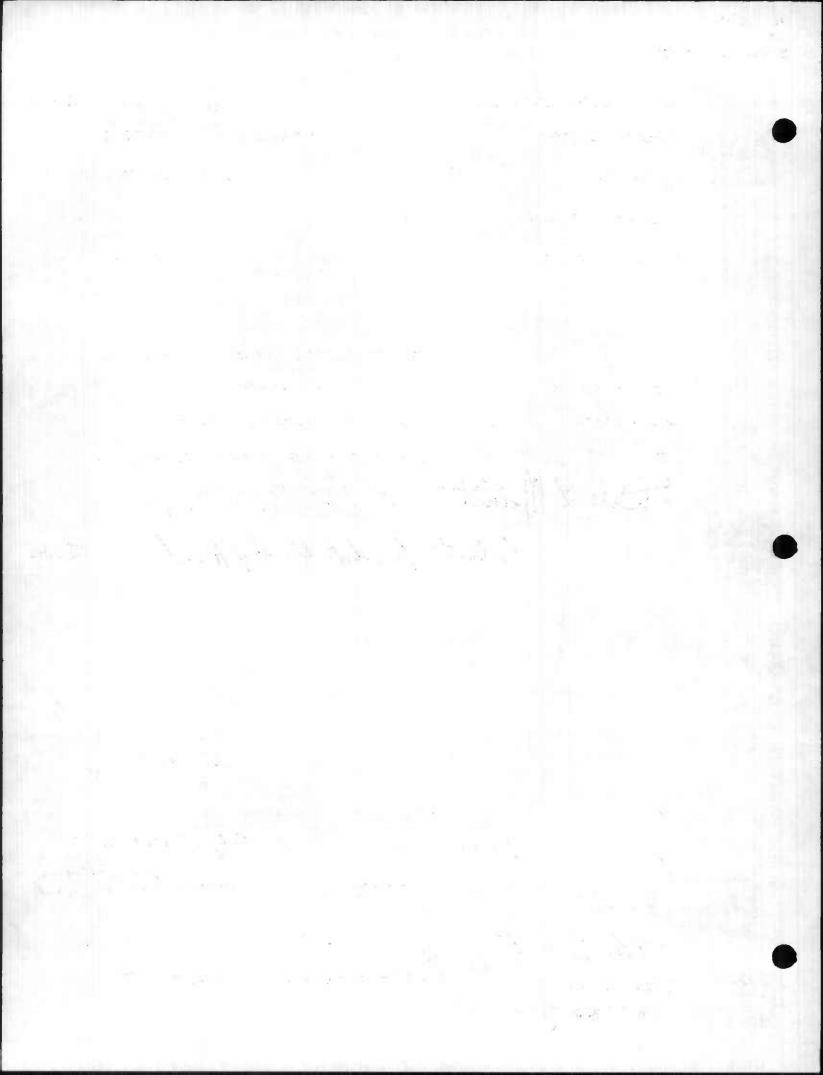
Registrar

2

HEDDUPE MIKING

ne and eddress of person who completed causing beath (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month DREFFICE MARCELLA 12, June 5:10 PM 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, giva street and number, Rockville Montgomery Hebrew Home of Greater Washington 8. Data of Birth (Month, Dey, Year) Oct. 2, 19 If Undar 1 Yaar if Undar 24 Hrs. Birthplaca (Stata or Foraign Country) 5. Social Sacurity Numbar 6. Sex 7. Aga (In yrs. last birthday) 1□M 20 F Days Yrs. 046-20-9768 88 Italy Usual Rasidence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 ☑ No Marvland Montgomery Rockville 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6121 Montrose Road 20852 United States 12. Was Decedant Evar In U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 14. Race - American Indian, Black, White, atc. 13. Was Decedant of Hispanic Origin? (Specify Yas or No. If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 11. Marital Status 1 Navar Married 2 Married 1 ☐ Yas 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedant's Education (Spacify only highast grada completed) 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 18b. Kind of Business/Industry Private Elementery/Secondary (0-12) College (1-4or 5+) Secondary Schools 8 Teacher 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumema) Margherita Maroni Cavaglieri Gino 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 20817 9107 Friars Road, Bethesda, MD Marina O. Gaffney (daughter) 20a. Mathod of Disposition 1 ☐ Burial 2 ☑ Cramation 3 ☐ Removal from Stata 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20c. Location - City or Town, Stata 6-13-98 Beltsville, Maryland 4 □ Donation 5 □ Othar (Specify) Chesapeake Crematory 21. Signatura of Funaral Sarvice Licangee 22. Nama and Addrass of Facility Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD deen ( 20910 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximete Interval Batween Onset and Death MYOCARDIAL INFARCTION Immediata Causa (Final disaasa or condition rasulting in daath) ONARY ARTERY DISEASE Due to (or es e consequence of) Dua to (or as a consequenca of) 23b. Did tobacco use contributa to the cause of death? 2 ANO 1 Yes 3 Probably 4 Unknown DEMENTIA, VASCULAR 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performad? 1 Yas 2 No 25. Wes casa rafarred to medical exeminer? 26. Placa of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatlent 3 ☐ DOA Marinar of Death 1 Natural 2 Accident

Physician /Medical Examiner

attending physician for use es the buna

signed by

After this certificate hes

funeral

filled in by

Physician:

or Attending death.

To the Hospital or Attence within 24 hours after death To the Funeral Director...

20

b

Completed

Be

To

Certification:

edicai

The law requires that the death certificate be executed

Box 68760.

Division of Vital Records,

**Physician** 

/Medical

Examiner

Directo

Funeral

P

Completed

**Funeral** 

**Director** 

7 is marked other than "naturel", or items 23a or 28a-f ahow traumatic avent, the Med cal Examiner must be notified at

the Meryland

filed within 72 hours after death

Hygiene.

permit. Peges 1 and 2 should be fit Department of Health and Mental Hy Important: If item 27 is marked oths any injury or other traumatic avent place.

Physician/Medical Examiner Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseasa or Injury that initiated avants rasulting in daath) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

1 Yas 2 No

28a. Data of Injury (Month, Dey Year)

28b. Time of

28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify)

28c. Injury et Work?

28d. Dascribe how injury occurred

Location (Street and Number or Rurel Route Number, City or Town, Stata)

29a. Cartifiar (Check only one)

3 Suicida

4 ☐ Homicida

1 Cartifying Physician: To the best of my knowledga, daath occurred at tha tima, deta and place, and due to the causa(s) end manner as stated.
2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the causa(s) and manner stated.

29b. Signature and tipe pl-pertitier

5 Pending Invastigation

6 Could not be datarmined

DHYCICHIN

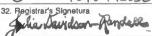
29c. Licansa numbar

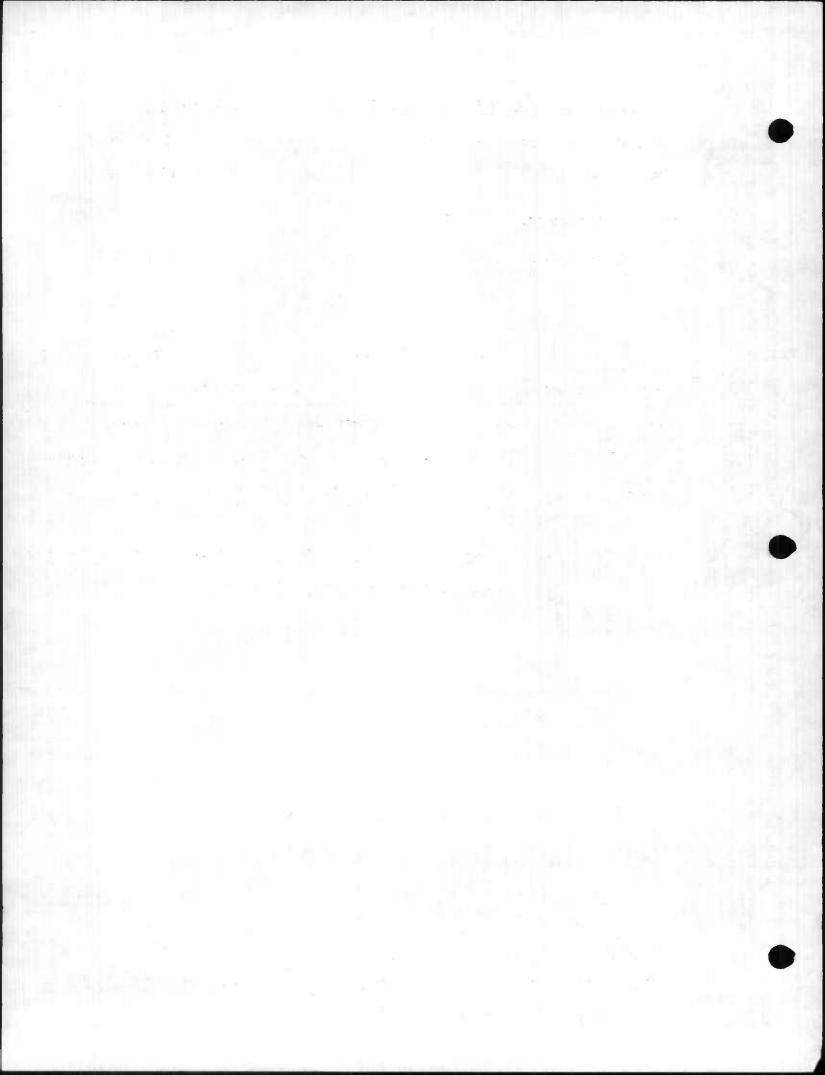
1 | Yas 2 | No

29d. Data signed (Month, Day, Year)

30. Name and address of person who complated cause of death (Itam 23a) (Type, Print) . 6121 MONTROSE

State Registrar





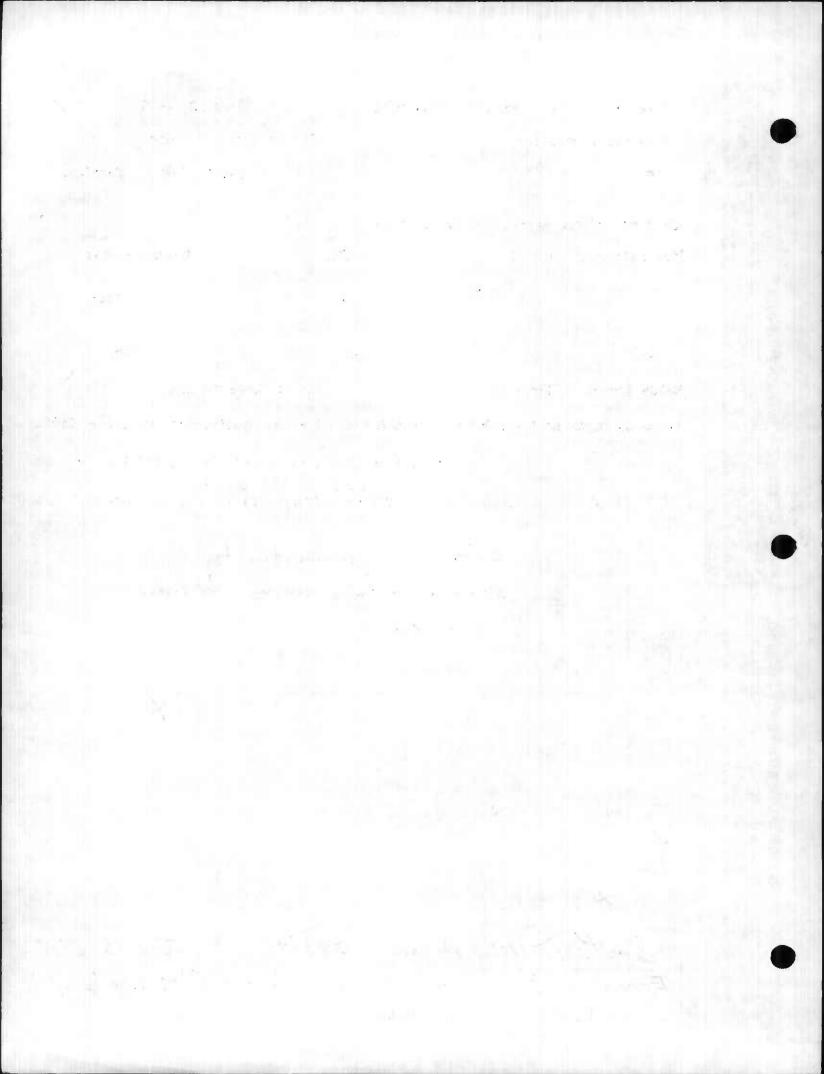
|                     |  |                  |  | State of Ma  | arylan                  |                              | artmen<br>ertificate                       |                                   |  | ind N                | Mental Hy                         | /giene 9                           | 3 2                     | 0214  |
|---------------------|--|------------------|--|--|-------------------------|------------------------------|--|-----------------------------------|--|----------------------|-----------------------------------|------------------------------------|-------------------------|---|
|                     | Physicia<br>/Medic   |                  | 1. Decedent's Neme (First, Middle, Las<br>Jeremiah Karl  | Russell  | P                       | hillpa                       | tts  |                                   |  |                      | June 1                            | Day                                | Yeer                    | 3. Tima of Death<br>8:05 PM                   |
|                     | Examin   |                  | 4a Fecility Nama (If not institution, give<br>Holy Cross Hospi   |  |                         |                              |  | - 16                              | 4b. City, To                                 |                      | ocation of Dee<br>oring           |                                    | ty of Deeth             | v   |
|                     | Funeral<br>Director  |                  | Social Security Number 6. S      |  | a (In yrs.              | last birthday<br>Yrs.        | If Undar<br>Months                         |                                   | If Under:                                    | 24 Hrs.              | 9                                 | irth                               | 9. Birth                | place (State or Foreign                       |
|                     | Se-f show  | Director         | Usual Residence of Decedent  10a. State 10b. County  Maryland Prince G   | eorge's  |                         | y, Town or L<br>ttsvil       | 1e   |                                   |  |                      |                                   |                                    |                         | 10d. Inside City Limits 1 ☐ Yes 2X No         |
| 020                 | 72 hours efter deeth with the Marylend<br>natural', or itema 23s or 28s-f show<br>deal Examine must be neutral   | by Funeral Dire  | 10e. Street and Number  1836 Metzerott Roa  11. Marital Status  1 Xavar Married 2 Merried  3 Widowed 4 Divorced  | d  12. Was Decedant Armed Forces? 1  Yas 2 N If Yes, Giva Yaar or Dates: |                         | ,S. 13.                      | Wes Daced                                  | 783<br>dant of H<br>cify Cube     | lispanic Orig<br>an, Maxican<br>Specify:     | gin? (Sp<br>, Puarto | ecify Yas or N<br>Rican, etc.)    | В                                  |                         | es<br>can Indian,<br>atc.                     |
| 21215-0020          | C  | Completed        | 15. Decedant's Ed<br>(Specify only highast gra-<br>Elamentery/Secondery (0-12)   | da completed)  |                         | 16a. Dece<br>(Giv.<br>lifa.  | edant's Usua<br>a kind of wor<br>DO NOT us | al Occup<br>rk dona<br>sa retired | etion<br>during most                         | of work              | ing                               | 16b. Kind of                       | Businass/Ir             | dustry  |
|                     | EISE   | Be Com           | none  17. Fethar's Nama (First, Middla, Last)  | College (1-4or 5   | )+)                     |                              | non  | ie                                | 18. Motha                                    | r's Nem              | a (First, Middl                   | e, Meidan Sumi                     | none                    |   |
| Maryland            | 2 should be<br>and Mentel<br>is marked o   | ToB              | Wolde Israel Phil  | potts  |                         |                              |  |                                   | Luwer  | n Su                 | ndesha                            | Bent                               |                         |   |
| x 68760, Baltimore, | ohysicie<br>the bur  | Medical Examiner | 20a. Mathod of Disposition  1 Burial 2 Al Cramation 3  4 Donation 5 Other (Specify)  21. Signature of Funaral Sarvice Licen  23a. Part1. Entar tha disease, or compshock, or heart failure. List only the state of the second seco | b. Sev   | the daetha.  Dua to (co | h. Do not ar                 | Rapp F 933 Gi ntar tha mod equence of):    | rema<br>d Addra<br>une<br>st      | tory ss of Facilit ral Se Avenue ng, such as | ervi<br>e, S         | ces, P                            | .A.<br>Spring,                     | ille,                   | Maryland                                      |
| ds, P.O. Box        | es that the<br>gned by th<br>be detache  | by Physician/Me  | Part II. Other significant conditions or   | entributing to death b   | ut not res              | ulting In tha                | underlying c                               | ausa giv                          | van in Part 1                                |                      | 1[                                | Y 98 2 NO                          | 3 Pro                   | to the cause of death?    Death   4   Unknown |
| Records,            | hes b  | Completed        |  |  |                         |                              |  |                                   |  |                      | per                               | s an autopsy<br>formed?            | a 0                     | wallable prior to ompletion of cause f death? |
| Vital               | ician: The   | Bec              | 25. Wes casa rafarred to medical exeminar?   |  |                         |                              |  |                                   | 26. Pleca                                    | of Dee               | th (Check only                    |                                    |                         |   |
| of                  | ng Phys<br>fter this<br>ineral di  | 2                | 1 Vas 2 No  27. Manner of Death  1 Seturel 5 Pending   | Hospital: 1 Anpatie<br>28a. Date of Inju<br>(Month, Da                   |                         | 28b. Tima<br>Injury          |  | 8c. Injur                         | 4 LI NU                                      |                      |                                   | sidanca 6 🗆 0<br>e how injury occ  |                         | ify)  |
| Division            | To the Hospital or Attanding within 24 hours after deeth.  To the Funeral Director: After completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral filled in by the funera | Certification:   | 2 Accidant invastigation 3 Suicida 6 Could not be 4 Homicida datermined  | 28a. Place of Inj<br>building, at  | ury - At h              | oma, farm, s                 |  |                                   |  |                      | 28f. Location<br>City or T        | (Streat and Nul<br>own, Steta)     | m <i>ber or Rui</i>     | ral Route Number,                             |
|                     | Ne Hospita<br>n 24 hours<br>ne Funeral   | edical           | 29a. Cartifier (Check only one) Cartifying Physics  | raician: To the best of<br>inar: On the basis of<br>end menner sto       | examine                 | wladge, daa<br>tion and/or l | th occurred<br>nvestigation,               | at tha tir<br>, in my o           | ma, dala an<br>opinion, daa                  | d place,<br>th occur | and due to the<br>red at tha time | a causa(s) and<br>a, data and plac | mannar es<br>a, snd dua | stated.<br>to the cause(s)                    |
|                     | To the To the comp   | M                | 29b. Signature and title of pergifier  Signature and title of pergifier  | D M.D.   | phy                     | sicia                        |  |                                   | a number 349                                 | 0                    |                                   | 29d. Data sig                      |                         |   |
|                     |  |                  | 30. Nama and addrass of person who can be seen to be se | Carte  | aath (Itar              | n 23a) (Type                 | , Print)<br>8807                           | Co                                | lesvil                                       | le .                 | Rd 2                              | ndfl s                             | Silver                  | 1998<br>Sping MO                              |

Registrar

31. Date filed (Month, Dey, Yaar)

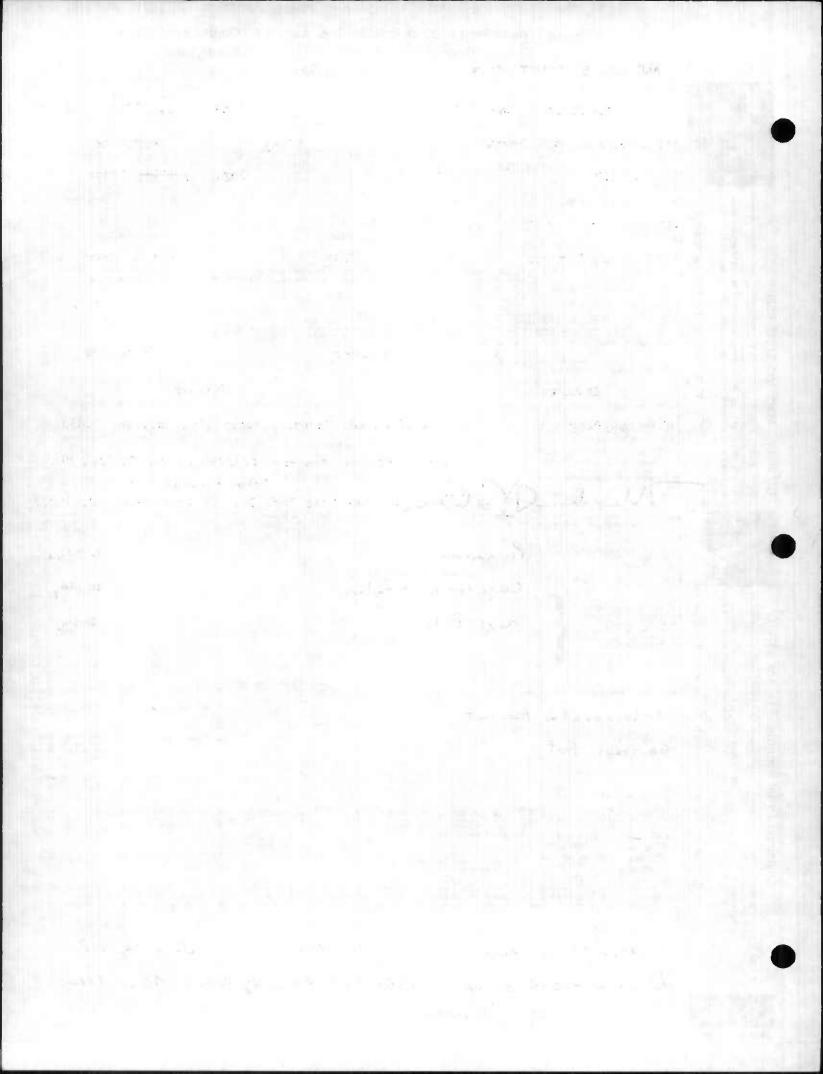
JUN 17 1998

32 Registrar's Signatura
Julia Davidson-Randalle

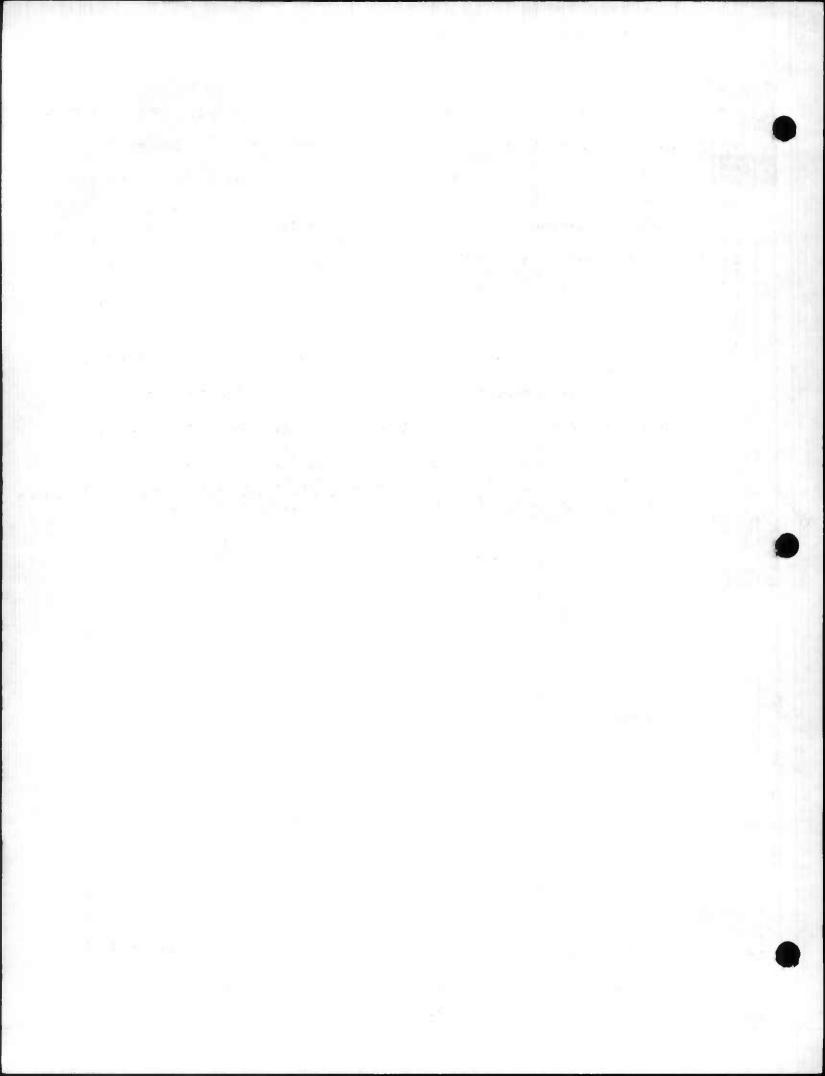


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. amend item 8 per court order 880 4-29-09 Wetsal Hydiana

|  | AMENDED BY  |                                   | ER  | Certificate of                                     | Death                          |                                 | Reg. No.                         | 2                          | 0215                                     |
|--|---|-----------------------------------|---|--|--------------------------------|---------------------------------|----------------------------------|----------------------------|--|
| Physician<br>/Medical  | 1. Decedent's Name (First, Mid<br>Pi-Ch   |                                   | Pan   |  |                                | 2. Date of Dea<br>Month<br>June | Day 11, 1                        | Year<br>998                | 3. Time of Death<br>8:25 PM              |
| Examiner   | 4a Facility Name (If not institute  | on, give street and num           | ber)  |  | 4b. City, Town, or Lo          | cation of Death                 | 4c. County                       | of Death                   |  |
|  | Montgomery Ger  | neral Hospi                       | tal   |  | Olney                          |                                 | Mont                             | gomer                      | У  |
| uneral   | 5. Social Security Number   |                                   | . Age (In yrs. last birtl                     | Months Davs  | If Under 24 Hrs.<br>Hours Min. | 8. Dete of Birtl                | Year 1910                        | 9. Birthpl<br>Count        | lace (State or Foreig                    |
| irector  | 046-56-3319   | 1□ M 2፟፟ዄF                        | 88 Y  | rs.  |                                | Aug. 24                         | , 1909                           | Chir                       |  |
|  | Usuel Residence of Decedent   |                                   | ana City Tayon                                | as I continu                                       |                                |                                 |                                  | 14/                        | Ord. Include City I imite                |
| 23a or 28a-f show<br>unt be notified at<br>ral Director  | 10a. State 10b. Coun  | ry                                | 10c. City, Town                               | or Location  |                                |                                 |                                  | 10                         | 0d. Inside City Limits t ☐ Yes 2 🖾 No    |
| oto oto  | Maryland Mont   | gomery                            | Rocl  | cville   |                                |                                 |                                  |                            | ( 165 2 2 2 140                          |
| or 26  | 10e. Street and Number  |                                   |   | 10f. Zip Code                                      |                                |                                 | 10g. Citizen of V                | Vhat Coun                  | try?                                     |
| 23a  | 4710 Levada Te  | errace                            |   | 20853  | 3                              |                                 | United                           | Stat                       | es                                       |
| r items 23s or 28s-f s<br>neer must be notified<br>Funeral Director  | 11. Marital Status  | 12. Was Deced                     | lent Ever In U,S.                             | 13. Was Decedent of H                              | Hispenic Orlgin? (Spo          | ecify Yes or No-                | 14. Reci                         | e - America<br>k, White, e |  |
|  | 1 Never Married 2 Ma  | rried 1 Tyes 2                    | No No   | 1 ☐ Yes 2 ☒ No                                     |                                | rican, etc.)                    |                                  |                            | etc.                                     |
| by   | 3 ☑ Widowed 4 ☐ Divorce   | If Yes, Give<br>Year or Date      |   | 1L1 105 212-NO                                     | Specify:                       |                                 | Specity                          |                            | Asian                                    |
| rt, the Madical Exam<br>Completed by   | 15. Decede  | ent's Education                   | 16a.  | Decedent's Usual Occup                             | pation                         | ina                             | 16b. Kind of Bu                  | siness/Ind                 | lustry                                   |
| 9 9  | Eiementery/Secondary (0-12  | est grade completed)  College (1- | 4or 5+)                                       | (Give kind of work done<br>life. DO NOT use retire | d)                             | ing                             |                                  |                            |  |
| E O  | Elamonoly/occordary (5 12   | 4                                 |   | Teacher  |                                |                                 | Edu                              | catio                      | on                                       |
| Be C   | 17. Father's Name (First, Middle  | e, Last)                          |   |  | 18. Mother's Name              | e (First, Middle,               | Maiden Sumam                     | Θ)                         |  |
| To B   | Unkı  | orm                               |   |  |                                | Unkno                           | Turn                             |                            |  |
| To Be Comp   | 19a. Informant's Name/Relation  |                                   | 19b   | Mailing Address (Straat                            | and Number or Run              |                                 |                                  | State. Zip                 | Code)                                    |
| trau   |   |                                   |   |  |                                |                                 |                                  |                            |  |
| The state of the s | Julie Lee/Daug  | nter                              |   | O Levada Te  | errace, Ro                     | Dete                            | 20c. Location -                  |                            |  |
| any injury or other trau   | 1 ☑ Burial 2 ☐ Cremation  | 3 Removal from S                  | tate cemeter)                                 | , crematory or other pla                           | 1                              |                                 |                                  |                            |  |
| 2  | 4 □ Donation 5 □ Other  | (Specify)                         | Gate o:                                       | Heaven Ce  |                                | /15/98                          | Silver S                         | Sprin                      | g, MD.                                   |
| eny injury   | 21. Signature of Funeral Service  | e Licensee                        | 0   | 22. Name and Addre                                 | ess of Facility DeV            | 701 Fune                        | ral Hom                          | e                          |  |
| 2 2  | Mul   | - CIX                             | al.Ver  | 10 East De   |                                |                                 |                                  |                            | D 20877                                  |
|  | 23a. Part1. Enter the disease, shock, or heart failure. Li  | or complications trial ca         | used the death. Do n                          | ot enter the mode of dyi                           | ng, such as cardiac            | or respiratory ar               | rest,                            | B, III                     | Approximete                              |
| cian   | shock, or heart failure. Li   | st only one cause on ea           | ch line.                                      |  |                                |                                 |                                  | 1                          | Onset and Death                          |
| ical   | Immediate Cause (Final  | P                                 |   |  |                                |                                 |                                  |                            |  |
| ner  | diseese or condition resulting in deeth)  | a. Incy                           | MOMA  |  |                                |                                 |                                  | -                          | LIDAYS                                   |
| P .  |   |                                   | Due to (or es a c                             | Λ .  |                                |                                 |                                  |                            | a da                                     |
| Examiner   |   | b. Cong                           | estire heer                                   |  |                                |                                 |                                  | 1                          | د مامور                                  |
| the buriel-transit   | Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury |                                   | Due to (or es a c                             | onsequence of):                                    |                                |                                 |                                  |                            |  |
| <u>e</u>   | Cause (Disease or injury  | o renc                            | 1 tadure                                      |  |                                |                                 |                                  |                            | 5 days                                   |
| dical  | thet initiated events resulting in death) Last  |                                   | Due to (or as a co                            | onsequence of):                                    |                                |                                 |                                  | i                          |  |
| ysiclan/Mec  |   |                                   |   |  |                                |                                 |                                  | i                          |  |
| Completed by Physiclan/Me  |   |                                   |   |  |                                |                                 |                                  | 1                          |  |
| 3  | Part II. Other significant condi  | tions contributing to dea         | th but not resulting in                       | the underlying cause gi                            | ven in Part I.                 | 23b. Dld 1                      | lobacco use co                   | ntribute to                | the cause of deat                        |
| th'  | Carl  | . A. I                            | -   |  |                                | 10                              | Yes 2 No                         | 3 Prot                     | bably 4 Unkno                            |
| d by Physic  | CERCSYJVASC   | 14/ MELLYC                        | ~7  |  |                                |                                 |                                  |                            |  |
| leted  | Canbravasa<br>Gangrene f  | +                                 |   |  |                                | 24a. Was                        | an autopsy<br>med?               | 24b. We                    | ere autopsy findings<br>ailable prior to |
| e e  | GANGRENE T  | 051                               |   |  |                                | perio                           | mour                             | COI                        | mpletion of cause death?                 |
| d E  |   |                                   |   |  |                                | 101                             | res 2 No                         |                            | Yes 2 No                                 |
|  | OF Man and information and  |                                   |   |  |                                |                                 |                                  |                            | 165 20010                                |
| Be   | 25. Was case referred to medic examiner?  | Hospital:                         |   | Ot   | 26. Place of Deat              |                                 |                                  |                            |  |
| To Be Com  | 1 Yes 2 No  | 1(910                             | patient 2 ER/Out                              | patient 3LI DOA                                    | 4 LI Nursing Ho                |                                 | dence 6 □Oth<br>now Injury occur |                            | у)                                       |
| O  | 1 Natural 5 Pend  | iiiigi .                          | f Injury<br>, Day Year) 28b. T                | jury Wo  |                                | 200. Describe t                 | low injury occur                 | 100                        |  |
| cat  | 2 Accident Invest   | stigation                         |   |  | Yes 2 No                       |                                 |                                  |                            |  |
| =  | 4 Homicide dete   | mined 200. Flace                  | of Injury - At home, far<br>g, etc. (Specify) | m, street, factory, offica                         |                                | 28f. Location (S<br>City or Tox |                                  | er or Hura                 | al Routa Number,                         |
| Certification:   |   |                                   |   |  |                                |                                 |                                  |                            |  |
| edical   |   |                                   | sis of examination and                        | death occurred at the ti                           |                                |                                 |                                  |                            |  |
| completely filled in by the funer  | 29b. Signature/find title of certif   |                                   | or oracou.                                    | 29c, Licen   | se number                      |                                 | 29d. Date signe                  | d (Month,                  | Day, Year)                               |
| 3  | 1/5/  |                                   |   | D18;   |                                |                                 |                                  |                            |  |
|  | ye Ayl  | m. 2.                             | -   |  |                                |                                 | J4~e 1                           | 1/90                       | 78                                       |
|  | 30. Name and eddress of person  |                                   | of death (Item 23a) (                         | Type, Print) 8111 PRINCE                           | 11.                            |                                 |                                  |                            |  |
|  | HRTHUR SCH  | UENGOLD , 1                       | 4.0. 1  | 8111 PRINCE  | Philip D                       | OLAGO                           | 1,10                             | . 208                      | 32                                       |
|  |   |                                   | 1   |  | ,                              | ,                               |                                  |                            |  |
| State  | 31. Date filed (Month, Day, Yea   | 7) 32. Re                         | gistrar's Signature                           | 2 4 00   |                                |                                 |                                  |                            |  |



|  | _  |  |  |                        |  | Ce   | ertificat  | e or t   | Death   |   |  | Reg. No   | o. 💆  | 18   | 20   |  |
|--|--|--|--|------------------------|--|--|--|--|---|---|--|---|---|--|--|--|
| Ohuolelen  | _  | <ol> <li>Decedent's Neme (First</li> </ol>   | , Middle, L  | ast)                   |  |  |  |  |   | 1                                       | 2. Date of D<br>Month  | eeth<br>Da  |   | Yeer   | 3. Time  | e of Deal  |
| Physiciar<br>/Medica   | _  | Agnes  | M  |                        | Paul   |  |  |  |   |   | June   |   | ,<br>1998   | 2.0  | 1:53   | DM.  |
| Examine  |  | 4a. Fecility Name (If not In   | stitution, gi  | ive street end n       |  | 1111   |  | 4  | b. City, Tov  | wn, or Loc                              | cation of Dea  |   |   | of Death   |  | LAI  |
|  | -  | Manor Care   | herry  | Chaco                  |  |  |  |  | Chevy   | Char                                    |  | M   | anta  |  |  |  |
| uneral   |  | 5. Social Security Number  |  | Sex                    | 7. Age (In yrs   | s. lest birthday   |  | 1 Year   | If Under 2  |   | 8. Date of B   |   |   | omery<br>9. Birthol  |  | te or Fo   |
| rector   |  | 135-38-5174  |  | 1 □ M 2 🔀 F            | 87   | V  | Months   | Days   | Hours   |   |  |   |   | 9. Birthpl   |  |  |
|  | 1  | Usual Residence of Deced   | Jent   |                        | 0 /  | /  |  |  | 1   |   | May 6,   | 191   | 1   | New  | Jers   | sey  |
| show   |  | 10a. State 10b. (  | County   |                        | 10c. C   | City, Town or L  | ocation  |  |   |   |  |   |   | 10   | d. Inside  | City L   |
| 5 2  | 5 ,  | 73 3 1   | . 1  |                        |  |  |  |  |   |   |  |   |   |  |  | es 2[  |
| De notfind   | 2  | Virginia A   | rling  | ton                    |  |  | 404 =1   |  | ingto   | n                                       |  |   |   |  | -  |  |
| 2 2  | 5  |  |  |                        |  |  | 10f. Zip   | Code   |   |   |  | 10g. Cit  | tizen of V  | What Count   | iry?   |  |
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| s certificate has been signed by the ettending physician and director, page 2 should be detached for use as the burial-transit of the completed by Physician Medical Examiner  | modular of sincerior. To be completed by higher manifest  | Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions if any, leading to immediat cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other algnificant content of the condition of the  | onditions of the state of the s | d. Me  b               | caused the detect inne.  tastati  Due to  Due to (  Due  | CC CO10  (or as a consector as a con | n Can (equence of):  quence of):  quence of):  quence of):  underlying can  the street of the street | cer  Cer  OA Other  Rec. Injury  Work  1, office  et the tim  in my op | g, such es c g, such es c an in Part I.  26. Place ar. 4½ Nur et control et control et andinion, death anumber  | of Death rsing Hom 2: d place, et       | 23b. Did 1 □ 24a. Wa: perf 1 □ (Check only ne 5 □ Res 8d. Describe 8f. Location City or To | i tobacco Yes 2 s an auto ormed? Yes 2 one) idence how injui (Street er wn, Stete cause(s, date and | o usa con psy  No psy  6 □Oth ny occurr nd Numb b) and med d place, d         | antribute to  3 Prob  24b. We ava con of d  1 Cer (Specify red  enner as steand due to d (Month, L | the cause ably 4 re autops liable prinpletion ceath? Yes 2 Route N sted. the ceus                | mate Betwee Betw |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend #1,6/19/98, BMW, Montg. Co Certificate of Death 1. Decedent's Name (First, Middle, Last) AKA .William Garcia Nunez 2. Dete of Death 3. Time of Death 1250 **Physician** GUILERUND GANCIA NUNEZ JUNE 1998 /Medical 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not institution, give street and number) 4c. County of Death Examiner W. DIAMOND AVE GMITHENSBURG-MONTGOMESOY #203 | H Under 1 Year | H Under 24 Hrs. | B. Dete of Birth (Month, Day, Year) | Puerto Rico 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1X M 2□ F Yrs. 68 581-10-1768 **Director** Usuel Residence of Decedent the Maryland r 28a-f show 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1⊠ Yes 2□ No Directo Maryland Gaithersburg Montgomery 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? d 2 should be filed within 72 hours after deeth with th and Mental Hyglene.
7 Is marked other than "naturel", or items 23a or : traumatic event, free Medical Estantise creation. 407 West Diamond Avenue #203 20877 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Black, White, etc. 1 □ Never Merried 2 ▼ Married 1⊈Yes 2□No Specify: Puerto Rican Baltimore, Maryland 21215-0020 P Hispanic 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Washington National College (1-4or 5+) Elementary/Secondary (0-12) Cathedral Maintenance Engineer 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be Epifania Nunez Ulises Garcia 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) permit. Pages 1 and 2 st. Department of Health end Important: If item 27 is m any injury or other traum. 407 W. Diamond Ave. #203, Gaithersburg, MD 20877 Angela E. Garcia/Wife 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) June 17, 1998 20c. Location - City or Town, Stete 20e. Method of Disposition 1 N Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Ft. Lincoln Cemetery Brentwood, Maryland 21. Signeture. Funeral Service Licensee

Robert A. Pumphrey Funeral Home/Rockville, Inc.
300 West Montgomery Avenue
Rockville, Maryland 20850-2805

23e. Pentl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate Approximete Interval Between Onset and Deeth Physician CARCINOMA OF LUNG /Medical fmmediete Cause (Finel diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner physician and the bunal-transit the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) 88 980 23b. Did tobacco usa contributs to the cause of death? Pert ff. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yss 2 No 3 Probably Wunknown signed l PV 24b. Were autopsy findings evailable prior to completion of cause of deeth? 24a. Was en eutopsy Completed pege 2 has 2 DUG 1 Yes certificate Attending Physician: 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Be Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2□ No 10 1 Inpatient 2 ER/Outpetient 3 DOA this funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Certification: After 1 Naturel 5 Pending after death. Director: Aft 1 Yes 2 No 2 Accident Investigation 6 Could not be determined 3 ☐ Sulcide 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 ☐ Homleide 6 24 hours a Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner es stated.

2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and plece, and due to the cause(s) end menner stated. 29a. Certifier To the Hosp within 24 hor To the Fune completely fi Medicai (Chg

State Registrar 31. Dete filed (Month, Dey, Year)

29b. Sigh

JUN 1 9 1998

end title of certifier

Heme and eddress of person who-completed cause of death (Item 23e) (Type, Print)

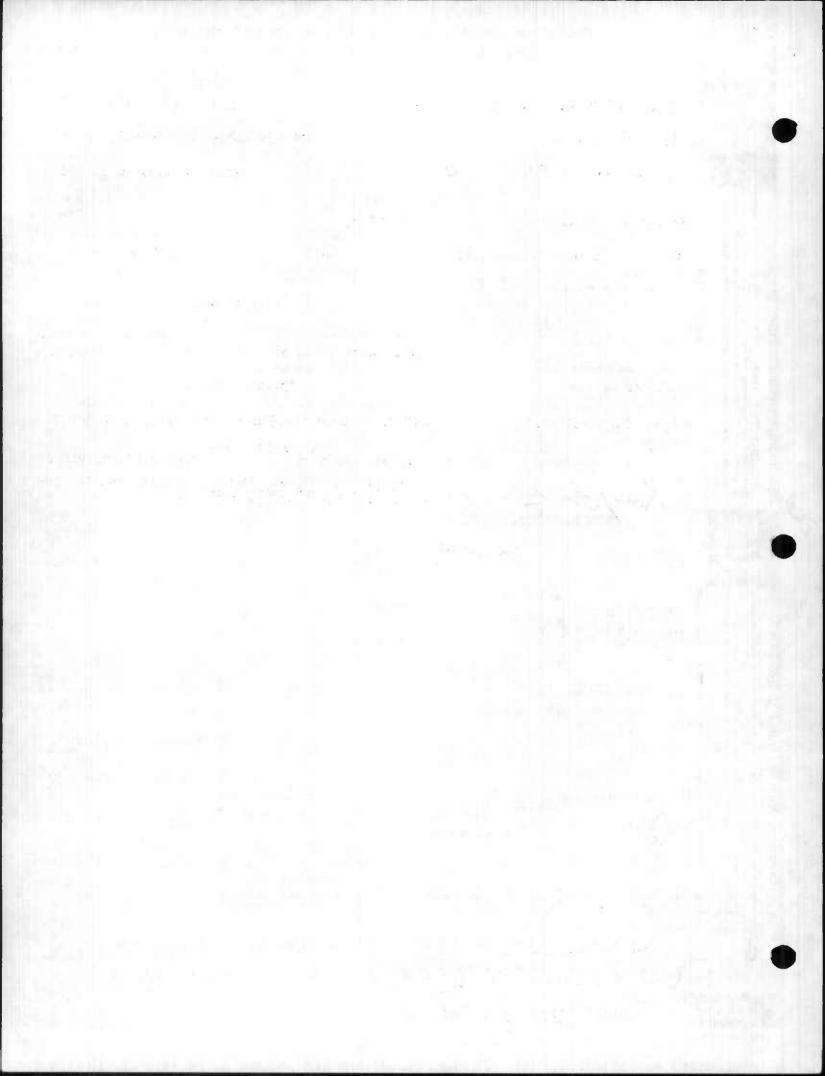
AND MANGOUS, MO 11125 ROCKULS RICE, ROCKULS, MO 2085 32. Registrer's Signature
Julia Davidson Randalle

29c. License number

015236 DME

29d. Date signed (Month, Day, Year)

July 141998



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death MATNE 2257 KOBERT OWEN 06 06 1998 4b. City, Town, or Location of Deeth 4a Facility Neme (If not institution, give street end number) 4c. County of Death 4409 REGALWOOD T RURTONSVIUE MONTGOMER BOUTCE 8. Date of Birth (Month, Dey, Year) AUG. 31, 1942 If Under 1 Yeer | If Under 24 Hrs. | 9. Birthplece (State or Foreign Country) VIRGINIA 7. Age (In yrs. last birthday) 5. Social Security Number Months 1XXM 2□ F Deys Hours 55 Yrs. 230-54-3444 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 No MARYLAND MONTGOMERY BURTONSVILLE 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 4409 REGALWOOD TERRACE 20866 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 (1) No If Yes, Give Yeer or Dates: 14. Race - American Indian, Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Status Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 XXio Specify: Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) PROTECTIVE OFFICER FEDERAL GOVERNMENT 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Neme (First, Middle, Last) HARRY PAYNE ELIZABETH HANSBOROUGH 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) 4409 REGALWOOD TERRACE BURTONSVILLE MARYLAND 20866 VALENCIA LYNN PAYNE (WIFE) 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20e. Method of Disposition JUNE 1XX Buriel 2 Commetion 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) FORT LINCOLN CEMETERY 1998 BRENTWOOD MARYLAND 21. Signature of Fugeral Service Lice 22. Name end Address of Fecility HINES-RINALDI FUNERAL HOME, 11800 NEW HAMPSHIRE AVENUE SILVER SPRING MARYLAND 20904-2891 SILVER SPRING SP Approximate Interval Between Onset end Deeth · ACUTE MYOCHROIDL ENFARCTION Immediate Cause (Final disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequenca of): Due to (or es e consequenca of) 23b. Did tobacco use contribute to the cause of death? Pert II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 X Yea 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes en eutopsy performed? 2 No 1 Yes 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 5 Residenca 8 Other (Specify) 28a. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of 5 Pending

The law requires that the death certificate be executed physician and the bunal-transit Division of Vital Records, P.O. Box 68760, attending p for use as 88 signed by the a been signated s certificata has b director, page 2 s or Attending Physician: director, this After death. n 24 hours after death.

Ne Funeral Director: A pletaly filled in by the fi

**Physician** 

/Medical

Examiner

Directo

Funeral

by

Completed

**Funeral** 

Director

with the Maryland

permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylar Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or itema 23a or 28a-f show any Injury or other treumatic event, the Modical Examinet must be notified at pince.

Physician

/Medical Examiner

Examiner

Physician/Medical

b

Completed

Be

20

Certification:

edicai

25. Wes case referred to medical exempler? 1 Yes 2 No 27. Manner of Deeth 1 Naturel 1 ☐ Yes 2 ☐ No 2 ☐ Accident investigation 6 Could not be 3 Suicide 28e. Pleca of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and menner es stated. (Che Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) one and manner stated.

29b. Sign and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

n 15236 MO

JUNG 07, 1998

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

PIKT, POCKUILE, MO 20852

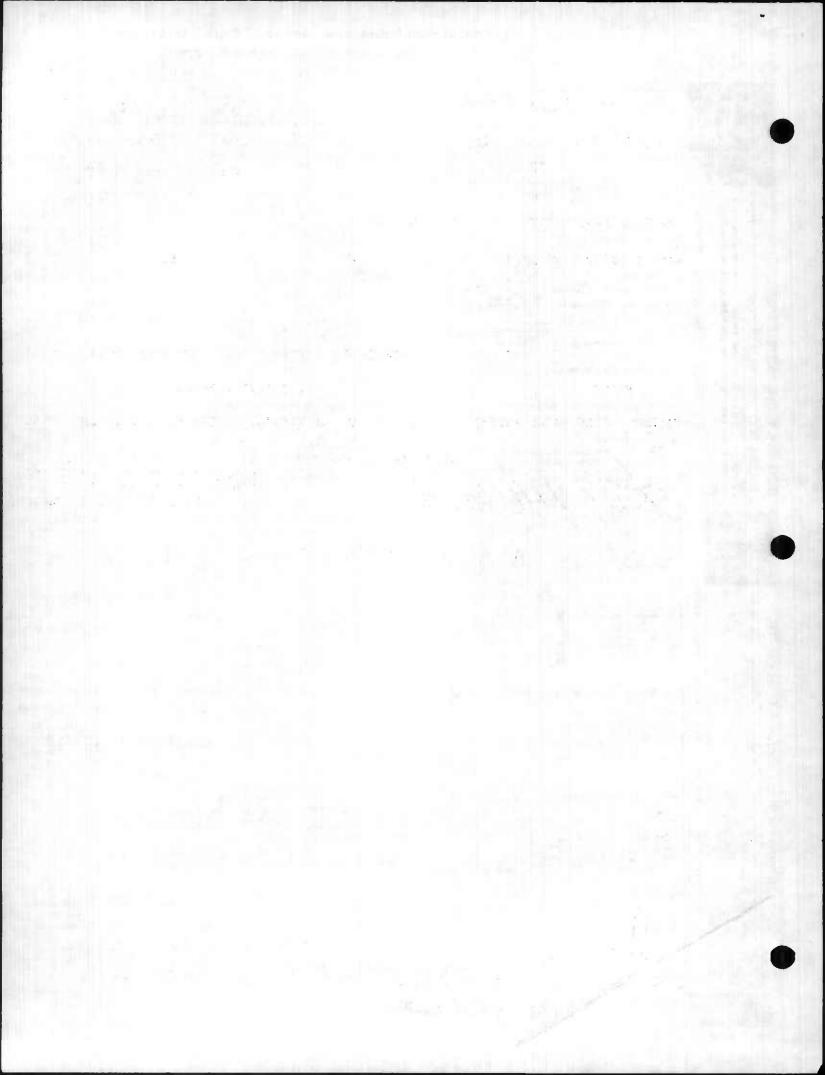
State Registrar

31. Date filed (Month, Day, Year) JUN 16 1998 Pegistrar's Signature

Augustus Andelle

To the P within 2

10



00 2240 012

| CARROLL   |   | of Health and Mental Hygiene 8 20218   |
|---|---|--|
| PARHAM<br>Physician   | 1. Decedent's Neme (First, Middle, Last) Carroll Wiley Parham   | 2. Data of Death Month Day Year  JUNE 12,1998 12:25P.M   |
| /Medical<br>Examiner  | 4e Facility Neme (If not institution, give street and number) 6 BEIHWAY DRIVE   | 4b. City, Town, or Location of Death SYKESVILLE CARROLL  |
| Funeral<br>Director   | 5. Sociel Security Number 215–26–9040 6. Sax 7. Aga (In yrs. last birthday) If Undar 1 Months   | Year     If Undar 24 Hrs.     8. Data of Birth Oay, Year)     9. Birthplaca (Stata or Fore Country)       Days     Hours     Min.  |
| the Meryland<br>28=1 show<br>Druffled at<br>rector  | Usual Rasidanca of Decedent  10a. Stata 10b. County 10c. City, Town or Location Sykesville  | 10d. Inside City Lim<br>1 ☐ Yas 2 🔀  |
| fler death with the Mer<br>risems 23s or 28s-f el<br>ther must be notified<br>Tuneral Director  | 10e. Street and Number 6 Bethway Dr. #104   |  |
| aryland 21215-0020 should be filed within 72 hours effer death with the Meryland and Mentel Hygiene. marked other than "natural", or itams 23a or 28a-f show marked other than "natural", or itams 23a or 28a-f show unstic event, the Medical Examiner must be notified at To Be Completed by Funeral Director | 11. Marital Stetus  1 Nevar Marriad 2 Married  3 Widowed 4 Drivorced  12. Was Decedent Ever in U,S. Armed Forcas?  12. Yas 2 No 1956-  13. Was Decedent Ever in U,S. Armed Forcas?  14. Yas 2 No 1956-  15. Yas 2 No 1962   | ant of Hispanic Origin? (Specify Yes or No- fly Cuben, Mexican, Puerto Rican, atc.)  14. Race - American Indien, Bleck, Whita, atc.  Specify: White  |
| Maryland 21215-0020 d 2 should be filed within 72 hours eft th and Mentel Hygiene. T is marked other than "natural", or traumatic event, the Medical Evant To Be Completed by F   |   | Occupation (a dona during most of working a retired)  ment operator construction   |
| Aaryland 212 2 should be filed with is not Mental Hygiens, is marked orber than eurnetic event, the secong  | 17. Fether's Nema (First, Middla, Last) Dexter Gordon Parham  | 18. Mother's Name (First, Middle, Maiden Sumama) Martha Ann Bonham   |
|   |   | (Straat and Number or Rural Routa Numbar, City or Town, Steta, Zip Coda) e Dr. Mt. Airy, MD 21771  |
| Baltimore, M permit. Peges 1 and 2 Department of Health e important: if itam 27 is any Injury or other tre pnce.  | 20a. Mathod of Disposition  1 Couries 2 Cramation 3 Ramoval from Stata  20b. Place of Disposition (Nam. cematery, cremetry or off   | Data Par placa) Par pl |
| Baltimo<br>permit. Peg<br>Department<br>Important: I<br>any injury o<br>pnce.   |   | Address of Facility Haight Funeral Home & Chapel x 195 Sykesville, MD 21784  |
| Physician<br>/Medical<br>Examiner   | 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death)  Arteriosclerotic Cardion Due to (or es a consequence of): | Onset and Death  |

Examiner To the Hospital or Attending Physician: The law requires that the updays of the within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the ettending physician and To the Funeral Director: After this certificate has been signed by the ettending physician and the Funeral director, page 2 should be detached for use as the buriel-transit Completed by Physician/Medical Be Certification: To

Division of Vital Records, P.O. Box 68760,

Sequantially list conditions, if any, laading to Immadiata cause. Enter Undarfying Causa (Diseasa or Injury that Initiated events resulting in death) Lest

Dua to (or as a consequenca of):

Dua to (or as a consequanca of):

Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yee 2 ☐ No

JUNE 14,1998

24a. Wes an autopsy performed? INSPECTION

24b. Wera autopsy findings avelleble prior to completion of cause of death?

1 Yas 2 X No

1 ☐ Yes 2 ☐ No

25. Was casa raferred to medical axaminer? 26. Placa of Deeth (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1XXYas 2□ No 28d. Dascribe how Injury occurred

28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of injury 28c. Injury et Work? 1 Natural 2 Accidant 5 Pending Invastigation 1 TYes 2 No

6 Could not be datarmined 3 ☐ Suicida 281. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Placa of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 4 Homicide

29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, data and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.

29d. Date signed (Month, Day, Year) 29b. Signature and titla of certifian 29c. License number

O.C.M.E.

Chuck no

30. Nama and eddrass of person who completed causa of death (Itam 23a) (Type, Print)

Dennis Chute M.D.

11

111 Penn Street, Baltimore, Maryland 21201

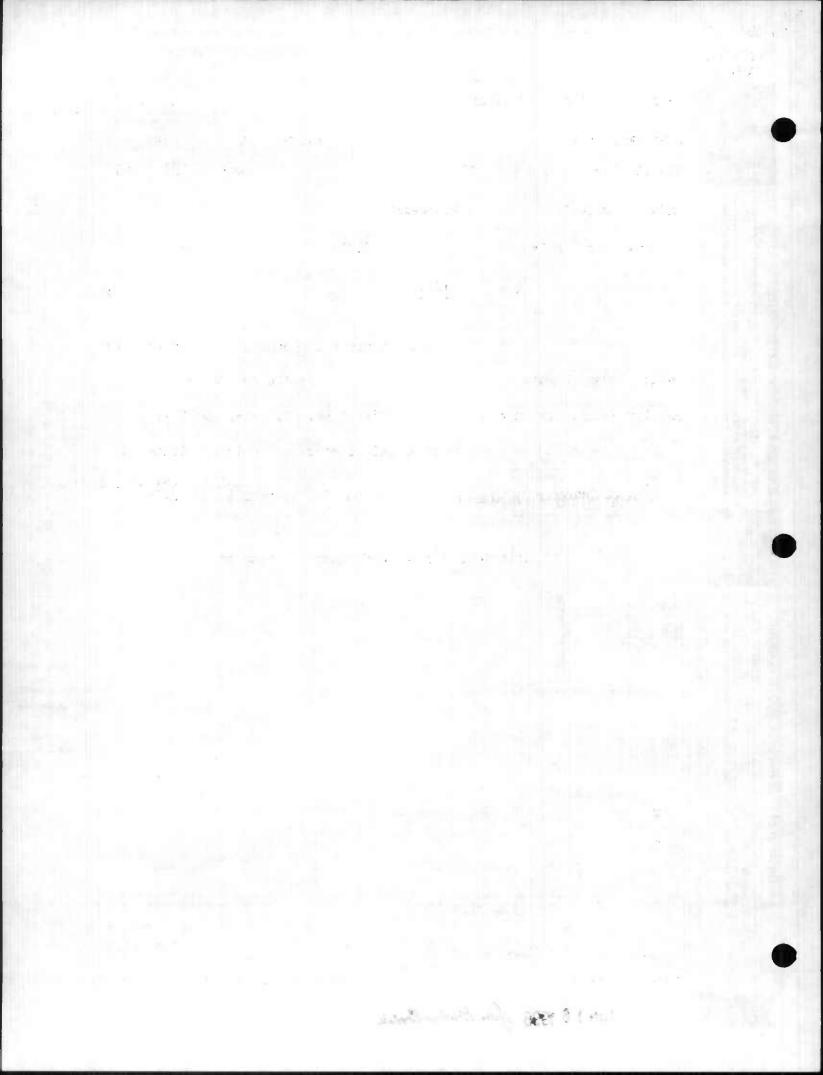
State Registrar

Medical

31. Data filad (Month, Day, Year)

JUN 1 6 1998

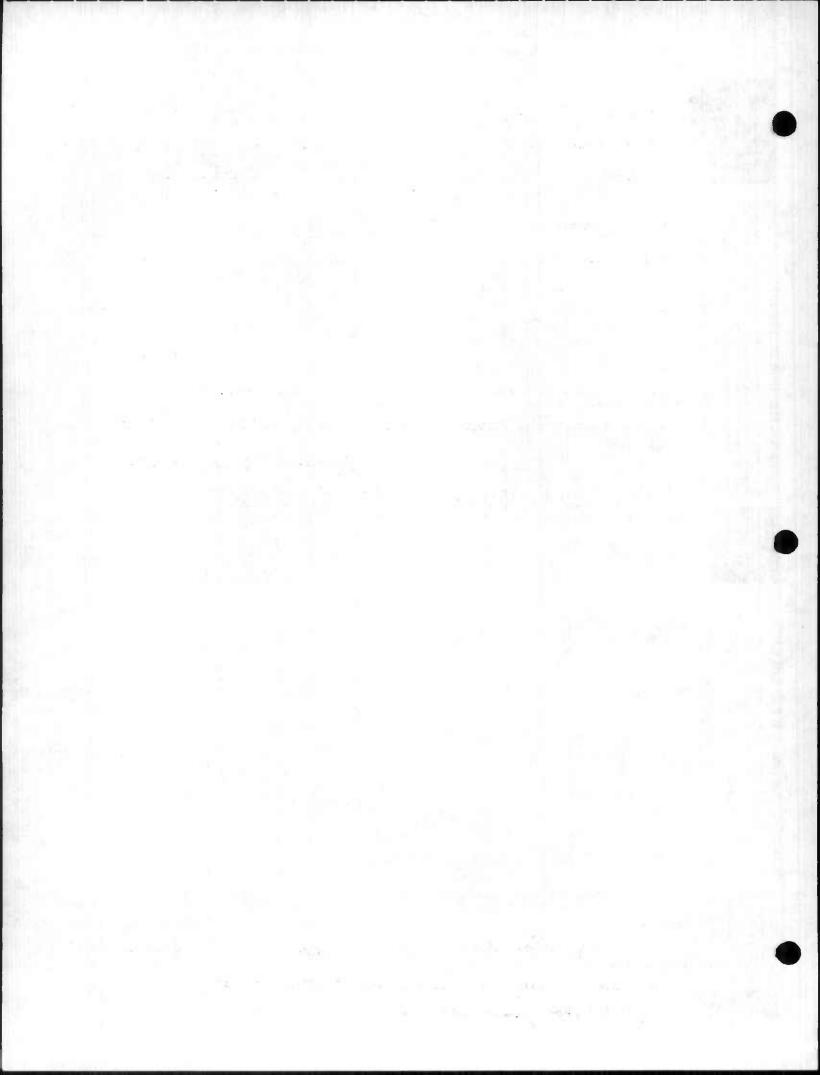
32. Begistrar's Signatura Juli Studento



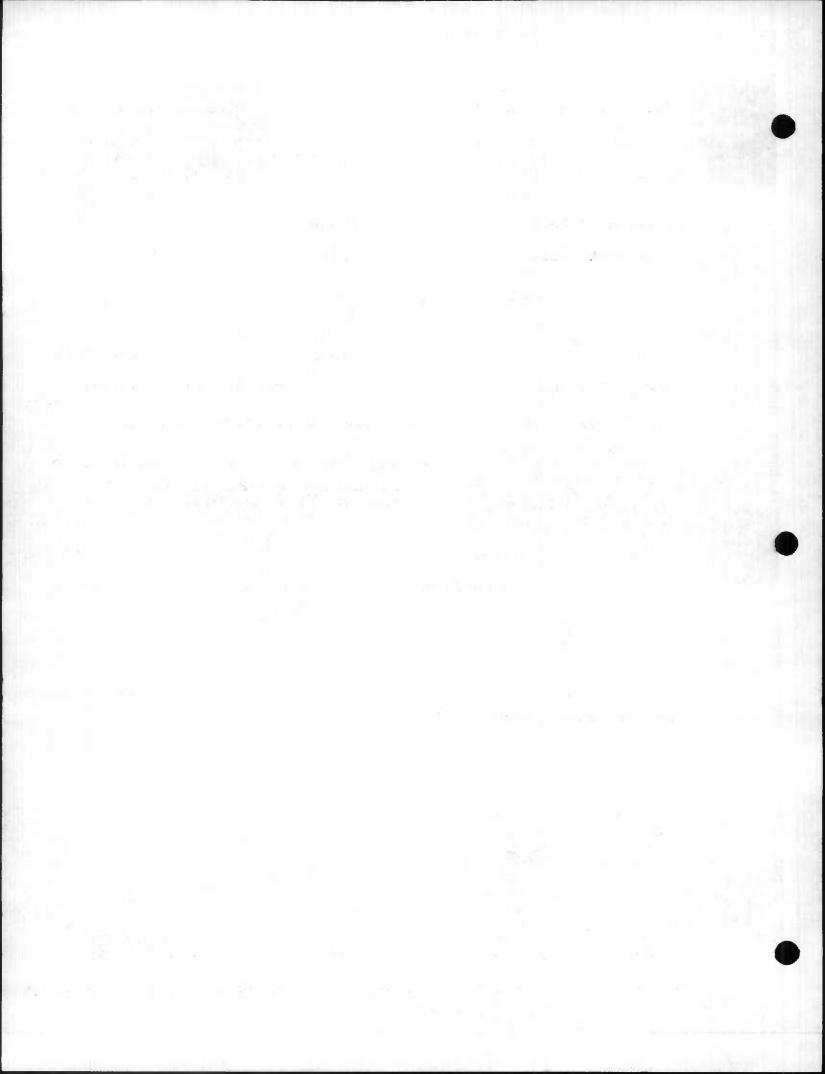
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Deeth 3 Time of Death Month **Physician** 1998 Jun 14, 7:10 p.m. Ruth S. Pullin /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 12215 Bowling Street Allegany Cumberland If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country)
 WV 6. Sex 8. Date of Birth (Month, Day, Year) **Funeral** Deys 1 M 2X F Months Hours Min Yrs. Director Oct 26, 1909 88 225-80-9684 Usuel Residence of Decedent the Maryland 10a. State 10b. County Hygiene. other than "netural", or items 23a or 28a-f ahow ant, the Medical Examinar must be notified at 10c. City. Town or Location 10d. Inside City Limits Director 17 Yes 2 No Cumberland Allegany 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? death 12215 Bowling Street USA Funeral 21502 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status liled within 72 hours efter 1 ☐ Yes 2X No If Yes, Give 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 No Specify: If Yes, Give Year or Dates: Be Completed by 3 ₩idowed 4 Divorced white 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Own Home Homemaker 12 altimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be nent of Health end Mental 2 Andrew Milton Simpson Lula (Feaster) 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nt of Health e If item 27 is or other tra 12215 Bowling Street Cumberland MD 21502 Ruth Puffenbarger-daughter 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removal from State permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) Clover Creek Cemetery 06/18 McDowell VA 21. Signature of Funeral Service Licansee 22. Name and Address of Facility Scarpelli Funeral Home, P.A. Cumberland MD 21502 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. Approximete interval Between Onset and Death **Physiclan** Immediate Cause (Finel disease or condition resulting in death) /Medical / ebdomenal ante oneu Examiner Due to (or as a consequenca of) Physician/Medical Examiner The law requires that the death certificate be executed the burial-tran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieled events resulting in death) Last Due to (or as a consequenca of): Box 68760. physician Due to (or as a consequenca of) use as P.O. I been signed by the should be detached Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate hes page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital 25. Was case referred to medical examiner? Be 26. Piace of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 2 ER/Outpatient 3 DOA s after dec. this 27. Manner of Death Dete of injury (Month, Day Year) Certification: 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred Division Attanding 1 Natural 5 Pending Investigation injury 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 6 To the Hospital o within 24 hours af To the Funaral Di completely filled is 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) June 16, 1996 D 17565 30. Neme and eddress of person who completed cause of death (Item 23a) (Type, Print) 922 National Highway LaVale MD 21502 Anthony Bollino 31. Date filed (Month, Day, Year) 32. Registrar's Signature State 1 6 1998 Registrar

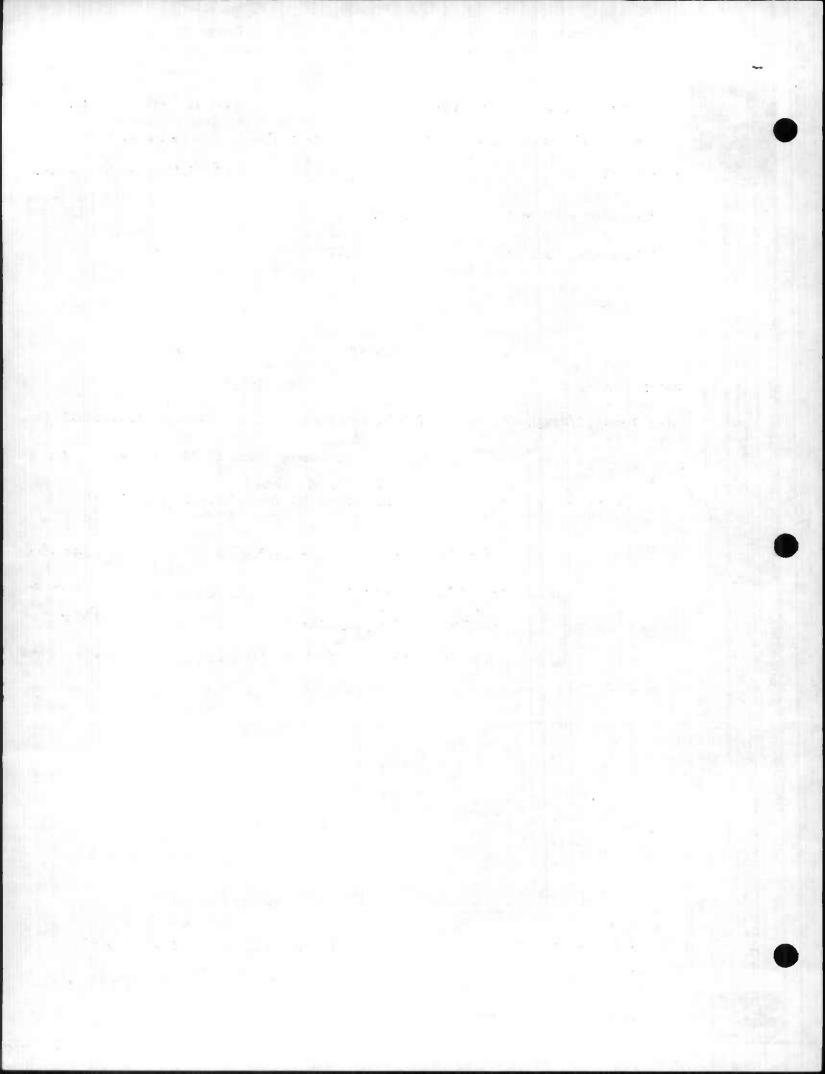


|  |   |                |   |   | Ce  | rtificate of                                 |  |                                    | Reg. No.                             | h C                      | ) 2 2 0  |
|--|---|----------------|---|---|---|--|--|------------------------------------|--------------------------------------|--------------------------|--|
|  | Physici   | ian            | 1. Decedent's Name (First, Middle, Las  | st)   |   |  |  | 2. Dete of D<br>Month              | eath<br>Day                          | Year                     | 3. Time of Death                                   |
|  | /Medi   |                | Elizabeth Ani   |   | ons   |  |  | June                               | 10, 19                               | 98                       | 12:40 AM   |
|  | Examir  | ner            | 4a. Facility Name (If not institution, give   |   |   |  | 4b. City, Town, or L                                     |                                    | -                                    |                          |  |
|  |   |                | The Memorial I  5. Social Security Number 6. So   |   | e (In yrs. lest birthdey)                       | If Under 1 Year                              | East It Under 24 Hrs.                                    |                                    |                                      | Talb                     |  |
|  | uneral<br>irector   |                | 216-32-7040  Usual Residence of Decedent  | Ом 2₽F  | 67 Yrs.   | Months Days                                  |  | 8. Dete of Bi<br>(Month, D<br>Mar. | 17, 193                              | 9. Birthp<br>Court       | plece (State or Foreign<br>htry)<br>laryland       |
| larylend   | show  | 'n             | 10a. Stete 10b. County  |   | 10c. City, Town or Lo                           |  |  |                                    |                                      | 1                        | 0d. Inside City Limits                             |
| the N  | 28a-  | Director       | Maryland Talbo  | ot  |   | East   | on   |                                    | 10- Ohi                              |                          |  |
| with   | 0 0   |                | 104 Park Plac   | 7.0   |   | 216  | 501  |                                    | 10g. Citizen of V                    | S.A.                     |  |
| Jeath  | TH 2  | Funeral        | 11. Merital Status  | 12. Wes Decedent  | Ever in U.S. 13.                                |  |  | ecify Yes or N                     |                                      |                          | cen Indian,  |
| Q Z I Z I S-UUZU<br>filed within 72 hours efter death with the Maryland<br>Hydiene.      | le merked other than 'neturel', or items 23e or 28a-f show<br>raumetic event, the Medical Examiner, mant be notified at | by Fur         | 1 Never Married 2 Married 3 Widowed 4 Divorced  | Armed Forces? 1 ☐ Yes 2 🕱! If Yes, Give Year or Dates:        | No.   | If Yes, specify Cub<br>1 ☐ Yes 2 2 No        | Hispenic Origin? (Sp<br>ean, Mexicen, Puerto<br>Specify: | Rican, etc.)                       | Specify Specify                      | k, White,                |  |
| S Pon  | S S S S S S S S S S S S S S S S S S S   | Pa             | 15. Decedent's Ed   |   | 16e, Dece                                       | dent's Usuel Occu                            | nation   |                                    | 16b. Kind of Bu                      |                          |  |
| <b>61.2</b> 7 nic 3  | n u   | piet           | (Specify only highest green Elementary/Secondery (0-12)   | de completed) Coilege (1-4or 5                                | (Give   | kind of work done<br>DO NOT use retire       | during most of worked)                                   | ing                                | TOD. KING OF DE                      | ion to sarii i           | oustry   |
| Maryland 21215-0020<br>d 2 should be filed within 72 hours eff<br>th end Mentel Hydiene. | - 2   | mo:            | 12  | College (1-40) S  |   | Secretai                                     | cy   |                                    | E                                    | lect                     | rical  |
|  | vent  | Be Completed   | 17. Father's Neme (First, Middle, Last)   |   |   |  | 18. Mother's Nam   | e (First, Middle                   | , Maiden Sumem                       | e)                       |  |
| should be  | arkad<br>atic   | To             | Harry Parsons   | 5   |   |  | Anna   | Eliza                              | abeth                                | Tubm                     | an   |
| 2 sho  | tem 27 la marka<br>other traumatic  | ľ              | 19a. Informent's Neme/Relationship (7   | ype, Print)   | 19b. Mailii                                     | ng Address (Stree                            | t end Number or Rur                                      | ral Route Numi                     | per, City or Town,                   | Stete, Zip               | Code) 21663  |
| E 0 5  | 27<br>r tı  |                | John T. Coady/I   | P.R.  |   |  | erry Acr   | es Rd.                             | , St. Mi                             | chae                     | els, MD.   |
| mit. Peges 1 en  | f Item<br>or othe   |                | 20e. Method of Disposition 1 ☐ Buriel 2 🛣 Cremation 3 ☐   | Removal from State  | 20b. Place of Dispo<br>cemetery, cres           | sition (Neme of<br>metory or other ple       | ca)  | Date                               | 20c. Location -                      | City or To               | own, Stete   |
| Peg Henri  | ant   |                | 4 ☐ Donetion 5 ☐ Other (Spegify   | )   | Cambrid   | de Cre                                       | natory   | 6-12                               | Camb                                 | rida                     | e, MD.   |
| permit. Pege<br>Department   | Important: if it<br>eny injury or o   |                | 21. Signature of Funeral Service Licen-   | see /   | / 22  | 2. Name end Addre                            |  |                                    |                                      |                          |  |
| u &o   | 5 5 8   |                | THE COOK THE  | 10K-18  | WWW.140013                                      | 08 High                                      | St., Ca  | mbrid                              | ge, MD                               | 216                      |  |
| Phy  | sician  |                | 23a Part Later the disease, or complete, or heart failure. List only of                                     | plications that daused<br>one cause on each lin               | the death. Do not eht                           | er the mode of dy                            | ng, such es cardiac                                      | or respiretory                     | arrest,                              |                          | Approximete<br>Intervel Between<br>Onset end Deeth |
| /M   | edical  |                | Immediate Ceuse (Final disease or condition   | Cardi   | ac Arrest                                       |  |  |                                    |                                      | į                        | Minutes  |
| Exa  | ıminer  |                | resulting in deeth)   | θ   | Due to (or es e consec                          |  |  |                                    |                                      |                          |  |
| D  | æ   | ner            |   |   | Coronary  |  | Diseas   | е                                  |                                      |                          | years  |
| oo/ou,<br>ificate be executed  | physiclan and<br>s the buriel-transit   | Examiner       | Sequentially list conditions,   | D   | Due to (or es a consec                          | quence of):                                  |  |                                    |                                      |                          |  |
| ) §  | clan s  | E              | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury |   |   |  |  |                                    |                                      |                          |  |
| oo / ou,<br>licate be ex   | the t   | edical         | thet initieted events<br>resulting In death) Last   |   | Due to (or as a conseq                          | uence of):                                   |  |                                    |                                      |                          |  |
| -  | ding b  |                |   | d.  |   |  |  |                                    |                                      | 1                        |  |
| death cert   | ettending<br>for use es   | Physician/M    |   |   |   |  |  |                                    |                                      |                          |  |
| . §  | igned by the e  | ysic           | Part II. Other significant conditions co  | entributing to death but                                      | ut not resulting in the u                       | nderfying cause gi                           | ven in Pert I.   | 23b. Did                           | tobacco uee cos                      | ntribute to              | the cause of death?                                |
| that   | ed by<br>deta   |                | Breast Cancer   | (Bilate:  | ral)  |  |  | 1□                                 | Yes 2 No                             | 3 Prot                   | bably 4 Unknown                                    |
| law requires that the  | sign<br>Id be   | d by           |   | *   | •   |  |  | 24e We                             | s en eutopsy                         | 24h Wa                   | ere autopsy tindings                               |
| 5 8  | should<br>should  | Completed      |   |   |   |  |  |                                    | ormed?                               | CO                       | eileble prior to<br>mpletion of ceuse              |
| e is   | hes<br>ge 2   | ш              |   |   |   |  |  |                                    |                                      |                          | deeth?   |
| VICAL THE LAW REQUIRES E   |   |                |   |   |   |  |  | 10                                 | Yes 2 No                             | 1[                       | ]Yes 2□ No   |
|  | s certificate<br>director, pa   | o Be           | 25. Was cese reterred to medical examiner?  | Hospital: _=sz  |   | OH   | 26. Piece of Deet  |                                    |                                      |                          |  |
| Phys   | £ 70  | <b> -</b>      | 1 Yes 2 No 27. Manner of Deeth  | 1 LXinpatie<br>28a. Date of Injur                             | nt 2 ER/Outpatier  y 28b. Time of               | IL SLI DOA                                   | 4 LI Nursing Ho  |                                    | how Injury occurs                    |                          | y)   |
| 9 fg -   | After   | tion           | 1 Netural 5 Pending   | (Month, De)   |   | Wo   | rk?<br>Yes 2 □ No  | 200. 2000 120                      | now injury occur                     |                          |  |
| or Attending efter death.  | ctor:<br>y the  | fica           | 3 ☐ Suicide 6 ☐ Could not be  |   | ury - At home, farm, str                        |  |  | 28t, Location                      | (Street and Numb                     | er or Rure               | I Route Number.                                    |
| or Attending F   | Direct<br>d in by   | Certification: | 4 Homicide determined   | building, etc   |   | 001, 1001019, 011100                         |  |                                    | wn, Stete)                           |                          |  |
| • Hospital of 24 hours e   | To the Funeral Dire<br>completely filled in b   | edicai C       | 29e. Certifier (Check only one) 1 Certifying Phy 2 Medical Example (Check only one)                         | relcian: To the best of<br>iner: On the basis of<br>anner sta | ot my knowledge, death<br>examinetion end/or in | n occurred et the ti<br>vestigation, in my o | me, date and plece,<br>opinion, death occur              | and due to the                     | ceuse(s) end me<br>, date and placa, | nner as st<br>and due to | ated.<br>the cause(s)                              |
| thin the   | o the   | Med            | 29b. Signature and title of cartifier   | A manner sta  | ned.  | 29c. Licens                                  | se number  |                                    | 29d. Date signed                     | (Month                   | Dev. Year)   |
| ¥ ¥  | F 8   |                | 1. XX   | $\langle T \rangle$   | 1-1   |  |  |                                    | 6/10                                 | 10x                      | 7  |
|  |   |                | MASC  | ) () .  | M   | D480   | 064  |                                    | 0110                                 | 171                      | 5  |
|  |   |                |   |   | eath (item 23e) (Type,                          |  |  |                                    |                                      |                          |  |
|  |   |                | Kevin Stitely, 31. Date filed (Month, Day, Yeer)  | M.D., 5   | 05 Dutchn                                       | nans Lai                                     | ne, Buil   | ding I                             | B, East                              | on,                      | MD 21601   |
|  | Sta<br>Registr  | _              |   | 198 Ali   | er's Signature<br>Divideor Rand                 | M  |  |                                    |                                      |                          |  |
|  |   |                | OOM T o 12  | 100   |   |  |  |                                    |                                      |                          |  |



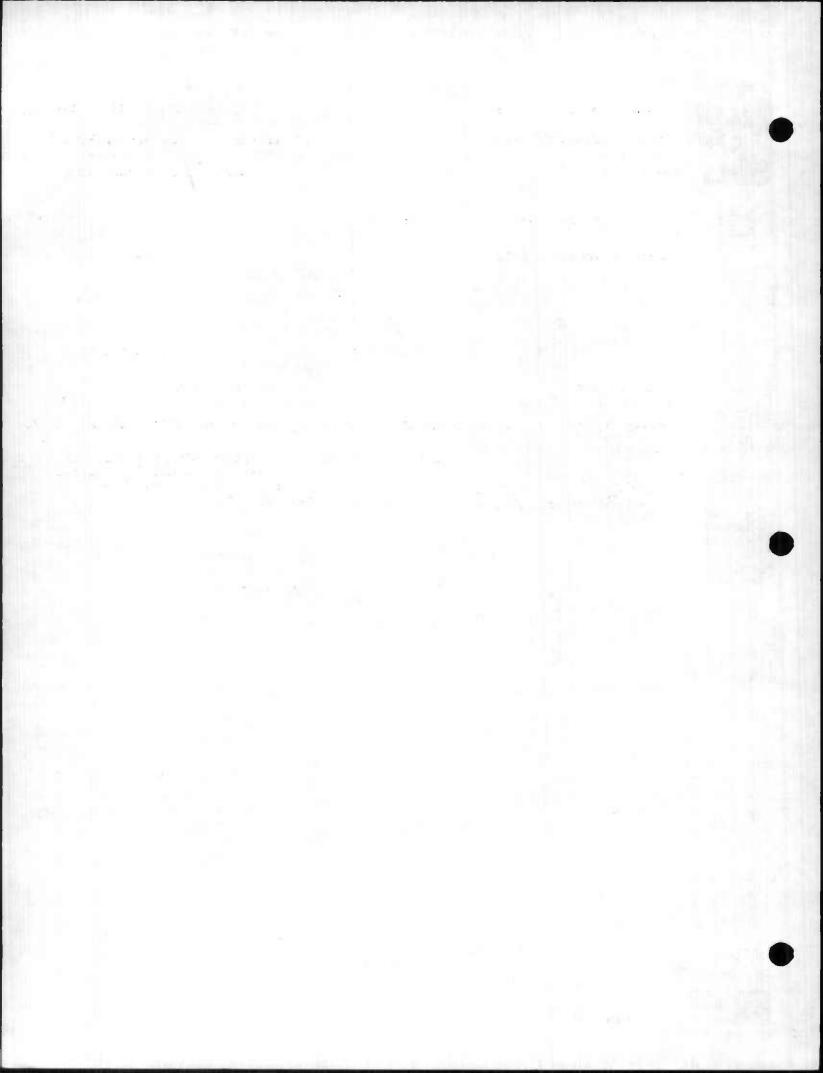
State of Maryland / Department of Health and Mental Hygiene 98 202

|  |   |  | (                                   | Certificate of   | Death                          | Re   | g. No.                      | 20221  |
|--|---|--|-------------------------------------|--|--------------------------------|--|-----------------------------|--|
|  | 1. Decedent's Name (First, Middle, Li   | ast)   |                                     |  |                                | 2. Date of Death                             |                             | 3. Time of Death   |
| Physician<br>'/Medical   | Francis Jose  | eph Rac  | ioppi                               |  |                                | June 11                                      | ,1998 Year                  | 1:30 AM  |
| Examiner   | 4s Fecility Name (If not institution, gi  | ve street end number)  |                                     |  | 4b. City, Town, or Lo          | ocation of Death                             | 4c. County of Dee           |  |
|  | Anne Arundel Co   | ommunity H   | ospital                             |  | Annapolis                      |  | Anne Aru                    | ndel   |
| Funeral<br>Director  | 579-28-1248   | Sex 7. Ag<br>1⊠M 2□F   | e (In yrs. last birth<br>81         | day) If Under 1 Year<br>Months Days                            | If Under 24 Hrs.<br>Hours Min. | 8. Date of Birth<br>(Month, Day,<br>Sept. 22 | (Pear) 9. Bii<br>1916 Was   | thplace (State or Foreign ountry) hington, DC                  |
| pug *  | Usual Residence of Decedent  10a. Stete 10b. County   |  | 10c. City, Town                     | or Location  |                                |  |                             | 10d. Inside City Limits  |
| e Maryle   |   | rundel   | -                                   | apolis   |                                |  |                             | X□Yes 2□No   |
| ofter death with the Maryland refers 23s or 28s-f show with the motified at the motified at Funeral Director   | 10e. Street and Number 570 Bellerive  | Dr. #135   |                                     | 10f. Zip Code<br>2140  | 01                             | 10   | g. Citizen of What C        | ountry?  |
| 020<br>urs after<br>kr, or he<br>Exerting  | 3 ☐ Widowed 4 ☑ Divorced  | 12. Was Decedent<br>Armed Forces?<br>1 ☐ Yes 2 ☑<br>If Yes, Give<br>Year or Dates: |                                     | 13. Was Decedent of H<br>If Yes, specify Cub<br>1 ☐ Yes 2 🕱 No |                                | ecify Yes or No-<br>Rican, etc.)             | 14. Reca - Am<br>Btack, Whi |  |
|  | 15. Decedent's E<br>(Specify only highest gr  | ducation<br>ade completed)   | (                                   | Decedent's Usual Occup<br>Give kind of work done               | during most of work            | ing  | 6b. Kind of Business        | /Industry  |
|  | Elementary/Secondary (0-12)   | College (1-4or   | 5+)                                 | life. DO NOT use retire  | d)                             |  | 1                           |  |
| and 212: be filed within tal Hygiena. or other than event, the Man   | AT THE A NAME OF THE ACTION AS  | 5+   | 8                                   | ttorney  | 40 24-11-4-21-4                |  | Law                         |  |
| Maryland 212: d 2 should be filed within and Mental Hygiena. 7 is marked other than traumatic event, the M   | 17. Father's Name (First, Middle, Las   | )  |                                     |  | Rose Cre                       | e (First, Middle, M.                         | aigen Sumame)               |  |
| should in marked imarked imarked in To   | Joseph Racioppi  19a. tnformant's Name/Relationship   | Cima Drint)  | 10h                                 | Malling Address (Street  |                                |  | City or Town State          | Zin Code)  |
| C 8 2 5  | Lisa Racioppi/da  |  |                                     | 5 W. Buckin  |                                |  |                             |  |
| ore, Marylc<br>is 1 and 2 should<br>of Health and Mer<br>them 27 is marke<br>other traumatic   | 20a. Method of Disposition  | agireer  |                                     | Disposition (Name of crematory or other pla                    |                                |  | Oc. Location - City o       |  |
| Page<br>Page<br>Pert o   | 1 Burial 2 XCremation 3 (   | fy)  |                                     | olitan Cre   | matory Ju                      | une 13,98                                    | Alexand                     | lria, Va.  |
| Baltim<br>permit. Pa<br>Departmen<br>Important:<br>any Injury  | 21. Signatury of Funeral Service Lice   | Na   |                                     | 22. Name and Addre<br>DeVol Fund<br>2222 Wisco                 | eral Home                      | N . W Wa                                     | shDC 20                     | 0007   |
| Dhualalaa  | 23a. Part 1 Enter the disease, or conshock or treat failure. List only                                      | plications that caused<br>one cause on each li                                     | d the death. Do no                  |  |                                |  |                             | Approximate<br>Interval Between<br>Onset and Death             |
| Physician /Medical   | Immediate Cause (Final  | Con  | DIOPULI                             | newmy  | Ans =                          |  |                             | SECONDS  |
| Examiner   | disease or condition resulting in death)  | a  | Due to (or as a co                  |  | TANGES                         |  |                             | 1  |
| je je  |   | Hy   | PENN                                | Eve 1 A  |                                |  |                             | HOURS  |
| 58760, icate be axecuted physician end s the burial-transit  | Sequentially list conditions,   | b  | Due to (or as a co                  | ensequence of):  |                                |  |                             |  |
| o axe e axe cian e unfal-  | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury | RE   | ENM                                 | FOILUR   | LE                             |  |                             | DAYS   |
| 68760, flicate be a physician as the burished edical E   | that initiated events<br>resulting in death) Last   | C  | Due to (or as a co                  |  |                                |  |                             |  |
| 5 00   |   | d. CO  | かしこうク                               | VE UT  | mt F                           | 9120120                                      | 5                           | MONTHS   |
|  | Part II. Other significant conditions   | contributing to death b  | ut not resulting in                 | the underlying cause gi  | ven In Part I.                 |  |                             | te to the causs of death?                                      |
|  |   |  |                                     |  |                                | 1 🗆 Ys                                       | 8 2□ No 3□1                 | Probably 4 24 Triknown   |
| ords<br>requires<br>een sign<br>hould be   |   |  |                                     |  |                                | 24e. Was an                                  |                             | . Were autopsy findings available prior to completion of cause |
| I Rec<br>The law<br>ate has b<br>page 2 s  |   |  |                                     |  |                                | 1 □ Yes                                      | 2 ( No                      | of death?  |
| Vital Fidelan: The certificate rector, pag   | 25. Was case referred to medical  |  |                                     |  | 26 Place of Deat               |  |                             | 10 192 20 140  |
| Of Vital Physician: The certificate ral director, pg.: To Be Co.   | examiner?   | Hospital:  | ent 2 ER/Out                        | patient 3 DOA Ot   | her-                           | th (Check only one                           | nce 6 Other (Sp             | ecify)   |
| Physical descal descal d   | 27. Manner of Death   | 28a. Date of Inju  |                                     | me of 28c. tnju  |                                | 28d. Describe how                            |                             | 001197   |
| Vision Attending or death. ector: Atten by the fune  | 1 Natural 5 Pending 2 Accident investigation  |  | y rear/ mj                          |  | Yes 2 No                       |  |                             |  |
| Division of the or attending P as after death.  Is after death.  Is offered or After to the in by the funera Certification:  | 3 Suicide 6 Could not l   | 28e. Placa of Inj<br>building, et  | ury - At home, farr<br>c. (Specify) | n, street, factory, office                                     |                                | 28f. Location (Str.<br>City or Town,         |                             | Rural Route Number,  |
| Division of Vital Revision of Vital Revision 24 hours after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page Medical Certification: To Be Com |   |  | examination and                     | death occurred at the ti<br>or tnvestigation, in my            |                                |  |                             |  |
| of the orthodomple omple   | 29b. Signeture and the of certifier   | and mariner st   |                                     | 29c. Licen   | se number                      | 29   | d. Date signed (Mor         | oth, Day, Year)  |
| 3  | 146   |  |                                     | I  | 138303                         | 3  | 6/12/                       | 98   |
|  | 30. Name and address of person who  | completed cause of control   | leath (Item 23a) (T<br>WIK!         | ype, Print) 20   | 303 Mi                         | FD PK  | MY A                        | IN. MD   |
| State<br>Registrar   | 31. Date filed (Month, Day, Year)  JUN 1 6 199  | 32 Registr   | ar's Signature                      | ndere  |                                |  |                             |  |



State of Maryland / Department of Health and Mental Hygiene O O

|                       | 1. Decedant's No   | ama (First, Middle                          | , Last)  |  |   | tificate (  |                              |                        | 2. Data of D                     | Reg. No.<br>leath<br>Day   |            | yaar 3. T                              | ima of Death                           |
|-----------------------|--|---|--|--|---|---|------------------------------|------------------------|----------------------------------|----------------------------|------------|--|--|
| hysician<br>/Medical  | Anna   | Katherin                                    | e Rexford  | i                                      |   |   |                              |                        | June                             | 14,                        |            |  | 1:40 PM                                |
| xaminer               | THE STATE OF THE S |   | , giva street and nu                                 |  |   |   |                              |                        | Location of Dea                  |                            | County o   |  |  |
|                       |  |   | EST DRIVE  |  |   | W11-44  |                              | EENBE                  |                                  |                            |            | GEORGI                                 |  |
| neral<br>ector        | 5. Social Security<br>128-01-0   | 0517  | 6. Sax<br>1 ☐ M 2 🖾 F                                | 7. Aga (In yrs<br>94                   | last birthday)<br>Yrs.                      | If Under 1 Y<br>Months Di                           | ays Ho                       | ndar 24 Hr:<br>urs Min |                                  | irth<br>Day, Year)<br>, 19 | 04 1       | 9. Birthplaca (<br>Country)<br>New Yor | Stata or Foraig<br>k                   |
| MARIN DE              | Usuai Rasidance<br>10a. Stata  | 10b. County                                 |  | 10c. C                                 | ity, Town or Lo                             | cation  |                              |                        |                                  |                            |            | 10d. ln                                | sida City Limits                       |
| rector                | MD   | Prince                                      | Georges  |  | Gree  | nbelt   |                              |                        |                                  |                            |            | 1 [                                    | Yas 2 No                               |
| rec lost              | 10e. Street and I  |   | CCCIBED  |  | 0100  | 10f. Zip Co   | da                           |                        |                                  | 10g. Citi                  | zen of Wi  | hat Country?                           |  |
| al D                  | 6609 8   | Springer                                    | est Drive  |  |   | 207   | 770                          |                        |                                  |                            | USA        |  |  |
| Funeral Director      | 11. Marltai Statu  | s<br>arried 2 Marri                         | Armed Fe   | 2K No                                  |   |   |                              |                        | Spacify Yas or Note Rican, atc.) | lo-                        | Bleck      | - Amarican Inc., Whita, atc.           | lian,                                  |
| by                    | 3 ₩ Widowed  | d 4 Divorced                                | If Yas, Gi<br>Yaar or D                              |  |   | I□Yas 223   | No Spe                       | city:                  |                                  |                            | Specify:   | White                                  |  |
| Completed             | (S)  | 15. Decedent                                | 's Education<br>it grada complated)                  |  | 16a. Deced                                  | lant's Usual Oi<br>kind of work do<br>DO NOT usa re | ccupation<br>ona during      | most of wo             | orking                           | 16b. KI                    | nd of Bus  | inass/Industry                         |  |
| JdE                   |  | econdary (0-12)                             | Collega (  |  |   |   | atired)                      |                        |                                  |                            | _          |  |  |
| ड                     | 17 Fathada Nam   | na (First, Middla, L                        | ( act)   |  | Shoem                                       | aker  | 10 1                         | lother's No            | ma (First, Middl                 |                            | -          | turing                                 |  |
| Be                    |  |   | Last)  |  |   |   | 10.10                        |                        |                                  |                            | Oumania    | ./                                     |  |
| P                     |  | Husnay  Name/Relationsh                     | olo (Tune Print)                                     |  | 10h Maitin                                  | o Addrass /St                                       | treat and N                  |                        | y Krupai<br>Jural Routa Num      |                            | r Town S   | State Zin Code                         | }                                      |
| To                    | 20a. Method of D<br>1 X Burial<br>4 Donatio  | 2 ☐ Cremation<br>n 5 ☐ Other (Sc            | 3 □Removal from<br>pecify)                           | State 20b.                             | Place of Dispo<br>cematary, cran<br>Calvary | sition (Nama onatory or other                       | of<br>r place)<br>ery        |                        | Data 6/19/98                     | John                       | son (      | City or Town, S                        | ΙΥ                                     |
| 9008                  | 21. Signature of   | Funeral Service L                           | Licensee A   | 0                                      | H   | ome, In   | nc.                          | 500 U                  | rancis .                         |                            |            |  | cal                                    |
| an                    | 23a. Part1. Ente<br>shock, or h  | ar tha disaasa, or<br>naart failura. List o | complications that only one cause on                 | causad tha dea<br>aach lina.           | th. Do not ente                             | ilver s   | spring, suc                  | h as cerdie            | 20901<br>ac or raspiratory       | arrest,                    |            | Intar                                  | oximate<br>val Batween<br>it and Death |
| Medicai Examiner      | Sequentially list<br>if any, leading to<br>ceuse. Enter UT<br>Cause (Disease<br>that initiated ave<br>resulting in deat  | ints  | c  | A tria                                 | or as a conseq                              | brilla 7  |                              | eme                    | coiden                           |                            |            |  |  |
| leted by Physician/M  |  |   |  |  |   |   |                              |                        |                                  |                            |            |  |  |
| ysic                  | Part II. Other sig   | nificant condition                          | ns contributing to d                                 | leath but not ra                       | sulting in tha ur                           | ndarlying ceus                                      | a givan In I                 | Part I.                |                                  |                            | -          | tributa to the                         |  |
| 44                    |  |   |  |  |   |   |                              |                        | . 1                              | Yes 2                      | 0          | 3 Probably                             | 4 Unknow                               |
| Completed by          |  |   |  |  |   |   |                              |                        |                                  | is an autop<br>formed?     | psy        | aveilable                              | on of causa                            |
| E                     |  |   |  |  |   |   |                              |                        | 10                               | Yas 2                      | ONO        | 1 ☐ Yas                                | 2000                                   |
| ro Be Compi           |  | farrad to madical                           |  |  |   |   | 26. 1                        | Placa of De            | eath (Check only                 | ona)                       |            |  |  |
| To I                  | axaminar?<br>1 ☐ Yas 2   | Cholo                                       | Hospital:  | Inpatiant 2                            | ] ER/Outpatien                              | t 3 DOA   | Othar: 4[                    | Nursing                | Homa 5 Ra                        | sidance                    | 6 □Otha    | r (Specify)                            |  |
|                       | 27. Mannar of De   | 5 Pending                                   | W I  | of Injury<br>oth, Day Year)            | 28b. Tima of<br>Injury                      | 28c.  | Injury at<br>Work?<br>1  Yes | 2 🗆 No                 | 28d. Describe                    | e how inju                 | ry occurre | ed                                     |  |
| Certification:        | 3 ☐ Suicida<br>4 ☐ Homicid   | 6 ☐ Could n<br>datarmi                      | ined 288. Place                                      | e of Injury - At I<br>ling, atc. (Spec |   | aat, factory, of                                    | ffica                        |                        |                                  | (Street an<br>own, State   |            | or or Rural Rou                        | ta Number,                             |
| Medical Certification | 29a. Certifier<br>(Check only<br>one)  |   | g Physician: To the<br>Examinar: On the b<br>and mar |  |   |   |                              |                        |                                  |                            |            |  | causa(s)                               |
| Me                    | 29b. Signatura a   | nd title of certifier                       | /  | 2014                                   |   | 29c. Li   | cansa num                    | ber<br>734             | 4 Dire                           | 29d. Da                    | ta signed  | (Month, Day,                           | Year)                                  |
|                       |  | -   | -  | - 14F                                  |   |   |                              |                        |                                  |                            | 6          |  |  |
|                       | 30. Nema and ad  |   | who complated cau                                    | sa of death (Ita                       | m 23a) (Type,                               | Print)  | sreeg L                      | 190 C                  | 4 Dire                           | - G                        | ~ce4       | 4010                                   | 20770                                  |



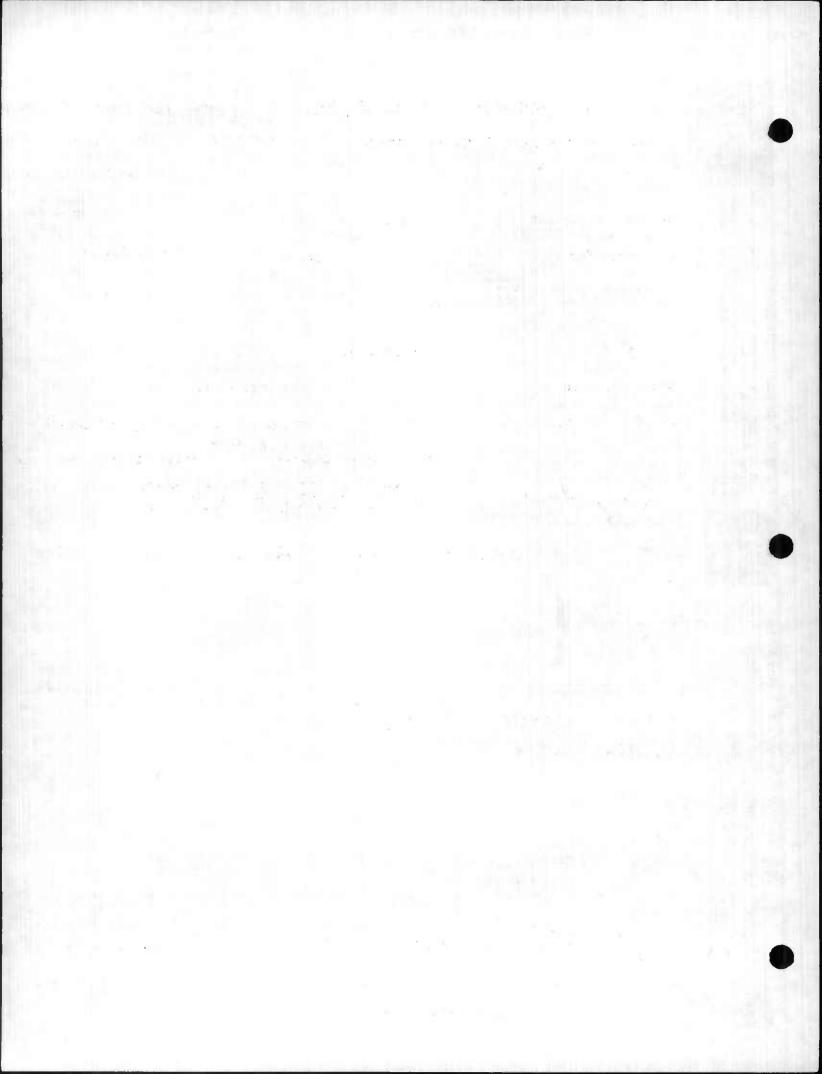
|  |   | Decederal New / / / **   | dolla 1  | *1  |  |  | Crimcate  | of Death  | 100  | Date of Deat  | eg. No.  |  | Time of Death  |
|--|---|--|--|---|--|--|---|---|--|---|--|--|--|
| Physician  |   | Decedent's Nama (First, Min  | JOIO, LAST   | 200-0                                     | LI   | Po   | CHE,  | 50  | 1  | Month   | Day  | Year 2   | VICE Day   |
| /Medical   | 4.  | a Facility Nama (Il not institu  | tion, give   | street and nur                            | mber)  | 10   | CITE,   |   | wn, or Locano                                      | on of Death   | 4c. County   | of Death   | ,.03 /M  |
| Examiner   | r   | SHADY GRO  |  |   |  | HOSPI  | πΔτ.  |   | CKVIL  |   |  | NTGOME   | עמי  |
| Funeral  | 5   | . Social Security Number   | 6. Se  | x   | 7. Age (In yr.   |  | y) If Undar 1   | raar If Under   |  | Date of Birth<br>(Month, Day,   |  |  | (State or Foreign  |
| Director   | 5   | 578-22-7571  | 128  | M 2□F                                     | 8  | 4 Yrs.   | Months D  | ays Hours   | Min. De  | c. 9,   | 1913   |  | ton, DC  |
|  | -   | Jsuel Residenca of Decedent  |  |   |  |  |   |   |  |   |  |  |  |
| ahow<br>det  |   | 0a. State 10b. Cour  |  |   | 10c. C   | City, Town or  |   |   |  |   |  |  | nside City Limits  No 2 □ No   |
| items 23e or 28e-f show<br>instrmust be notified at<br>innersi Director  |   | Maryland Mont  | gome   | ery                                       |  | Ro   | ckville   |   |  |   |  |  | €1 105 Z□140   |
| Dir.   | 5 1   | 0e. Street and Number  |  |   |  |  | 10f. Zip Co   | de  |  | 1   | Og. Citizen of V   | What Country?<br>States  |  |
| The Car  | 100   | 106 Evans Sti  | eet  |   |  |  |   | 20850   |  | N .   |  |  |  |
| piper must   | 1   | 1. Marital Status  |  | 12. Was Dece<br>Armed Fo                  | rces?  | U,S.   | <ol><li>Was Deceden<br/>If Yes, specify</li></ol>   | Cuban, Maxicar  | gin (Specify<br>), Puarto Rica                     | n, atc.)  |  | a - American In<br>ck, White, atc.   | roien,   |
| >4   |   | 1 Never Married 2 M<br>3 ☑ Widowed 4 □ Divord  |  | 1 🖾 Yes<br>If Yes, Giv                    |  | TT   | 1 ☐ Yes 2X  | No Specify:   |  |   | Specify  | Whit   | е  |
| 7  | 2   | 15. Deced  |  |   | utus. 1111   |  | cedent's Usual C  | ecupation   |  |   | 16b. Kind of Bu  | usiness/industr  | v  |
| teic   | bie   | (Specify only hig  | hest grad  | le completed)                             | 1.40-5.1   | (Gi  | cedent's Usual C<br>ive kind of work of<br>b. DO NOT use i  | lone during mos<br>etired)  | t of working                                       |   |  |  |  |
| Completed  | E   | Elementery/Secondary (0-12 12  | •)   | College (1                                | 1-40/ 5+)  | Foc  | d Broke   | r   |  |   | Market   | ting   |  |
| Be   | 0 1   | 7. Father's Nama (First, Midd  | le, Last)  |   |  |  |   | 18. Mothe   | r's Neme (Fil                                      | rst, Middle, I  | Malden Sumam   | ne)  |  |
| 10   | 0   | Edward A. Roc  | he   |   |  |  |   | Ba  | rbara 1  | Payne   |  |  |  |
|  | 1   | 19a. Informant's Name/Relation   |  |   |  | 19b. Ma  | ailing Address (S   | treet and Number  | er or Rural Ro                                     | oute Number   | r, City or Town,   | Stata, Zip Cod   | le)  |
|  | E   | Edward J. Roch   | e, J   | r./Son                                    |  |  | Sedley  |   | Gaith  |   |  |  |  |
| or other   | 2   | 0a. Method of Disposition 1 ☑ Burial 2 ☐ Crematic  | o 2 □ □  | Pamoual from                              |  | . Place of Dis<br>cematary, c  | sposition (Name<br>crematory or othe  | of r place June   | 16. 19   | 998   | 20c. Location -  | City or Town,  | State  |
| lnjury o   |   | 4 Donation 5 Other   |  |   | G  | ate of   | Heaven  | Cemeter   |  |   | ilver S  | pring,   | Maryland   |
| A SI   |   | 23. Signature of Funeral Servi   |  |   | MO   | 0198<br>ath. Do not  | 22 Name and A<br>Robert A<br>300 Wes<br>Rockvil   | ddress of Facili<br>Pumphi<br>Montgo<br>Le, Mary<br>f dying, such as                                    | cey Fund<br>omery A<br>land<br>cardlac or res      | neral<br>Avenue<br>20850<br>spiratory arm   | Home/Ro  | App  | proximete<br>rval Between  |
| cian<br>dical<br>liner   |   | 23a. Part1. Enter the disease, shock, or hear failure. L'immediate Cause (Final disease or condition resulting in deeth)   |  | lications that cone causa on a            | CONIC  | 0198 ath. Do not   | 22 Name and A<br>Obert A<br>300 Wes<br>Rockvil<br>enter the mode of<br>STRUC7<br>sequence of):  | Le, Mary  | land cardiac or re                                 | 20850<br>spiratory arm  | =2805<br>est,  | App<br>Inte<br>Ons   | proximete  |
| s the burdel-transit up to proper and properties an | edical Examiner   | 23a. Part1. Enter the disease, shock, or hear failure. L   |  | lications that cone causa on a            | Due to   | OB (or es e con:   | Rockvil enter the mode of   | Le, Mary  | land cardiac or re                                 | 20850<br>spiratory arm  | =2805<br>est,  | App<br>Inte<br>Ons   | proximete<br>rval Between  |
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| n by the funaral director, page 2 should be deteched for use as the burial-transit up of page 1. In page 2 should be deteched for use as the burial-transit up of page 1. In page 2 should be deteched for use as the burial-transit up of page 1. In page 2 should be deteched for use as the burial-transit.   | Section of the completed by righted than the completed by righted than the complete | 23a. Part1. Enter by disease, hock, or hear affure. La mediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying cause (Disease or injury hat initiated events resulting in death) Last  Part II. Other significant cond Production of the Condition of the Condit | or complist only of the control of t | a. CHR  a. CHR  b                         | Due to  Due to  Due to  Due to  Due to  Due to  Due to  Pue to  Due to  Due to  Due to | O198  ath. Do not of the property of the prope | ROCKVII  ROCKVII  enter the mode of  STRUCT  sequence of):  sequence of):  sequence of):  sequence of):  tient 3 DOA  so of  y  M  street, factory, of  enter the mode of  sequence of):  sequence of): | 28. Place Other: 4 \( \text{Not} \) Injury at Work? 1 \( \text{Yes} \) We time, date ar my opinion, dea | of Death (Carring Home 28d. No 28f. and place, and | 23b. Did to 1 Y 24a. Was e perform 1 Ye 5 Describe he Location (Si City or Town due to the ciat the time, d             | best,  Olsky  obacco use co- ces 2 No on autopsy med?  es 2 No on autopsy med? | Application of the control of the co | cause of death?  cause of death?  y 4 Unknown  uutopsy findings le prior to tuton of cause n? s 2 No |
| al Director: Aftar this cardificate hes been signed by the attending physicien and <u>upportational director</u> , page 2 should be dateched for use as the bunal-transit opportation by the funaral director, page 2 should be dateched for use as the bunal-transit opportation. To Be Completed by Physician/Medical Examiner   | Section of the completed by righted than the completed by righted than the complete | immediate Cause (Final disease, shock, or hear failure. La fisease or condition, resulting in deeth)  Sequentially list conditions, fany, leading to immediate cause. Enter Underlying Cause (Disease or injury hat initiated events resulting in death) Last  Part II. Other significant cond  PNEUMONIC  PNEUMONIC  25. Was case referred to mediexaminer? 1   Yes 2   No 17. Manner of Deeth 1   Nature  5   Pen invention of the condition  | or complist only of the control of t | a. CHR  a. CHR  b                         | Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to                         | O198  ath. Do not of the property of the prope | ROCKVII  ROCKVII  enter the mode of  STRUCT  sequence of):  sequence of):  sequence of):  sequence of):  tient 3 DOA  so of  y  M  street, factory, of  enter the mode of  sequence of):  sequence of): | 28. Place Other: 4 No. Injury at Work? 1 Yes 2 Hice   | of Death (Carring Home 28d. No 28f. and place, and | 23b. Did to 1 Y 24a. Was e perform 1 Ye 5 Describe he Location (Si City or Town due to the ciat the time, d             | DISRA  OISRA  OISRA  Obacco use co  os 2 No  on autopsy med?  es 2 No  ona) ence 6 Oth ow injury occur  treet and Numb ow injury occur  ause(s) and ma   | Application of the control of the co | cause of death?  cause of death?  y 4 Unknown  uutopsy findings le prior to tuton of cause n? s 2 No |

State Registrar

31. Data filed (Month, Day, Year)

JUN 1 5 1998

32. Registrar's Signature

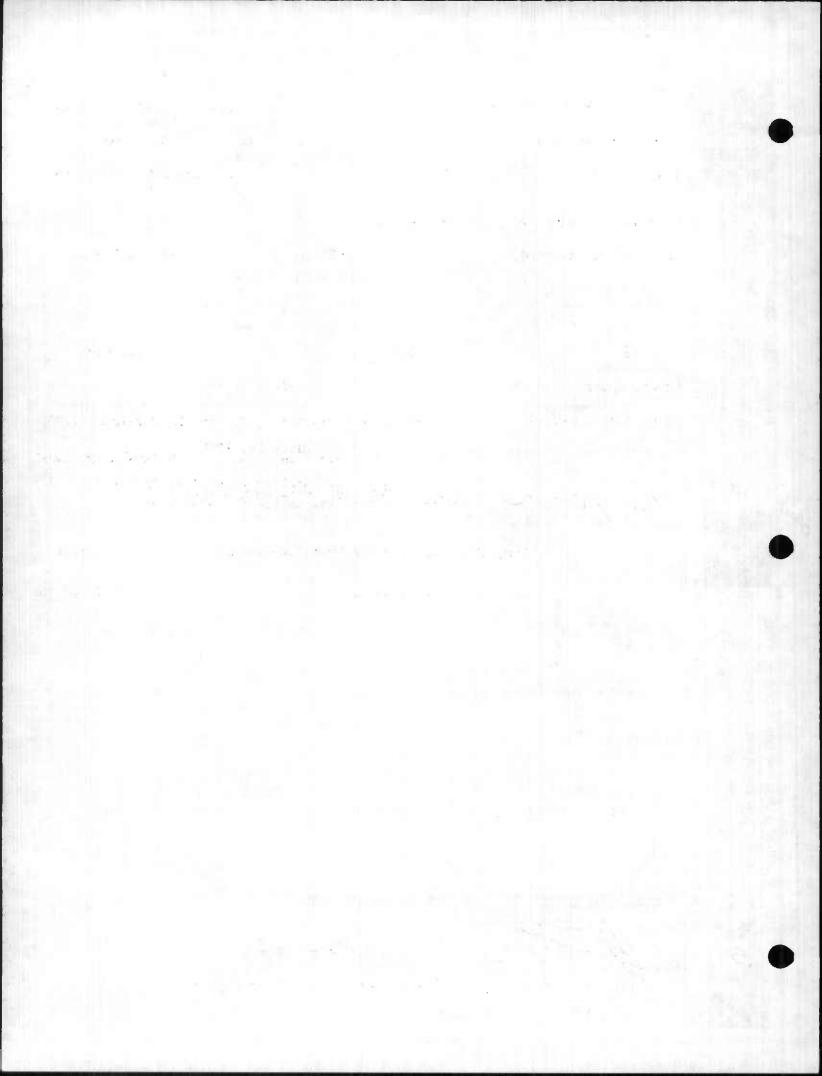


|  |                 |  |   |  | iai yiai                            |                            |                                      |                      | Health and I                                       | ,                                    | Reg. No.                      | 21                          | 0224   |
|--|-----------------|--|---|--|-------------------------------------|----------------------------|--------------------------------------|----------------------|--|--------------------------------------|-------------------------------|-----------------------------|--|
| Physic   | ian             | Decedent'e Name  |   | )<br>Lucille :   | Rose                                |                            |                                      |                      |  | 2. Date of De<br>Month               | Day                           | Year                        | 3. Time of Deeth 2:15 PM   |
| _/Medi   |                 | 4a Facility Name (If   | not institution give  | street and number  | •)                                  |                            |                                      |                      | 4b. City, Town, or                                 | _                                    | 4, 1998                       | of Death                    | Z:15 PM  |
| Exami  | ner             |  | n Hospita   |  | /                                   |                            |                                      |                      | Betheso  |                                      |                               | gomer                       | 17   |
| Funeral  |                 | 5. Sociel Security Nu  |   |  | ge (In yrs.                         | last birthday)             | If Under                             |                      | If Under 24 Hrs                                    |                                      |                               |                             | y<br>ece (State or Foreig<br>ry)   |
| Director   |                 | 408-14-40<br>Usual Residence of  | 00  | M 2⊠F  | 78                                  | Yrs.                       | Months                               | Days                 | Hours Min.   | Sept. 2                              | 3, 1919                       | Tenn                        | nessee   |
| ylend  |                 | 10a. State   | 10b. County   |  | 10c. Cit                            | y, Town or Lo              | ocation                              |                      |  |                                      |                               | 10                          | d. Inside City Limits  |
| Me.  | ctor            | Maryland   | Montgome  | ry   | Ro                                  | ckvill                     | .e                                   |                      |  |                                      |                               |                             | 1 ☑ Yes 2 ☐ No   |
| or 28  | Director        | 10e. Street end Num  | nber  |  |                                     |                            | 101. Zip                             |                      |  |                                      | 10g. Citizen of \             |                             |  |
| 23a  |                 | 214 Roll   | ins Avenu   |  |                                     |                            |                                      | 2085                 |  |                                      | Unite                         |                             |  |
| n 72 hours efter death with the Merylend<br>"natural", or frems 23a or 28a-f show<br>of cal Examiner must be notified at | y Funeral       |  | ed 2 Married  | 12. Was Decedent<br>Armed Forces<br>1 Tes 2X<br>If Yes, Give | ?<br>  No                           |                            | Was Deced<br>If Yes, spec<br>1 ☐ Yes |                      | Hispenic Origin? (Spen, Mexican, Puerl<br>Specify: | specify Yes or No<br>to Rican, etc.) | Black                         | e - Americe<br>ck, White, e | tc.  |
| ural',   | q p             | 3 🖾 Widowed  |   | Year or Dates:   |                                     |                            |                                      |                      |  |                                      |                               | Wnl                         |  |
| within<br>ene.<br>then "   | Completed by    | (Speci   | 15. Decedent's Edu<br>ify only highest grad<br>ndary (0-12) | cation<br>e completed)<br>College (1-4or                     | 5+)                                 | (Give                      | DO NOT u                             | rk done              | during most of wo                                  | rking                                | 16b. Kind of B                |                             |  |
|  |                 | 17. Fether's Name (  | First, Middle, Last)  |  |                                     | 0.1110                     |                                      | -                    | 18. Mother's Na                                    | me (First, Middle                    |                               |                             |  |
| of la b  | To Be           | Edward Ba  | umgardner   | Cox  |                                     |                            |                                      |                      | Flora  | Fannon                               |                               |                             |  |
| S DE E   | -               | 19a. Informant's Na  | me/Relationship (T)   | rpe, Print)  |                                     | 19b. Maiti                 | ng Address                           | s (Stree             | t and Number or Ri                                 | ural Route Numb                      | er, City or Town,             | Stete, Zip                  | Code)  |
| alth a   |                 | Michael C  | . Rose/So   | n  |                                     | 596 C                      | ver F                                | Ridg                 | e Drive,   | Frederi                              | ck, Mar                       | yland                       | 21703  |
| of Heal<br>of Heal<br>of Heal  |                 | 20a. Method of Disp  |   |  | 20b. F                              | Place of Disponentery, cre | osition (Nar                         | me of other pla      | June 1   | Date                                 | 20c. Location                 | City or Tov                 | wn, State  |
|  |                 |  | ☐ Cremation 3 ☐ F  ☐ Other (Specify)                        |  | Moi                                 | ntgome                     | ry Cr                                | emat                 | torium, I  | nc.                                  | Bethes                        | da, M                       | aryland  |
| permit. Peg<br>Depertment<br>Important: I<br>eny Injury o  |                 | 21. Signature of Fur   | neral Service Licens  | 00   | MOO                                 | R2<br>198                  | Name ar<br>bert                      | A.Addr               | Pumphrey<br>Montgome:<br>, Maryla                  | Funeral                              | Home/R                        | ockvi.                      | lle, Inc.  |
| A LINE   |                 | 23a. Part1. Enter th   | disease, or compl<br>t feilure. List only o                 | ications thet cause  |                                     | th. Do not en              | ter the mod                          | de of dy             | ing, such as cerdia                                | c or respiratory e                   | rrest,                        |                             | Approximate<br>Interval Between  |
| Physiclan<br>/Medical<br>Examiner  |                 | Immediate Cause (I   | Final   |  |                                     |                            |                                      |                      | in Invol   |                                      |                               | 1                           | onset and Death month  |
| Lxammer  | 100             | resulting in death)  |   |  | Due to (d                           | or as a conse              | quence of):                          |                      |  |                                      |                               | 1                           |  |
| bed ist  | Examiner        |  |   | Lymphob  |                                     |                            |                                      |                      |  |                                      |                               | 113                         | 8 months   |
| be executed<br>ician and<br>bunel-transi   | xar             | Sequentielly list cor<br>if any, leading to im<br>ceuse. Enter Under<br>Cause (Disease or I  | nditions,<br>mediate  |  | Due to (d                           | or as a conse              | quence of):                          |                      |  |                                      |                               | i                           |  |
| te be executed<br>ysician and<br>te bunel-transit  | calE            | Cause (Disease or I<br>that initiated events   | rlying<br>Injury  | C  | 511111                              |                            |                                      |                      |  |                                      |                               | t                           |  |
| death certificate<br>e ettending physical<br>etter use es the  | Physician/Medic | resulting in death) L  |   | d  | Due to (c                           | or as a consec             | quence of):                          |                      |  |                                      |                               | 1                           |  |
| d for u  | iciar           | Part II. Other signifi   | cent conditions co  | atributing to death  | but not ree                         | uiting in the              | inderlying c                         | Called O             | iven in Pert I                                     | 23h Did                              | tohacco use co                | ntribute to                 | the couse of deat  |
| requires that the deserting the hould be deteched  | by Phys         | - Control of the cont |   | initiality to double   | 50(1)0(100                          | oking in the c             | indonying c                          | , a a a a            |  |                                      | Yes 2□ No                     |                             | ably 4 Unknow  |
| aw require<br>is been sig<br>2 should b  | Completed t     |  |   |  |                                     |                            |                                      |                      |  |                                      | an eutopsy<br>ormed?          | ava                         | ere autopsy findings<br>illeble prior to<br>inpletion of cause<br>death? |
| The law<br>ate has b<br>page 2 s   | EO              | 100  |   |  |                                     |                            |                                      |                      |  | 10                                   | Yes 210 No                    | 1                           | Yes 2□ No  |
|  | Be              | 25. Was cese referr  | ed to medicet   |  |                                     |                            |                                      |                      | 26. Place of De                                    | ath (Check only                      | one)                          |                             |  |
| 0 0  | To              | examiner?<br>1 ☐ Yes 2 🔀 I   | No  | lospital: 1🗵 Inpat   | tient 2                             | ER/Outpatie                | nt 3 D                               | OA OI                | ther: 4 Nursing I                                  | Home 5 Res                           | idence 8 🗆 Ott                | ner (Specif)                | 1)   |
| After<br>fune  |                 | 27. Manner of Death 1 ☑ Natural 2 ☐ Accident   | 5 Pending<br>Investigation                                  | 28a. Dete of Inj<br>(Month, D                                | ury<br>ay Year)                     | 28b. Time of Injury        | M A                                  | 28c. Inju<br>Wo<br>1 | uryat<br>ork?<br>]Yes 2 ☐ No                       | 28d. Describe                        | how injury occur              | red                         |  |
| or Attending<br>setter death.<br>I Director: After<br>in by the fune   | Certification:  | 3 Suicide<br>4 Homlcide  | 6 Could not be determined                                   |  | njury - At h<br>etc. <i>(Specil</i> | ome, farm, st              | reet, factor                         | y, office            |  |                                      | (Street and Num<br>wn, Stete) | ber or Rura                 | l Route Number,  |
| To the Hospital or Atterwithin 24 hours effer de To the Funeral Directo completely filled in by the                      | edicai C        | 29a. Certifier<br>(Check only<br>one)  | 1⊠ Certifying Phy<br>2□ Medical Exami                       |  | of examine                          |                            |                                      |                      |  |                                      |                               |                             |  |
|  | Me              | 29b. Signature and   | title of certifier  |  |                                     |                            |                                      |                      | se number 2382                                     |                                      | 29d. Date signe<br>June 1     |                             |  |
| 15   |                 | 30. Neme and addre   | ess of person who or  | ompleted cause of  | death (Iter                         | m 23a) (Tyne               | 1                                    |                      | - 500  |                                      |                               |                             |  |
|  |                 | - /  | lieri, M.   |  |                                     |                            |                                      | #6                   | 25. Beth   | esda. Ma                             | rvland                        | 2081                        | 7  |

State Registrar 31. Date filed (Month, Day, Year)

JUN 1 9 1998

32 Registrar's Signature
Julia Deviden Randelle

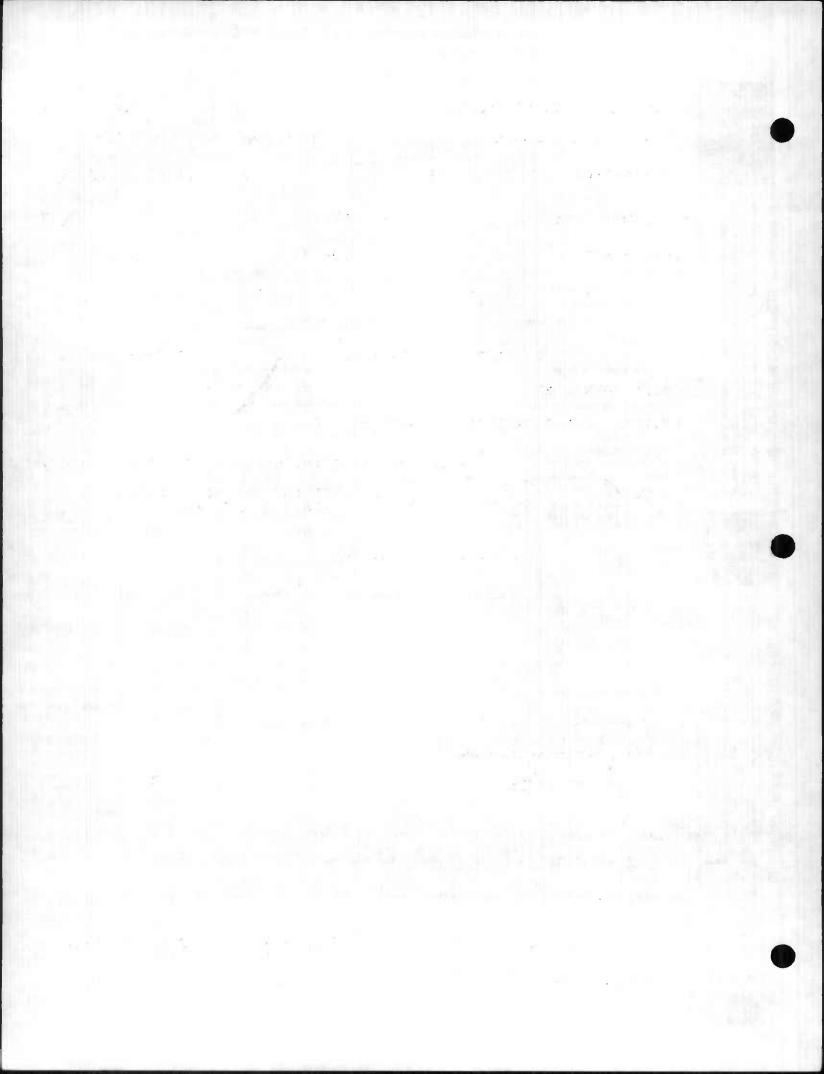


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** JUNE CLARENCE JACOB ROHWEDDER 18 1998 5:00am /Medical 4e Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 13500 FOX DEN PLACE BRYANTOWN CHARLES If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociei Security Number 7. Age (In yrs. lest birthdey) Birthpiece (Stete or Foreign Country) **Funeral** 1 XM 2□ F Yrs 93 **Director** 367-10-7507 OCT.11,1904 ILLINOIS Usuel Residence of Decedent with the Maryland r 28a-f show 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No MARYLAND CHARLES BRYANTOWN Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? "natural", or items 23s or edical Examiner must be r P.O.BOX 447 20617 U.S.A. Pages 1 and 2 should be filed within 72 hours after death vent of Health and Mental Hygiene.
ant: If item 27 is merked other than "natural", or items 23. Funeral Was Decedent Ever in U.S. Armed Forces? Wes Decedent of Hiapanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indian 11. Maritel Status Bleck, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give X Yeer or Detes: 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: WHITE by 3 Widowed 4 Divorced r than "natura Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Buainess/Industry College (1-4or 5+) Elementery/Secondery (0-12) YEARS MANAGER DAIREY 7 is marked other traumatic event, t 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) Be JOHN ROHWEDDER GRETA WOLKEN 19a. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) EILEEN GRUBER-DAUGHTER SAME AS #10 item 27 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece, 20e. Method of Disposition 20c. Location - City or Town, State permit. Pages Department of Important: If it any Injury or o 1 Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) MT. CARMELMONASTERY CEM. 6-22-98 PORT TOBACCO, MD. 21. Signeture of Funged Service License 22. Neme end Address of Fecility RAYMOND FUNERAL SERVICE, P.A. PLATA, MARYLAND 20646 23e. Part1. Enter the disease, or complications the Laused the deeth. Do not enter the shock, or heart feilure. List only one cause the each line. Approximete Intervel Between Onset end Deeth **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical MULTI SYSTEM FAILURE Examiner Examiner physician and the burial-transit the death certificate be axecuted Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of) Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of) Se esn signed by the a 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24a. Was an autopsy performed? been s certificate has b The law 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physicien: 25. Wes case referred to medicel exeminer? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes No 1 Inpatient 2 ER/Outpatient 3 DOA Aftar this funeral 28e. Date of Injury (Month, Day Year) 27. Menner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Certification: 5 Pending 1 ☐ Yes 2 ☐ No death. investigation 2 Accident after deat Director: n 24 hours after des ne Funeral Director pletely filled in by th 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Thomleide Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, end due to the ceuse(s) end menner as stated. edical To the Hosp within 24 hor To the Fune completely fi 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. (Check only one) 29c. License number 29d. Dete signed (Month, Dey, Year) 29b. Signature end title of certifier JUNE 18, 1998 1201009 30. Neme end eddresa of person who completed cause of deeth (Item 23e) (Type, Print) HENRY L. BURKE, 115-A LA GRANGE AVENUE, LA PLATA, MD 20646

State Registrar 31. Dete filed (Month, Day, Year)
JUN 1 9 1998

32. Registrer's Signature

Acute Reveal



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene () Certificate of Death 2. Date of Death 3. Tima of Death 1. Decedant's Nama (First, Middla, Last) June 16, 1998 **Physician** 11:19AM SCHWARTZ WITI.I.TAM \* /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, giva street and number) Examiner Washington Adventist Hospital Takoma Park Montgomery If Undar 1 Yaar | If Undar 24 Hrs. Data of Birth (Month, Day, Year)
June 6, 1922 Birthplace (Stata or Foraign Country)

DC 7. Aga (In yrs. last birthday) **Funeral** XX 2 F Days Hours Min Yrs. 76 Director 579 20 8838 Usual Residence of Decedent with the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "naturel", or items 23s or 28s-1 show the Medical Examiner must be notified at Yes 2□No Directo Rockville MD Montgomery 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? USA 20852 11001 Roundtable Ct death Funeral 12. Was Dacedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 1 No If Yas, Giva Year or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14 Race - American Indian 11 Marital Status Black, Whita, atc. Ammiller Pages 1 and 2 should be filed within 72 hours effer becaming in Heelih and Mental Hygiene.

The state of the stat 1 ☐ Navar Married 2 ☐ Marriad Specify: White Baltimore, Maryland 21215-0020 1 Yas 2X No Specify: þ 3 Widowed 4 ☐ Divorced Completed 15. Dacedant's Education (Specify only highest grade complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elamentery/Secondery (0-12) Collega (1-4or 5+) Retail Liquor Self Employed 18. Mothar's Neme (First, Middla, Maidan Sumama) 17. Fathar's Nama (First, Middla, Last) 8 Fannie Edlowitz Martin Schwartz 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 11001 Roundtable Ct, Rockville, MD 20852 (daughter) Linda S. Rosenthal 20b. Place of Disposition (Nama of cemetary, cramatory or other placa) 20c. Location - City or Town, Stata 20a. Method of Disposition 1 Burial 2 Cramation 3 Kamovai from State King David Memorial Pk 6-18-Falls Church, Va. 4 ☐ Donation 5 ☐ Othar (Specify) Signature of Fundral Servi 22. Nama and Addrass of Facility Danzansky-Goldberg Memorial Chapel, Inc 1170 Rockville Pike, Rockville, MD 20852

uth. Do not antar the mode of dying, such as cardiac or respiratory arrest,

Approximate Approximata Interval Batween Onsat and Death List only one cause on each line. Physician ate Cause (Final /Medical MYOCARDIAL INFARCTION Examiner Dua to (or as a consequanca of) Physician/Medical Examine CORONARY ARTERY
Dua to (or as a consequence of): physician and s the burlantian Sequentially list conditions, if any, laading to Immadiata causa. Entar Underlying Causa (Diseasa or injury that Initieted events rasulting in deeth) Last death certificate be eme P.O. Box 68760. Due to (or as a consaquanca of): 88 USB signed by the a Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown INTRA - ABDOMINAL BLEEDING Records, Š 24b. Wara autopsy findings available prior to 24a. Was an autopsy Completed completion of cause of deeth? certificete hes b irector, page 2 s 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No Division of Vital 25. Was casa rafarrad to medical exeminer? Be 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 1 Yes 2 No Inpatiant 2 ER/Outpatient 3 DOA 2 this 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 27. Mannar of Death 28c. Injury at Work? Certification: or Attending 1 Neturel 5 Pending invastigation efter death. 1 ☐ Yas 2 ☐ No 2 ☐ Accident 6 ☐ Could not be detarmined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) filled in by 4 Homicide Hospital 24 hours 12 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and plece, end due to the cause(s) and manner stated. 29a. Certifier edical (Check only one)

To the Hosp within 24 ho To the Fune completely fi

ID

State Registrar

LARCA MD LOUIS 31. Date filed (Month, Day, Year) JUN 17

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

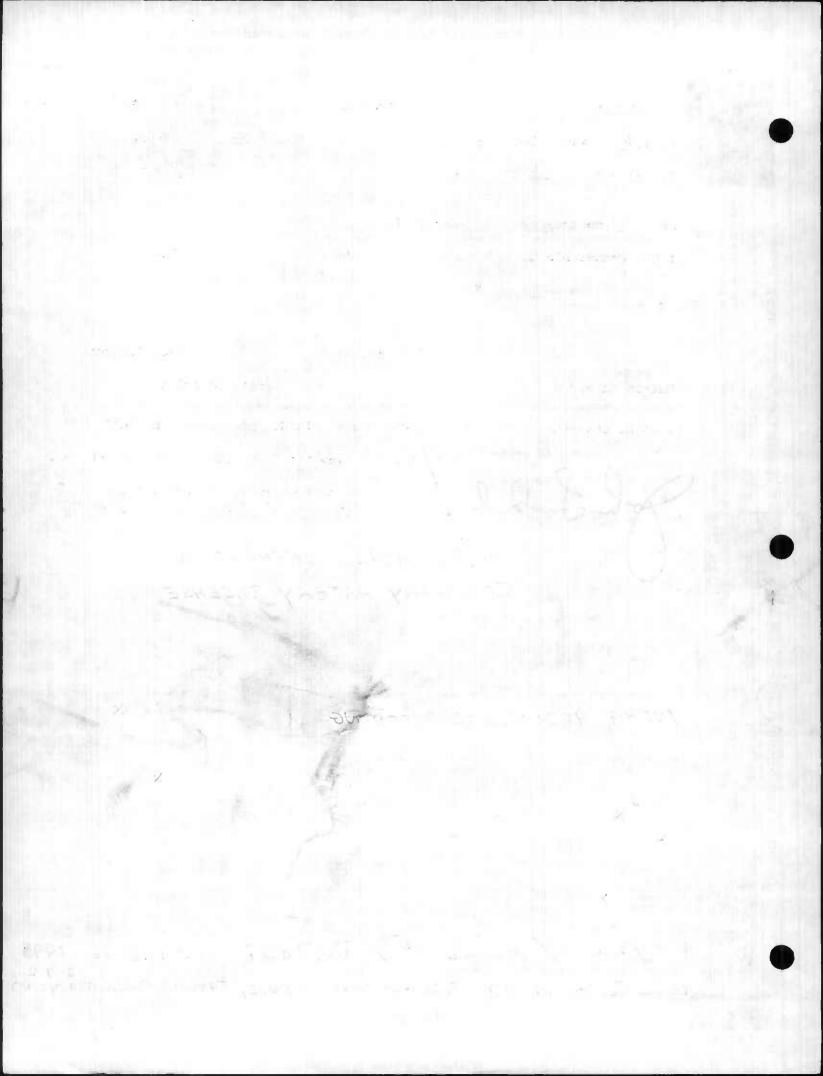
29b. Signatura and Itia of certifie

7600 32. Registrar's Signatura The Davidson-Randall

29c. Licansa number

29d. Data signed (Month, Day, Year)

CARROLL AVENUE, TAKOMA PARK, MARYLAND



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physiclan** Month Dev MIRANDA E. SCOTT JUNE /Medical 7, 1998 4:58pm 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Washington Adventist Hospital Takoma Park Montgomery 8. Dete of Birth (Month, Dey, Ye Oct. 14, If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) 9. Birthplece (State or Foreign Country)
Jamaica, W.I. **Funeral** Months Deys Min. Hours 1 □ M 2√2 F 219-64-1171 84 Vrs Director Usuel Residence of Decedent the Maryland show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show Director DC NA H Yes 2 □ No Washington 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5128 2nd Street, N. W. 20011 United States Funeral death 12. Wes Decedent Ever In U,S. Armed Forces? 11. Maritel Status 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours eftar 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 21215-0020 by 1 ☐ Yes 2 ☐ No Specify. **Black** Specify: 3 Nowed 4 Divorced Completed The Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Hygiena. College (1-4or 5+) 12th Nurse . Pages 1 and 2 should be filed w tment of Haath and Mentel Hygie tant: If item 27 Is marked other ti jury or other traumatic event, In Private Industry Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Aaron Scott Margaret Scott 19e. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Kerklon Brown - Son 1315 Somerset Place, N.W., Washington, DC 20011 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other piece) Date 20c. Location - City or Town, Stete 1 Buriai 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Department o Important: If any Injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) 6/20/98 Adelphi, MD George Washington Cem. 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility R. N. Horton Co. Morticians, Inc. 600Kennedy Street, N.W., Wash., DC 20011 S. M > torton 23a. Pert1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart fellure. List only one ceuse on each line. Approximete Interval Between Onset and Deeth Physician EMDSTAGE REMAL DISEASE /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting In deeth) Last and bunial-tran P.O. Box 68760, physician Physician/Medical the Due to (or as e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? signed by d be detact 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? certificate has 1 Yes 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: Be 25. Wes cese referred to medicel 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 ☐ No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Deeth Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After t 5 Pending investigation 1 Netural death. 1 Yes 2 No 2 Accident within 24 hours after deat To the Funeral Director: completaly filled in by the 6 Could not be determined 3 Suicide 6 Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Medical 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end manner as stated.

2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner stated. (Check only one) 9 29b. Signetute and the of certifier To 29c. License number 29d. Dete signed (Month, Dey, Year) 1 30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) PHYCHAKA HAMEOUGR PARKWAY GREENBELT MARKETED CIDR 7325A

32. Registrer's Signeture
Randall

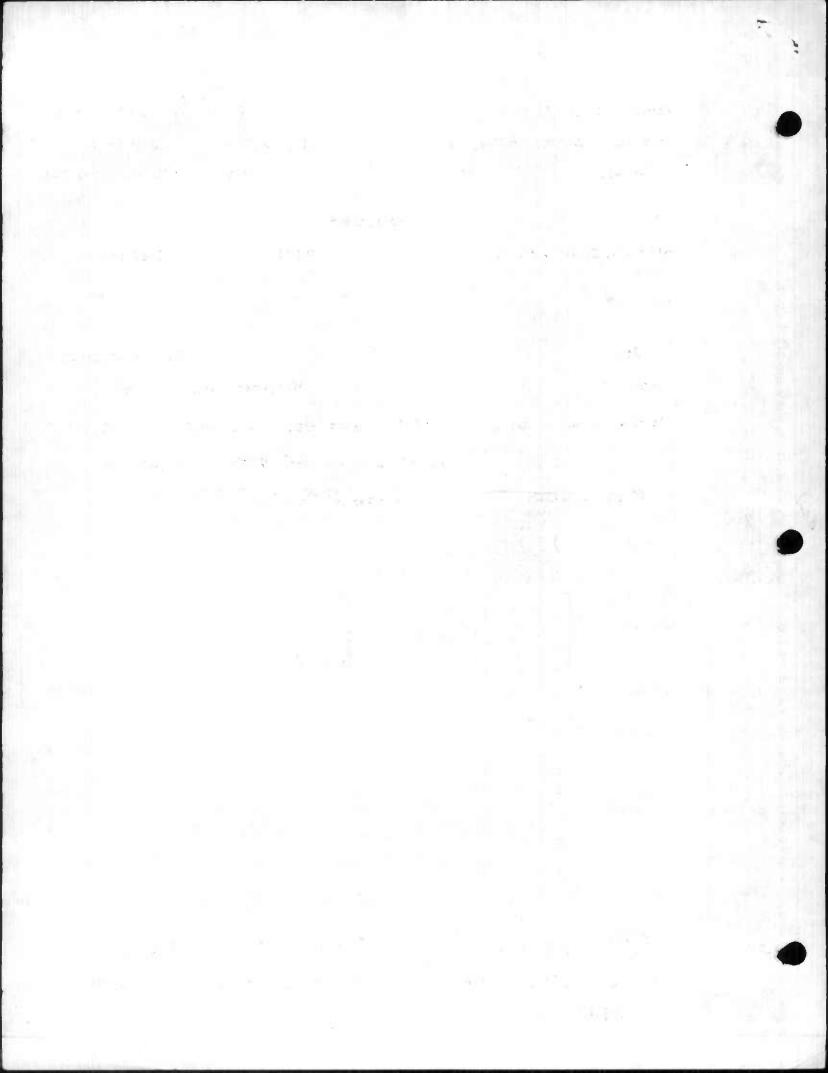
DHMH 16 Rav 6/95

State

Registrar

31. Dete filed (Month, Dey, Year)

19



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 2. Dete of Deeth 3. Time of Death 1. Decedent's Neme (First, Middle, Last) **Physician** Roland J. 1998 7:30 PM Sieling June 16, /Medical 4b. City, Town, or Location of Deeth 4a Facility Neme (If not Institution, give street end number) 4c. County of Deeth Examiner 13808 Vintage Lane Silver Spring Montgomery If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. last birthdey) Birthpleca (Stete or Foreign
Country) **Funeral** Months Deys 1⊠M 2□ F Yrs. 68 1930 Pennsylvania April 11, 577-38-2484 Director Usuet Residence of Decedent with the Maryland r 28a-f show 10s State 10h Counts 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? "neturel", or items 23s or adical Examiner must be 13808 Vintage Lane 20906 USA death Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Race - American Indien. 11. Maritai Status permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene.
Important: If Item 27 is marked other than "naturel", or item eny injury or other traumatic event, the Medical Expressions. Bleck, White, etc. 1 ☐ Never Merried 2 ☑ Married 1 Syes 2 No
If Yes, Give
Yeer or Detes: WWII Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: by White 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) 12 Contractor Masonry 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) Eric Conrad Sieling Barbara C. Lego 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stele, Zip Code) Florence E. Sieling 13808 Vintage Lane, Silver Spring, MD (wife) 20906 20a. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Dete 1 ☐ Buriel 2 XCremetion 3 ☐ Removel from State Metropolitan Crematory 6/18/98 Alexandria, Virginia 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Feclify Francis J. Collins Funeral Home, Inc. 500 University Blvd. West 21. Signature of Funerel Service Licanses Silver Spring, MD 20901 23e. Pert. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical tmmediete Ceuse (Finel diseese or condition resulting in deeth) . LARYNGEAL CARCINOMA Examiner Due to (or es a consequenca of): Examiner The law requires that the death certificate be executed physician and s the burial-transit Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Couse (Diseese or injury that Initiated events resulting In deeth) Lest Due to (or es e consequença of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): signed by the a d be detached f 23b. Did tobacco use contribute to the cause of death? Pert It, Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No þ 24b. Were eutopsy findings evelleble prior to should I 24e. Wes en eutopsy Completed completion of cause of death? certificate has t 1 ☐ Yes 200 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Diractor: After this certifice 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home Residence 6 Other (Specify) 1 Yes 25 No 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA funeral 28d. Describe how injury occurred 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28a. Dete of Injury (Month, Dev Year) Certification: 5 Pending Investigation 1 Naturel 1 Yes 2 No 2 Accident 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 2 filled To the Hospital within 24 hours a To the Funeral Completely filled \*\*Tertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

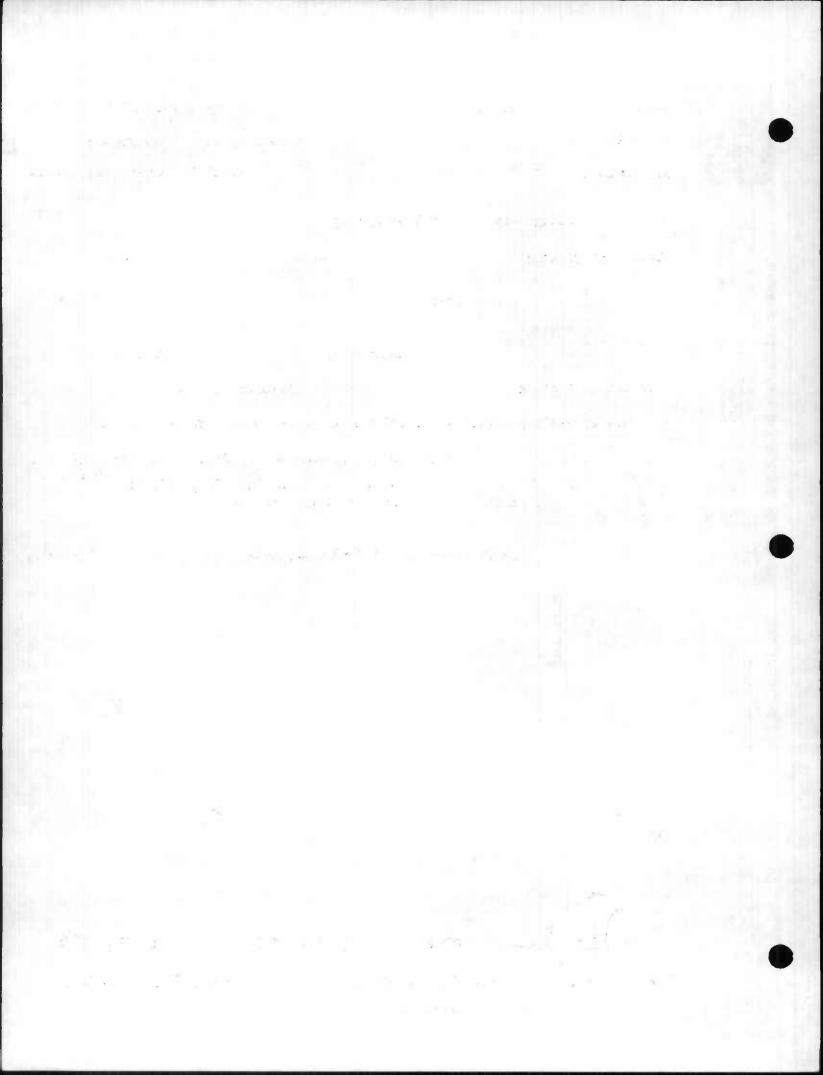
2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29e. Certifier Medical (Check only one) end menner stated. 29d. Dete signed (Month, Day, Year) 29c. License number 29b. Signature and 75635 10+1 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 18111 Prince Phili DR. OLNEY, MO 20832 JOSEPH KAPLAN

Registrar

31. Date filed (Month, Day, Year)

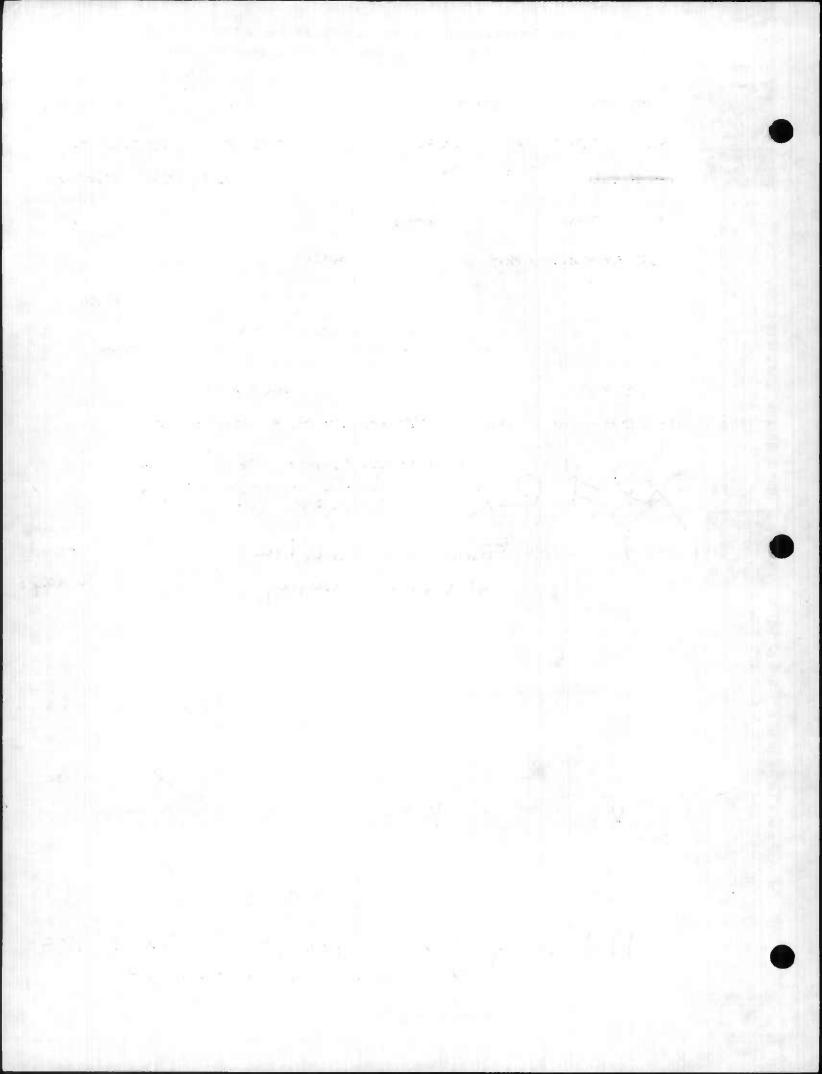
32. Pegistrer's Signeture

Author Randelle



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|  |   | Decedent's Na<br>MILI  |  |   | LFEN   |  |  |  |                                     | Data of Dea<br>Month  | Day<br>12   | Year   | 3. Tima of Deat  |
|--|---|--|--|---|--|--|--|--|-------------------------------------|---|---|--|--|
| edical   | 4   |  | (If not Institution, given   |   |  |  |  | 4b. City, Tow  |                                     | 06<br>on of Death   |   | 1998   | 1:09PM   |
| miner  |   |  |  |   |  | DIEST  |  |  |                                     |   |   |  |  |
| al   |   | SHADY Social Sacurity  | GROVE A  |   |  | PITAL last birthday)   | If Undar 1 Yaa   | ROCK<br>r   if Undar 2   |                                     | Data of Birth   | 1   | TGOM<br>9 Births   |  |
|  |   | 080-18-7   | 571<br>7511  | 1□ M 2x F   | 74   | Yrs.   | Months Days  | Hours  | Min.                                | Month, Day  | (, Year)  |  | place (State or Fore   |
|  | -   | a. State   | 10b. County  |   | 10c. City  | y, Town or Loc   | ation  |  |                                     |   |   | 1  | 0d. Insida City Lin  |
| Funeral Director   |   | NY   | Bronx  |   |  | Bronx  |  |  |                                     |   |   |  | 1 Yas 2  |
|  | 10  | e. Street and N  | lumber   |   |  |  | 10f. Zip Coda  |  |                                     | 1   | 10g. Citizen of   | What Cour  | ntry?  |
| -  |   | 5355 F   | Henry Huds   | on Pkwy   |  |  | 104  | 471  |                                     |   | USA   |  |  |
|  | 11.                                       | . Marital Status   |  | 12. Was Decede  | nt Ever in U,  | ,S. 13. W  | Vas Dacedant of<br>Yas, specify Cu                                       |  | in? (Specify                        | Yas or No-  |   | ce - Amaric  |  |
|  |   |  | Arried A Married   | Armed Force 1 ☐ Yas 2 € If Yas, Giva Year or Date   |  |  | ☐ Yes 2 No   |  |                                     |   | Specia  |  |  |
|  |   | /0-  | 15. Decedant's E   | ducation  |  | 16a. Decede  | ent's Usual Occi   | pation   | of working                          |   | 16b. Kind of E  | Businass/In  | dustry   |
|  | -   |  | ecify only highast graceondary (0-12)  | Collega (1-4c   | or 5+)   | lifa. D  | kind of work done O NOT usa retir  | ed)  | or working                          |   |   |  |  |
|  |   |  |  |   | +  | Teac   | cher   |  |                                     |   | Educ  | ation  | 1  |
|  |   | . Fathar's Name  | a (First, Middla, Last   | 1)  |  |  |  | 18. Mothar   | 's Nama (Fi                         | rst, Middla,  | Meiden Sumai  | me)  |  |
|  |   |  | Koplin   |   |  | 7  |  |  | 11a B                               |   |   |  |  |
|  |   |  | Name/Ralationship  |   |  |  | g Addrass (Stree   |  |                                     |   |   | n, Stata, Zip  | Code)  |
|  | -   |  | ilfen, MD  | (Son)   |  |  | Cranford   |  |                                     | T-  |   | Oh T.  | Chata  |
|  | 20  | a. Method of Di<br>1 D Burial  | isposition<br>2 □ Cremation 3 X  | Kemoval from Sta  | 206/ P   | cematary, crem   | sition (Nama of<br>atory or other pl                                     | ace)   |                                     | ata   | 20c. Location   | - City or To   | own, Stata   |
|  | 1   | 4 Donation   | 5 Other Goed   | b)  |  | edar Pa  | ark Ceme   | etery  | 06-                                 | 15-199  | 98 Par  | amus,  | NJ   |
| 1  | 13  | Signature of I   | Furneral Service Lice  | naue  | /  |  | Name and Add   |  |                                     |   | . 1 01  | 9  |  |
|  |   | XX   | -  | 1   |  |  | Danzansk   | -  | _                                   |   |   | -  | 0050   |
|  | 1   | a. Parti. Ente   | r the disease, or come<br>eart failure. List only  | plications that caus  | the death  | h. Do not ente   | 1170 Roc<br>if the mode of dy  | ing, such as c   | ardiac or re                        | spiratory an  | est,  | MD 2   | Approximata  |
| 1  | 1   | shock, of hi   | eart railure. List only  | one cause on each   | 1  |  |  |  |                                     |   |   | - 1  | Interval Batween<br>Onsat and Death  |
| 1  | Im  | mediate Cause  | e (Final   | (-1>  | / 1  |  |  |  |                                     |   |   |  |  |
| (  |   |  | tion   | 4   | ra bad   | NUM IM   | Sim  | Calis  | 14                                  |   |   | - 1  | Second   |
| ١  |   | sease or condit<br>sulting in death  | tion.  | . 4   | n lund   | OURUM  | Eusn   | Golis  | m                                   |   |   | - 1  | Secon  |
|  |   |  | tion.  | A   | n lm   |  | Essa<br>Jeneo ot):<br>Si   | Go lis   | · Lu                                | 2 T   |   |  | second<br>to day   |
|  | 2   | sulting in distri  | lion<br>I)   | . A   | lolo lo  |  |  | Go lis<br>ugen   | m<br>7                              | 03  |   |  | second<br>10 day   |
|  | Se 20                                     | sulting in distri  | lion<br>I)   | 6 A   | lolo lo  | un (un   |  | Lo lis<br>ugen   | 7                                   | 200   |   |  | second<br>to day   |
| ICAI EXAMINEL  | 00 m 00                                   | equentially list of<br>any, leading to<br>use. Enter Un-<br>tuse (Disease of<br>at initiated ever  | conditions, immediate derlying or injury hts   | a A   | Due to (o  | un (un   | uence of):   | Go lis<br>ugen   | 7                                   | 23  |   |  | second<br>10 day   |
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|  | 2 公元の公共を                                  | suiting in death<br>equentially list a<br>eny, leading to<br>use. Enter to<br>use to the<br>suiting in death   | conditions, immediate derlying or injury hts   | b. A  | Due to (or   | or as a consequence as  | uence of):   |  | m<br>7                              | 23b. Did to   | орассо иза сс   |  | Second<br>to day   |
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| THE RESERVE THE PROPERTY OF TH | Ser GOTHE                                 | equentially list and account of the second o | conditions, immediate derlying or injury nts.  | b. A  | Due to (or   | or as a consequence as  | uence of):   |  | 7                                   |   | res 2⊡ No<br>an autopay   | ontribute to   | o the cause of dea   |
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|  | Se se se se se se se se se se se se se se | was case referenced by the case referenced by | erred to medical  or Pending Investigation  of Certifying Pi  Certifying Pi  Certifying Pi   | b. A  d. Dontributing to death  28a. Date of by (Month.)  28b. Place of building.                                   | Due to (or Due to (or Due to (or not not near near near near near near near near  | Properties of linjury  One, farm, street, wiedge, deeth  | derlying cause g   | 26. Place of ther: 4 Number of Number 2 | of Death (C) sing Home 28d.         | 24a. Was a perfor   | res 2 No an autopsy med?  res 2 No ne) rence 6 Ott ow injury occu ithout and Num n, State)  | 3 Proid 34b Way coo of 1 [ ther (Special med)                                      | the cause of dea   |
|  | Pa 25                                     | was case referenced by the control of the control o | erred to medical  or Pending Investigation  of Certifying Pi  Certifying Pi  Certifying Pi   | b. A  c. d. b. A  contributing to death  contributing to death  28a. Oate of it (Month, in  28e. Place of building. | Due to (or Due to (or Due to (or not not near near near near near near near near  | Properties of linjury  One, farm, street, wiedge, deeth  | derlying cause g   | 26. Place of ther: 4 Number of Number 2 | of Death (C) sing Home 28d.         | 24a. Was a perfor  1 Y  heck only or  5 Resid  Describe h  Location (S  City or Tow  due to the c | res 2 No an autopsy med?  res 2 No ne) rence 6 Ott ow injury occu ithout and Num n, State)  | nerribute to 3 Proi  | the cause of dealers autopsy finding allable prior to impletton of dause death?  Yes No  No  Route Number, stated, o the cause(s)              |
| The state of the s | Service Contract Par 25                   | was case referenced by the control of the control o | erred to medical  investigation  bin  Frequency  and the conditions of the condition | b. A  d. Dontributing to death  28a. Date of by (Month.)  28b. Place of building.                                   | Due to (or  | r as a consequence of a second of the consequence o | derlying cause g  28c. Inj M 10 29c. Licer                               | 26. Place of the state of the s | of Death (O sing Home 28d.          | 24a. Was a perfor  1 Y  heck only or  5 Resid  Describe h  Location (S  City or Tow  due to the c | res 20 No an autopsy med?  res 2 No ane) ance 6 00t ow injury occu broat and Num n, State) causa(s) and m date and place 29d. Data sign | antribute to 3 Proi  | bebly 4 Union  were autopsy finding silable prior to impletion of dause death?  Yes No  No  A Route Number, steted, o the cause(s)  Dey, Year) |
| parcel out discussion to be complianted by his printing  | 9 25 27 29 29                             | was case referenced by the control of the control o | erred to medical  or Descriptions of the property of the prope | b. A  d. d. d. d. d. d. d. d. d. d. d. d. d. d  | Due to (or  | Propertient 25b. Time of Injury ome, farm, streey)   | derlying cause g  28c. Initial Section occurred at the astigation, in my | 26. Place of ther: 4 Number of the control of the c | of Death (O sing Home 28d.          | 24a. Was a perfor  1 Y  heck only or  5 Resid  Describe h  Location (S  City or Tow  due to the c | res 2 No na autopsy mod?  res 2 No ne) ence 6 On ow injury occu broat and Num n, State) causa(s) and m date and place                   | antribute to 3 Proi  | the cause of dealers autopsy finding allable prior to impletton of dause death?  Yes No  No  Route Number, stated, o the cause(s)              |
| market on microsoft to be combined by the boundaries Evaluated   | 9 25 27 29 29                             | was case referenced by the control of the control o | erred to medical  investigation  bin  Frequency  and the conditions of the condition | Hospital: 1 Impa  28a. Date of in (Morith. Impa  28e. Place of building. hysicten: To the besis and menner          | Due to (or  Due to | CR/Outpatient 28b. Time of Injury wiedge, deeth tion and/or invit  | derlying cause g  28c. Inj M 10 29c. Licer                               | 26. Place of ther: 4 Number of the opinion, detained opinion, deet on the opinion, deet of the opinion, deet of the opinion, deet of the opinion, deet opini | of Death (C) sing Home 28d. lo 28f. | 24a. Was a perfor   | es 2 No an autopsy mod?  es No anne) ence 6 Ott ow injury occu invest and Num n, State)  causa(s) and m date and place 29d. Data sign   | ontribute to 3 Prof. Way of 1 Co. Specifier of Fluming and due to ad (Month, 2 C.) | bebly 4 Union  were autopsy finding silable prior to impletion of dause death?  Yes No  No  A Route Number, steted, o the cause(s)  Dey, Year) |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death SILVERSTONE **Physician** Month GERTRUME 7:02 PM JUNE 11 /Medical 4e. Facility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Bethesda Montgomery Suburban Hospital If Under 1 Year If Under 24 Hrs. Hours Min. 5. Sociei Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 1 M 2 F 8. Dete of Birth (Month, Dey, Year) **Funeral** Deys Yrs. Director 579 52 5305 8/27/1905 New York Usuei Residence of Decedeni 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits ral", or items 23a or 28a-f show Exacyler ovant be notified at 1 Yes 2□No Director D.C. Washington 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20012 USA 7738 16th Street NW Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. filed within 72 hours after of Hygiene. Ither then "neturel", or the 1 Never Married 2 Merried 1□ Yes 2No Specify: þ 3 Widowed 4 □ Divorced white Completed The Medical 16a. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) 12 Housewife Own Home permit. Pages 1 and 2 should be filed.
Department of Health and Mental hygi important: If Item 27 is marked other any injury or other traummarked other 17. Fether's Nema (First, Middle, Last) 18. Mothar's Name (First, Middle, Malden Sumeme) Be Bessie Seeberg Julius Green 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrase (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Leslie Silverstone (nephew) 5225 Pooks Hill Rd. Bethesda MD 20b. Piece of Disposition (Name of cametery, cremetory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stete Buriai 2 Cremation 3 Remove from State
4 Donetion 5 Other (Specify) 6/14/98 Adelphi, MD Mt. Lebanon Cemetery <sup>22.</sup> Name end Address of Fecility Danzansky Goldberg Memorial Chapel 21. Signature of Funeral Service 1170 Rockville Pike Rockville, Md. 20852 234. Pert1. Enter the disease, or complications that eaused the deeth. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximete Intervel Between Onsel end Deeth Physician Immediate Cause (Final disease or condition resulting in death) /Medical Pulmonan 6 weeks Examiner Due to (or as e consequ Examiner Stemosis Aorric 1 year Sequentially list conditions, if any, leeding to immediate causa. Enler Underlying Ceuse (Disaase or injury that initieted evants resulting in deeth) Lest Due to (or as a consequence of): physician s the burta The law requires that the death certificate be Physician/Medical Due to (or es e consequence of): esn Pert li. Other significent conditione contributing to deeth but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 No 3 | Probably 4 | Unknown þ 24b. Ware autopsy findings evellebie prior to completion of cause of death? 24e. Wes en autopsy performed? Completed page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: funeral director, Be 25. Was case refarred to medical 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Home 5 Residanca 6 Other (Specify) Certification: To 1 Yes 27 No 1 Impatien1 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Mannar of Death 28c. Injury et Work? 28d. Describe how injury occurred 28a. Dete of Injury (Month, Dey Year) 28b. Time of 5 Pending 1 Neturai n 24 hours after death.

• Funeral Director: After the function of the functin 1 Yes 2 No investigation 2 ☐ Accident 6 ☐ Could not be 3 Suicide Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 - Homicide Hospital 1 Certifying Phyalcian: To the best of my knowledga, daath occurred at tha tima, data and piace, and due to the causa(s) and mannar as steted.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the tima, data and piace, and due to the causa(s) end manner steted. 29a. Cartifian edicai (Check only one) within 2 To the 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifier 29c. License number D37891 JUNE 11 1998 30. Neme and eddrass of person who completed causa of deeth (itam 23e) (Type, Print)

State Registrar

31. Dete filed (Month, Dey, Year)

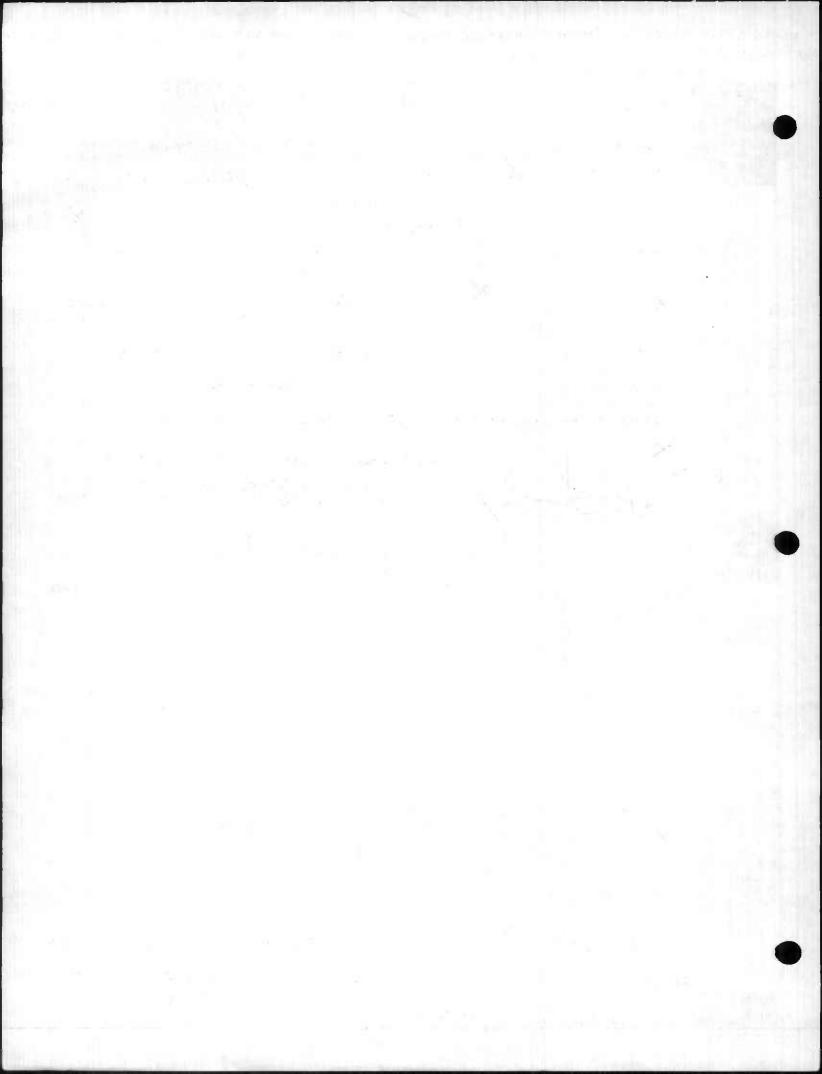
ARAJVANMIW. 121 Congressional 32. Registrer's Signeture Alia Devidson-Randelle Ln # 409 Rockville MD 20852

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

Division of Vital Records.



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** 11, Dorothy A. Smith June 1998 8:40 AM /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner | Silver Spinos | Bith (Month, Dey, Year) | Sept. 10, 210 Hillmoor Drive Montgomery 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Year) 1□M 25 F Months 81 Yrs. 577-01-1842 1916 Washington, DC Director Usuel Rasidence of Decedent the Maryland 10a Stata 10h County 10c. City, Town or Location 10d. Insida City Limits r than "naturel", or items 23s or 28s-f show the Medical Exampler must be notified at 1 Yas 2 No Director Montgomery Silver Spring 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? USA 20901 210 Hillmoor Drive Funeral o filed within 72 hours after death of Hygiene. other than "naturel", or Items 23 Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - Amarican Indian. Black, Whita, etc. 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Specify: þ 3 XWidowed 4 ☐ Divorced White Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada completed) 16h. Kind of Businass/Industry Elamantary/Secondary (0-12) Coliaga (1-4or 5+) Homemaker Own Home permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 Is marked othe any Injury or other traumatic event DRGs. 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meidan Sumema) Mark E. Ferguson Alice LiCarione 19e. Informant's Neme/Reletionship (Type, Print) 19b. Melting Addrass (Street and Number or Rural Routa Number, City or Town, Stete, Zip Coda) (daughter) Route 3, Box 110A-1, Martinsburg, WV 25401 Louise Fitzgerald 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 15 Burial 2 Cramation 3 Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Gate of heaven Cemetery 6/13/98 Silver Spring, MD 22. Nama and Addrass of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd. West 21. Signatura of Funaral Sarvica Licensae Kei, SVila 20901 Silver Spring, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat and Death Physician Immediata Causa (Final disaesa or condition resulting in daath) /Medical Metastatic Adenocarcinoma 9 months **Examiner** Dua to (or as a consequence of) Physician/Medical Examiner Colon Cancer 6 years The law requires that the death certificate be executed ed by the attending physician and detached for use as the bunal-trans Sequantially list conditions, if any, laeding to immadiata ceuse. Enter Underlying Causa (Disaasa or Injury Dua to (or as a consaquance of) thet initiated avants rasulting in death) Last Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contribute to the cause of death? signed by the 1 | Yes 2 | No 3 | Probably 4 | Unknown þ has been signed 2 should to 24b. Wara autopsy findings available prior to completion of ceusa of death? 24a. Was an autopsy Completed page 1 Yas 25 No 1 □ Yas 2 □ No this certificate 25. Was cesa rafarred to medicel Be 26. Piaca of Daath (Check only ona) axaminar? Hospitei: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 ☐ Nursing Homa 5 🕱 Rasidance 6 ☐ Othar (Specify) 1 ☐ Yas 2 ☑ No 2 27. Mannar of Daath 28b. Tima of 28d. Dascribe how injury occurred Certification: After 5 Panding investigation Injury 1 MNatural 1 ☐ Yas 2 ☐ No 2 Accidant

Box 68760 P.O. Division of Vital Records. death.

Bru

or Attending Physician: Director: d in by the filled in by after To the Hospital within 24 hours a To the Funersi I Hospital npletely 1

10

10 Certifying Physician: To the best of my knowledge, death occurred at tha tima, deta and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Cartifian (Check only one) 29c. Licansa number 29d. Data signad (Month, Day, Year) 29b. Signatura and title of certifian D35996 June 12, 1998 male 30 Maria and addrass of person who completed causa of death (Item 23a) (Type, Print)

28f. Location (Street end Number or Rurel Routa Number, City or Town, Stefa)

6 Could not be detarmined

3 Sulcida

4 Homlcide

31. Data filed (Month, Day, Yaar)

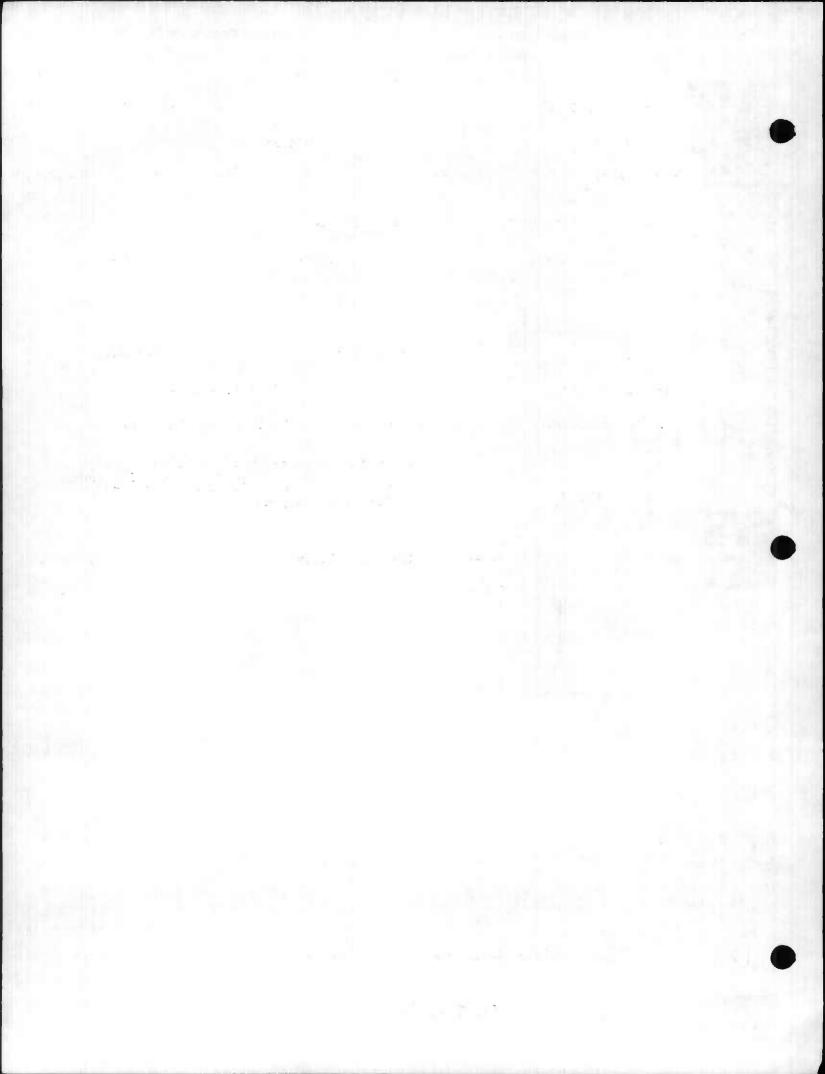
Linda M. Burrell, M.D. 2101 Medical Park Drive #210 Silver Spring, Maryland 20902

State Registrar

edicai

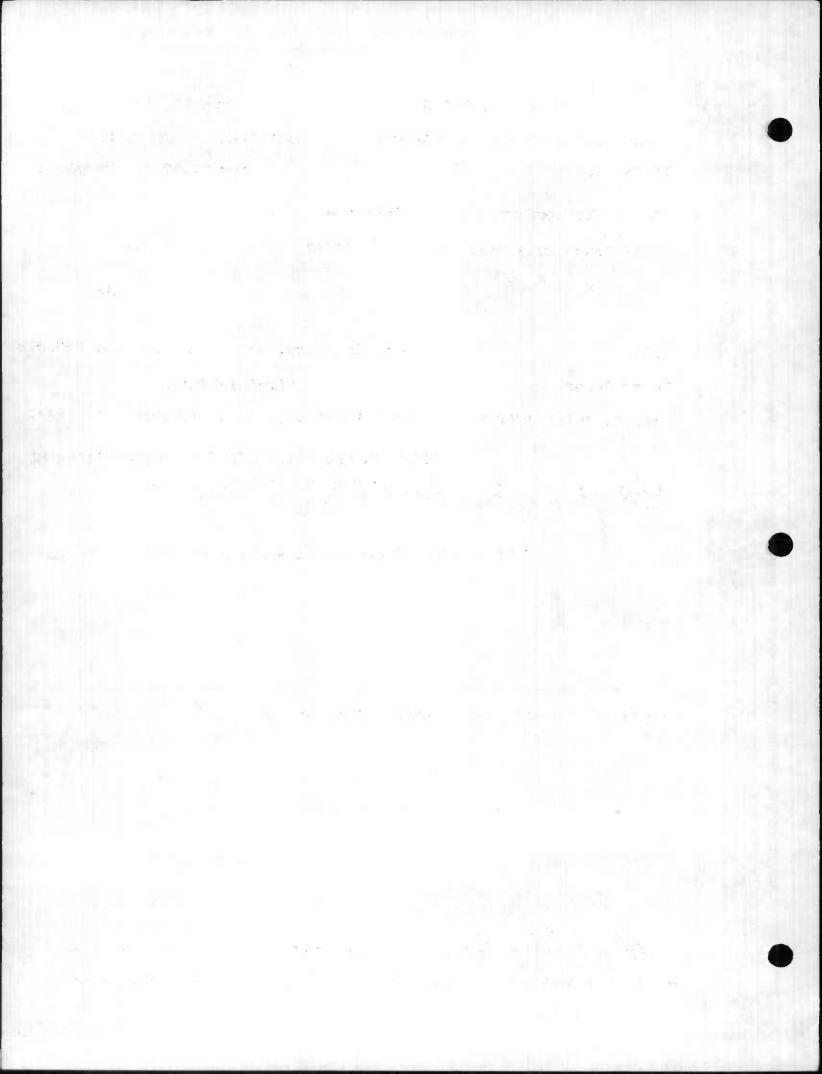
32. Ragistrar's Signatura

28e. Plece of Injury - At home, ferm, street, fectory, office building, atc. (Spacify)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** HARRY R. SMITH June 12, 1998 2:05 A /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MONTGOMERY SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE Hours Min. ADT 27, 1937 If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country)
Maryland **Funeral** MM 2DF Months Days 61 214-34-7003 Director Usual Residence of Decedent tha Maryland 10d. Inside City Limits 10a State 10b. County 10c. City. Town or Location 7 is marked other than "netural", or flems 23a or 28a-f show traumatic event, the Medical Examinar must be notified at Dickerson Yes 2 No MD Montgomery Director 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? with U.S.A. 20842 20025 Peach Tree Road Funeral filed within 72 hours after death 12. Was Decedent Ever in U,S. Armed Forces? 1. 2 Yes 2 No If Yes, Give 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Biack, White, etc. 1 Never Married 20 Married Baltimore, Maryland 21215-0020 Specify: Black 1 ☐ Yes 2 No Specify: If Yes, Give Year or Dates: à 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) permit. Pages 1 and 2 should be filed within 7; Department of Heelib and Mental Hygiena. Important: If Item 27 is marked other than "ne eny injury or other traumatic event, the Medagones. Elementary/Secondary (0-12) College (1-4or 5+) Montg. Co. Schools Building Serv. Mgr. 12th 17 Father's Name (First Middle Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Virginia Smith Henry Jones 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 20025 Peach Tree Rd., Dickerson, MD 20842 Hazel I. Smith (Wife) 20b. Place of Disposition (Name of cametery, crematory or other placa) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 XBurial 2 Cremation 3 Removal from State Elijah Church Cem. 6/18/98 Poolesville, 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility of Funeral Service Licen-SNOWDEN FUNERAL HOME, P.A. 20850 ROCKVILLE, MD e, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical immediate Cause (Final CHRONIC OBSTRUCTIVE PULMONARY DISEASE disease or condition resulting in death) Examiner Due to (or as a consequenca of): Examiner physician and the burief-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): certificate be axecu Physician/Medical Due to (or as a consequenca of): 5 ed by tha e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? P.O. signed by t 1 Yee 2 No 3 Probably 4 Unknown STOMACH METAS MISES TO LUNG WITH þ Records, 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peed 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital funeral director Be 25. Was case referred to medical 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No P 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Aftar Injury 1 Natural 5 Pending 1 TYes 2 □ No death. 2 Accident investigation after death Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide Hospital 24 hours 29a. Certifier 1 🗗 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. To the I 29d. Date signed (Month, Day, Year) 29c. License number June 12, 1998 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ROCKULLE MD ALAN S- CHANACES 15225 SHADY GROVE RD 32. Registrar's Signature Pandelle 31. Date filed (Month, Day, Year) State 1 8 1998 Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend #16b, 6/15/98, BMW, Montg. Co. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** 0440 STASS JUNE MORRIS /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4a Facility Neme (If not institution, give street end number) **Examiner** BALTTMORE BALTIMORE MARYLAND MEDICAL SYSTEM UNIVERSITY OF 7. Age (In yrs. lest birthdey) If Under 1 Year | Months Deys If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 01.03.1920 Birthplece (State or Foreign Country) 5. Sociel Security Number 6 Sex **Funeral №** M 2□ F Hours Yrs. 130.07.0250 POLAND Director 78 Usuel Residence of Decedent with the Maryland 10e State 10b County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or flems 23s or 28s-f show traumatic event, ins Medical Examinar must be notified at 1 Yes 2 No Director **NEVADA** CLARK LASVEGAS 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 9871 KING BIRD COURT 89117 USA deeth Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ ☐No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien. 11. Meritel Stetus Bleck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or her any Injury or other traumation. 1 Never Married 2 M Merried 1 Yes 2 No Specify: Baltimore, Maryland 21215-0020 Specify: by 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) MANUFACTURER Elementery/Secondery (0-12) College (1-4or 5+) OWNER WINDOW MANUFACURER 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) UNKNOWN STASZEWSKI UNKNOWN 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 9871 KING BIRD CT, LAS VEGAS, NEVADA 89117 IDA STASS/WIFE 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 MCremetion 3 ☐ Removel from Stete MOUNT COMFORT CREMATORY 6/11/98 ALEXANDRIA, VIRGINIA 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility EDWARD SAGEL FUNERAL DIRECTION, INC. 21. Signature of Funeral Service Lic 1091 ROCKVILLE PIKE, ROCKVILLE, MARYLAND 20852 23a. Part 1 Confer the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) MESOTHELIOMA 16 months Examiner Due to (or es a consequence of): Examiner death certificete be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): and the buriel-tran Box 68760 physician Physician/Medicai Due to (or es e consequenca of) 80 980 20 signed by the a Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? o 1 Yee 2 No 3 Probably 4 ☑ Unknown Records, þ 24b. Were autopsy findings eveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed has page 2 1 ☐ Yes 2 No 1 □Yes 2 □ No cartificata Division of Vital Hospital or Attanding Physician: 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 EInpatient 2 □ ER/Outpetient 3 □ DOA this funeral 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 27. Menner of Deeth 28b. Time of 26d. Describe how Injury occurred Certification: After 5 Pending 1 Neturel 1 ☐ Yes 2 ☐ No death. investigation 2 Accident after death Director: 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours a 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edicai 29e. Certifier (Check only one) To the Vithin 2 29b. Signeture end title of cartifier 29d. Date signed (Month, Day, Year) 29c. License number Show h Mit up Resident JUNE 10, 1998 AU4176435M9298 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 22 South Greene Street BALTIMORE MARYLAND 21201

State Registrar Andrew Morton

JUN 1 5 1998

31. Dete filed (Month, Dey, Year)

32 Registrere Signature Randall

THE SHARE STATE OF SELECTION AND ASSESSED. Brought of the say the special in the re-Triple . north

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Harry Seltzer Certificate of Death Reg. No. 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3. Time of the Month Day 77 Years **Physician** 6 0 2.60 Harry Setter /Medical 4a Fecility Name of not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner I wiv. of MD Medical System Baltimore City Baltimore, MD Hours Min. 8. Date of Birth Month, Day, Year, 1920 7. Age (In yrs. last birthday) If Under 1 Year 5. Sociel Security Number 6. Sex 9. Birthplace (Stete or Foreign **Funeral** 1√2 M 2□ F Months Davs Maryland 78 217-10-6020 Yrs Director Usual Residence of Deceden permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylen Department of Health and Mentel Hygiene.
Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any liqury or other traumatic event, the Wedical Examinet must be notified at once. 10e State 10c. City. Town or Location 10d. Inalde City Limits 10b. County 1 ☐ Yes 2 No Maryland Directo Washington Hagerstown 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 10900 Clinton Avenue 21740 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1⊕ Yes 2□ No If Yes, Give Year or Dates: 14. Race - American Indian, Bleck, White, etc. 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Meritel Status 1 □ Never Married 2 □ Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15 Decedent's Education (Specify only highest grede completed) Eiementary/Secondary (0-12) College (1-4or 5+) Optometrist 6 Doctor 18 Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) Lillian Marie Ellsworth Benjamin Seltzer 19b. Mailing Addresa (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 10824 Clinton Avenue Hagerstown, Maryland Bonnie M. Parks 20b. Place of Disposition (Name of cemetery, cremetery or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 Burial 2 □ Cremation 3 □ Removal from State Greenlawn Memorial Park 6/24/98 Williamsport, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Gerald N. Minnich 21. Signature of Funeral Service Licensee 305 N. Potomac Street Hagerstown, Maryland 21740 Funeral Home 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Ranal failure Examiner Due to (or aa a consequence of): Physician/Medical Examiner epatic failure Sequentielly list conditiona, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760 Due to (or as a consequence of). use u 23b. Did tobacco uas contribute to the cause of death? Part It, Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 Unknown COPD à 24b. Were autopay findings eveileble prior to 24a. Waa an autopsy performed? Completed completion of cause of death? pege 2 s certificate hes 2 No 1 ☐ Yea 2 ☐ No or Attending Physician: 25. Was case referred to medicet examiner? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 □ ER/Outpetient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes 2 No Certification: To After this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 1 Matural 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 TYea 2 □ No 2 Accident elter death Director: 28f. Location (Street end Number or Rurel Route Number, City or Town, Stele) 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours Hospital 29a. Certifier Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. edical completely 2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) within 2 To the the 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certifier

State

William M. Caldwell, Jr. 12 Poutney St.

31. Date filed (Month, Dey, Year)

32. Registrar's Signature

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Registrar

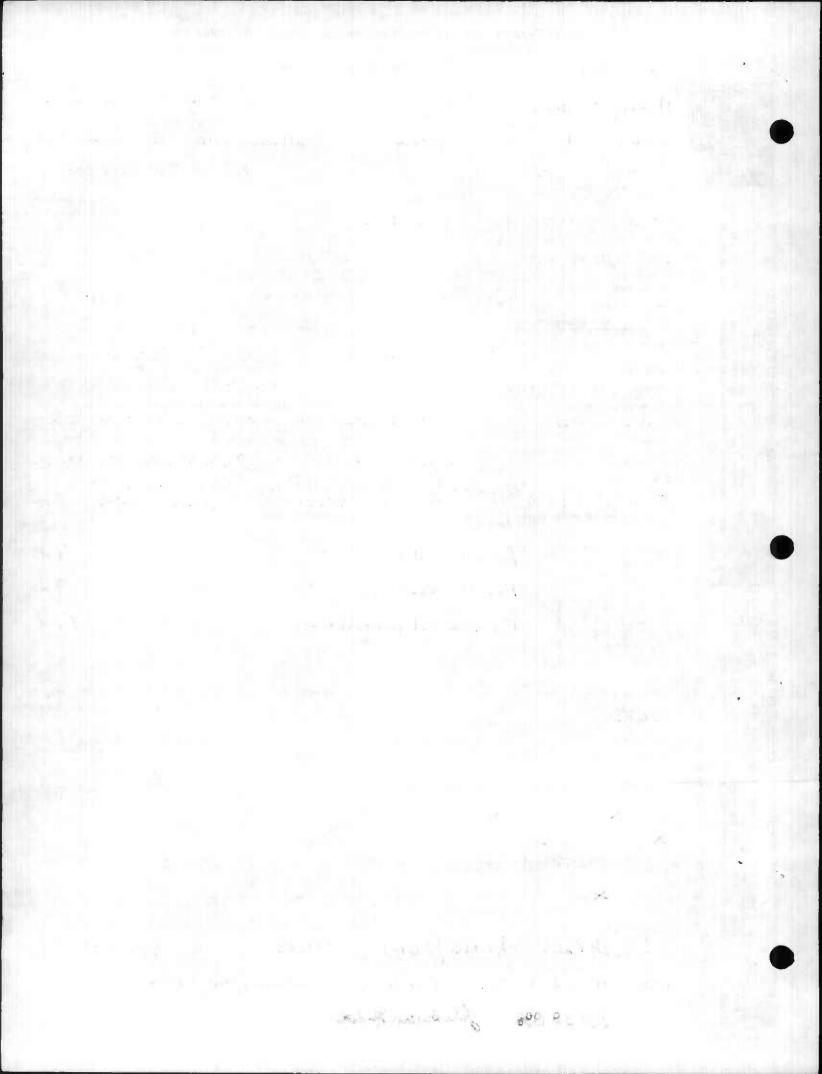
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Baltimore, MD 21230

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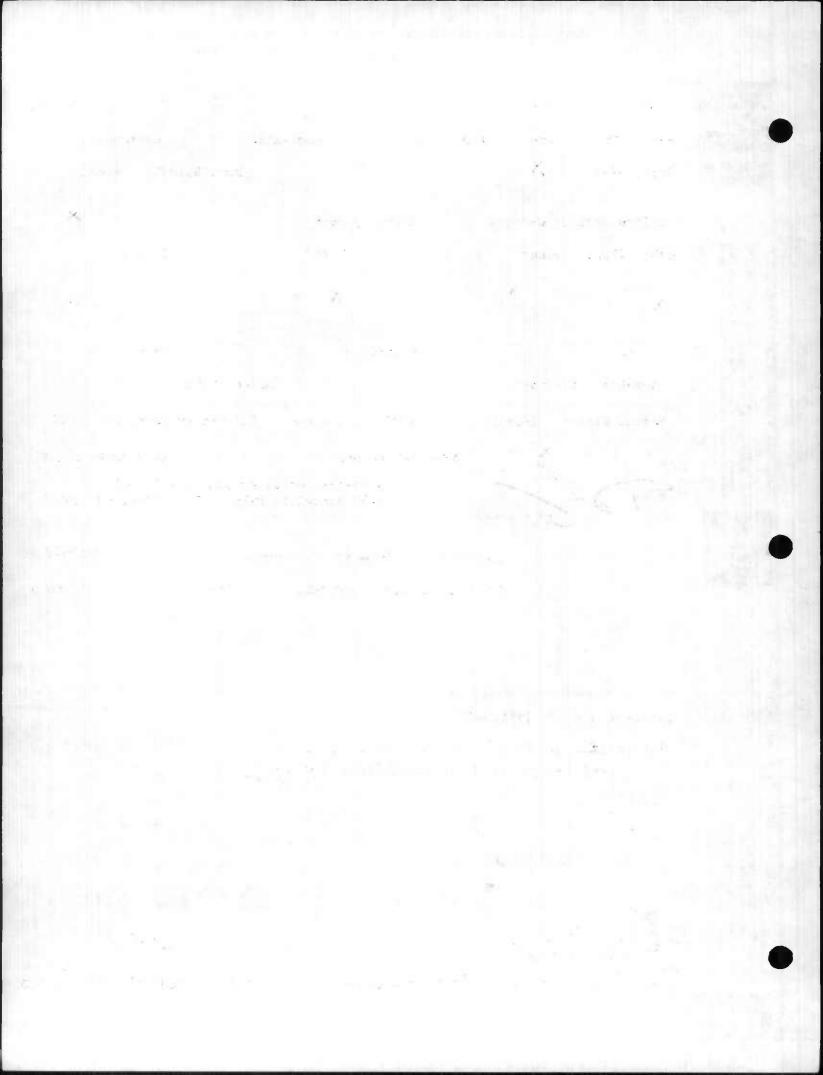


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene) Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** MORRIS SPERNBERG 10 Am 15 /Medical 4b. City, Town, or Location of Deeth 4a Fecility Name (If not Institution, give street end number) 4c. County of Death Examiner Hebrew Home of Greater Washington Rockville Montgomery If Under 24 Hrs. 5 Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Yeer) Mar. 26, 1906 Birthplace (State or Foreign Country) 6. Sex 1 M 2 ☐ F **Funeral** Days Months Hours 081-07-7928 92 Yrs. Romania Director Usual Residenca of Decedent the Manyland 10b. County 10c. City, Town or Location 10d. Inside City Limits ral', or items 23a or 28a-f show Examiner must be notified at 15€Yes 2 No Directo Maryland Prince Georges University Park 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6508 41st. 20782 U.S.A. Avenue filed within 72 hours after death v Hygiene. ther than "natural", or items 23 Funeral 12. Was Decedent Ever in U,S.
Armed Forces?

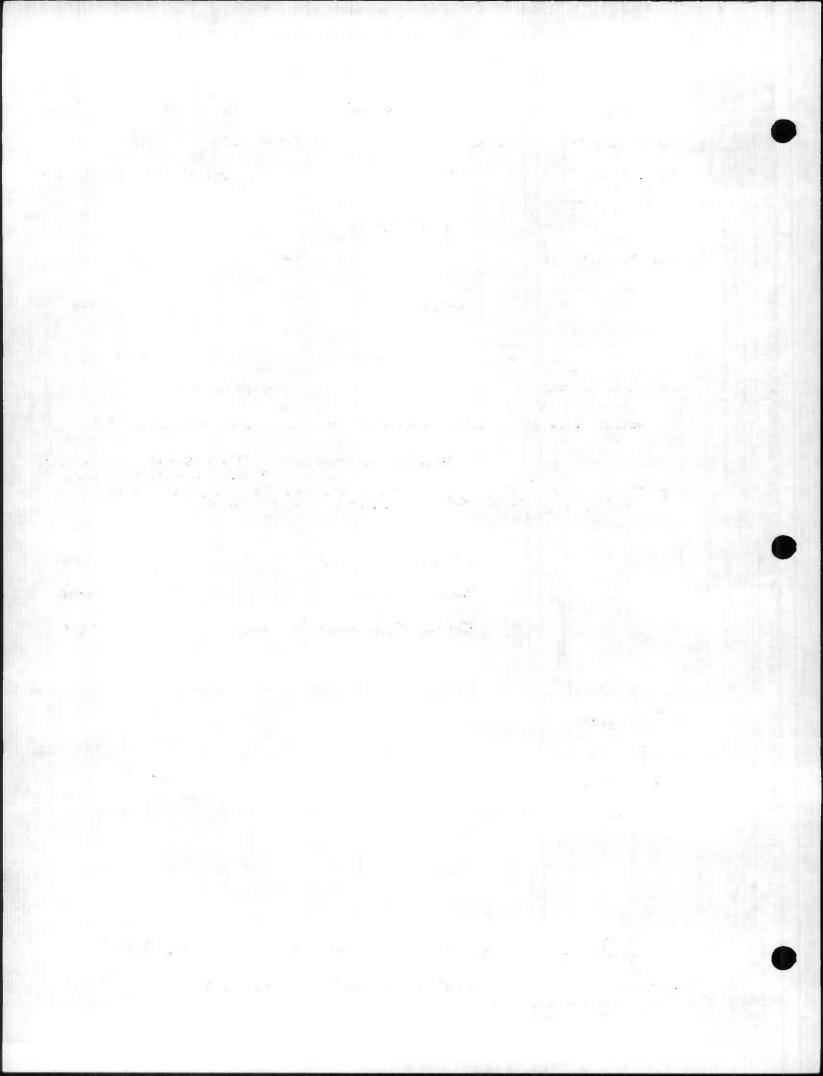
1 Yes 2 No
If Yes, Give
Yeer or Detes: WW II Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian 11. Marital Status Black, White, etc. 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 KNo Specify: þ White 3 Widowed 4 □ Divorced Completed the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working iife. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Proprietor Barber Shop other 18 Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) Pages 1 and 2 should be fill then of Health and Mental H tant: If item 27 is marked out Abraham Sternberg Ma lca Cohen 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6508 41st Avenue Malca Giblin (Daughter) University Park, MD 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition permit. Pages Department of Important: If its any injury or o 1 Burial 2 Cremation 3 Removel from State Menorah Gardens West Palm Beach, FL 6/18/98 4 ☐ Donetion 5 ☐ Other (Specific 22 Name end Address of Facility
Danzansky Goldberg Memorial Chapel as of Funeral Serv 1170 Rockville Pike Rockville, MD 20852 23a. Part1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. Approximete Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medicai CONGESTIVE HEART FAILURE Examiner Due to (or as a consequenca of): Examine YEAR. ANTEROJCIERONE ITEART DISEASE Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that inhated events resulting in death) Last Due to (or as a consequence of): Box 68760. physician certificate be Physician/Medical Due to (or as a consequenca of): 8 P.O. 23b. Did tobacco usa contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yee 2 No 3 Probably 4 Unknown 8 CHRONIC RENAL FAILURE Division of Vital Records, à 24b. Were autopsy findings available prior to Completed 24e. Was an autopsy performed? ATHEROSCREROTIC CERUBROVASLULAR DISEASE WITH completion of cause of deeth? Left hamiplegia post Right-Cerebrovascular accident 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 2 1 Yes 2 No おは 27. Manner of Death 28d. Describe how injury occurred 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? Certification: or Attending 1 Netural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide il de ä Funeral 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end plece, and due to the cause(s) and manner as stated. edical 2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 3 within 2 å 29d. Dete signed (Month, Dey, Year) 29c. License number 2 6/15/98 022780 person who completed cause of death (Item 23e) (Type, Print) 4500 Greenway Ct Dr., Greenway Ct Croenway (to Greenbelt Ald

32. Flegistrar's Signature
Julia Davidson Randalle

State Registrar



|         | 1. Decedant's Name   | a (First, Middla,  | Last)               |   |                             |  |   | 2. Data of De<br>Month               |                        | Yaar 3                                   | . Tima of Death                              |
|---------|--|--------------------|---------------------|---|-----------------------------|--|---|--------------------------------------|------------------------|--|--|
| n<br>al | Donal  |                    |                     |   | St                          | ilwell   |   | June                                 |                        | 1998                                     | 7:33p  |
| r       | 4a Facility Name (I  |                    | The Contract of     | Carrier and   |                             |  | 4b. City, Town, or                                    |                                      |                        |  |  |
| ļ       | THE JOHNS  5. Social Security N  |                    | NS HOSPI            |   | . last birthday)            | If Undar 1 Yaar                                    | BALTIMORE   |                                      | N/                     |  | /State or Foreign                            |
|         | 487-36-9   | 833                | 1⊠ M 2□ F           | 62  |                             | Months Days  |   |                                      | 1. 1936                | Calif                                    | (State or Foreig                             |
| ŀ       | 10a. Stata   | 10b. County        |                     | 10c. Ci   | ity, Town or Loca           | ation  |   |                                      |                        | 10d.                                     | Insida City Limits                           |
|         | MD   | Montg              | omerv               | Si  | ilver Sp                    | ring   |   |                                      |                        |  | 1 Yas 2□No                                   |
|         | 10e. Street and Nur  | mber               | -                   |   |                             | 10f. Zip Code                                      |   |                                      | 10g. Citizen of W      | /hat Country?                            |  |
|         | 1341 Cro   | ckett L            |                     |   |                             |  | 20904   |                                      | US                     |  |  |
|         | <ul><li>11. Marital Status</li><li>1 Never Marri</li><li>3 Widowed</li></ul>   |                    | Armed F             | edant Ever in U<br>orces?<br>2 No<br>iva<br>Datas: 1959 | 15                          | as Decedant of<br>res, specify Cul<br>☐ Yas 2 ☑ No | Hispanic Origin? (S<br>ban, Maxican, Puar<br>Specify: | Specify Yas or No<br>to Ricen, atc.) | Specify:               | a - Amaricen I<br>k, White, atc.<br>Wh1: |  |
|         | 40   | 15. Decedant's     | Education           |   | 16a Decede                  | nt's Usuai Occu                                    | pation  | dian                                 | 16b. Kind of Bu        |  |  |
| -       | (Specification (Speci |                    | grada complated,    | 1-4or 5+)   | - (Giva ki                  | nd of work done  NOT usa retire                    | during most of wo<br>ed)                              | rking                                |                        |  |  |
|         |  |                    | 5+                  |   | E                           | ngineer  | 1   |                                      |                        | SA                                       |  |
|         | 17. Fathar's Nama  |                    |                     |   |                             |  |   |                                      | , Maiden Surnam        | a)                                       |  |
|         | Leland E   |                    |                     |   | 464                         | A 110  |   | eth Hall                             |                        | C1-1- 7- 7                               | 4-1  |
|         | Jacqueli   |                    |                     | (++++-)   |                             |  | t and Number or R                                     |                                      |                        |  |  |
|         | 20a. Mathod of Disp  |                    | WETT                | (wife)  | Place of Disposi            | tion (Nama of                                      | Lane, S:  | Data Data                            | 20c. Location -        |  | •  |
|         | 1 🗆 Burial 2   |                    | Ramovai from        | Stata   | cemetery, crama<br>tropolit |  |   |                                      | Alexandr               |  |  |
|         | 21. Signatura of Fu  |                    |                     | THE   |                             |  | ass of Facility F                                     | rancis J                             | . Collin               | s Fune                                   | ral  |
|         | 10   | 20.2 /             | 1 1                 |   | Но                          | me, Inc  | . 500 Un:   | iversity                             |                        |  |  |
| ł       | 23a. Part1. Entar th   | na di wasa, or c   | omplications that   | caused the dea  |                             |  | ring, MD  | 20901                                | arrest.                | , An                                     | oroxi <i>m</i> ata                           |
| l       | 23a. Part1. Enter the shock, or head   | rt tain ra. List o | nly ona causa on    | aach line.  |                             |  |   |                                      |                        | Int                                      | proximata<br>arval Batween<br>asat and Death |
| l       | Immadiata Causa (<br>disease or conditio   |                    |                     | Dyl   |                             |  |   |                                      |                        | 7  | done   |
|         | rasulting in daath)  |                    | a                   |   | or as a conseque            |  | 36  |                                      |                        |  | aakr   |
|         |  |                    | - 5                 | Thron   | bocytop                     | rnia   |   |                                      |                        | (0                                       | dan  |
| l       | Sequentially list con  | nditions,          | 0.                  |   | or as a conseque            |  |   |                                      |                        |  | 7  |
|         | Sequantially list coif any, laading to imcause. Enter Unda Causa (Disaasa or that initiated events   | rlying<br>Injury   | C                   | Chro  | ric Mye                     | lo-mono  | cutic La  | Kemia                                |                        | - 1                                      | Acat   |
|         | that initiated events<br>resulting in death) l   | ast                |                     | Dua to (  | or as a conseque            | anca of):  | 3   |                                      |                        |  | 7  |
|         |  |                    | d                   |   |                             |  |   |                                      |                        |  |  |
| -       | Dort II. Other elmoif  | loant condition    | e contribution to   | looth but not re-                                       | suiting to the und          | ladvina cousa a                                    | iven le Bert I  | 225 Did                              | tobacco use cor        | tribute to the                           | a cause of death                             |
|         | Part II. Other signif  |                    | ■ contributing to c | oath but not fat  | summy in the uno            | milynig cause g                                    | ivan ni Fall I.                                       |                                      | Yes 2 No               |  | e cause of death                             |
|         | @ Renal F  | railure            |                     |   |                             |  |   |                                      |                        |  |  |
|         | 60 H . I.  | failure            |                     |   |                             |  |   | 24a. Was                             | s an autopsy<br>ormed? | availal                                  | autopsy findings<br>bla prior to             |
|         | 2) Hepatic   | tailvre            |                     |   |                             |  |   |                                      |                        | compl<br>of dea                          | ation of causa<br>th?                        |
|         | (3) Atrial   | flutter.           |                     |   |                             |  |   | 10                                   | Yes 200 No             | 1 🗆 Y                                    | es 2 No                                      |
|         | 25. Was casa refar   | red to medical     |                     |   |                             |  |   | ath (Check only                      | ona)                   |  |  |
|         | 1 ☐ Yas 2 ☑  |                    |                     |   | ER/Outpatient               | 3LI DOA  |   | T                                    | idenca 6 □Oth          |  |  |
|         | <ol> <li>Manner of Death</li> <li>Matural</li> </ol>   | 5 Panding          |                     | of Injury<br>oth, Day Year)                             | 28b. Tima of<br>Injury      | 28c. Inju  |   | 28d. Dascribe                        | how injury occurr      | ed                                       |  |
|         | 2 ☐ Accidant<br>3 ☐ Suicida  | invastiga          | t be gen Blee       | a of Injury. At h                                       | anna farm atma              |  | Yes 2 No  | 28f Location                         | (Street and Numb       | er or Rural Ro                           | outa Number                                  |
|         | 4 Homicida   | datamin            |                     | ling, atc. (Speci                                       | noma, farm, strea<br>ify)   | it, ractory, office                                | ,   | City or To                           | wn, Stata)             | or or morar ric                          | odia ridilibor,                              |
|         | 29a. Cartifiar<br>(Check only  |                    | xaminar: On tha b   |   |                             |  | tima, data and plac<br>opinion, daath occ             |                                      |                        |  |  |
| -       | one)   |                    |                     |   |                             | 29c. Licar   | nsa number  |                                      | 29d. Date signed       | d (Month, Day                            | v, Year)                                     |
|         | one) 29b. Signatura and  | titla of certifiar |                     |   |                             |  |   |                                      |                        |  |  |
|         |  | titla of certifiar |                     | Resident  |                             | RE   | 000-2   |                                      | June 15,               | 8991                                     |  |
|         |  | Sur                | ho completed cau    | Resident<br>se of death (ita                            | m 23a) (Type, Pi            |  | 000-25  |                                      | Ine 15,                | 8 PP                                     |  |



9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892

**DHMH 16 Rev 6/95** 

State

Registrar

HENRY MASUR

**JUN 17** 

1998

32. Registrar's Signatura

I ha Davidson Randall

31. Deta filad (Month, Day, Year)

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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No.

|            |  |                | Sta   | te of Maryland / D  | Certificate of  |  | Reg. No   | 10 C   | 1238   |
|------------|--|----------------|---|---|---|--|---|--|--|
|            | Physic<br>/Medi  |                | 1. Decedent's Nama (First, Middle, Last)  | lia Smit  | 4   | _  | Dete of Death Month Determine 14                |  | 3. Time of Death 3:20 A44                        |
|            | Exami  |                | 4e. Fecility Nama (If not institution, give street e  | nd number)  |   | 4b. City, Town, or Locat   | tion of Death 40                                | . County of Death                                  |  |
|            |  |                | St. Catherines Nu   | rsing Center  |   | Emmitsburg   |   | Frederic   | ck   |
|            | Funeral<br>Director  |                | 5. Social Security Number 6. Sex 1 M 20   | 7. Aga (In yrs. last birth  | mday) If Under 1 Yeer Months Days   | Hours Min.   | Data of Birth<br>(Month, Day, Year<br>Aug. 17,1 |  | olece (Steta or Foreign<br>orly)<br>aryland      |
|            | <b>D</b> .   |                | Usuel Rasidance ot Dacadant   |   |   |  |   | 720 1 110  | il y land  |
|            | anylar   |                | 10a. Stata 10b. County  | 10c. City, Town   |   |  |   | 1  | Od. fnsida City Limits                           |
|            | the Mary   | cto            | MD Frederick  | Emm '   | itsburg   |  |   |  | 1  Yas 2 No                                      |
|            | death with the Maryland<br>ms 23a or 28a-f show  | al Director    | 10e. Street end Number<br>415 Lincoln Ave   | •   | 10f. Zip Code   | 21727  | 10g. Ci   | tizan of What Cour<br>USA                          | itry?  |
| 020        | or its   | by Funeral     | 1 Nevar Merried 2 Married 1 H   | s Decedent Evar in U,S.<br>ned Forcas?<br>Yes 2 17 No<br>as, Giva<br>Ir or Dates: | 13. Wes Decedent of H<br>It Yes, specify Cub                                | fispanic Origin? (Specify<br>en, Maxican, Puerto Ric<br>Specify: | y Yes or No-<br>an, etc.)                       | 14. Race - Americ<br>Black, Whita,<br>Specify: Bla | atc.   |
| 21215-0020 | 72 hours<br>natural,   |                | 15. Decedant's Education<br>(Specify only highest grade comp  | 16a, C  | Decedant's Usual Occup<br>Giva kind of work dona<br>lifa. DO NOT usa retire | eation<br>during most of working                                 | 16b. F  | Kind of Business/Inc                               |  |
| 121        | ÷ ~ #  | Be Completed   | Elementery/Secondary (0-12) Coi   | lega (1-4or 5+)   |   |  |   | 0 11   |  |
|            | e filed with<br>il Hygiene.<br>other than  | Ö              | 17. Father's Nema (First, Middla, Last)   |   | Homemaker   | 18. Mother's Name (F   |   | Own_Home_<br>n Sumeme)                             |  |
| Maryland   | should be<br>nd Mental<br>marked o   | ToB            | John Eugene   | Chase   |   | Alic   | ce Ceceli                                       | a Murdock  |  |
| any        | 2 should<br>and Men<br>is marke  |                | 19a. Informant's Name/Ralationship (Type, Prin  |   | Mailing Addrass (Street   |  |   |  |  |
|            | 1 and 2<br>Health<br>em 27 i   |                | Debbie N. Smith/  | Daughter 41   | l5 Lincoln  | Ave., Emmit  | sburg, M  | D 21727  |  |
| Baltimore, | 5 6 50   |                | 20a. Mathod of Disposition  1/□  1/□  1/□  1/□  1/□  1/□  1/□  1/   | from Stata cematery   | Disposition (Nama of<br>cremetory or other ple                              | ce)  | Data 20c. L                                     | ocation - City or To                               | wn, Stete  |
| E H        | t. Partmentant:  |                | 1 Burial 2 □ Cramation 3 □ Remove 4 □ Donation 5 □ Other (Specify)  | Emmits  | sburg Memor   |  | 5/17 Emr  | mitsburg,  | MD   |
| Bal        | Departiment in post in |                | 21. Signature of Funeral Service Licenses   | M00534  | 22. Nama and Addra  | CLil   | les Funer                                       | al Home  | 7  |
|            |  |                | 23a. Part1. Enter the disease, or complications mock, or heart fallure. List only one ceus  | thet caused tha death. Do no  | ot enter the mode of dyli   | ng, such as cardiac or re  | aspiratory arrest,                              | MD 21/2  | Approximate interval Between                     |
|            | Physician<br>/Medical<br>Examiner  |                | immedieta Causa (Final disaasa or condition rasulting in death) e.  | tage I  | II M  | ultipe   | 1EM   | ye (or   | 15418  |
|            |  | ner            |   | oue to (or as a co  | onsequence of:  | a  | /   |  |  |
|            | cate be executed<br>physician and<br>s the burial-transit  | Examiner       | Sequentially list conditions,   | Due to (or as a   | pnsequence of):   |  |   |  |  |
| 60,        | be exe   |                | Sequentially list conditions, if any, leading to Immadiata cause. Enter Undarlying Cause (Disease or injury that initiated avants | 2   | Tha   | ctable   | L Dai   | 21   |  |
| 68760,     | ficate be execu<br>physician and<br>as the burial-tra  | edical         | that initiated avants<br>resulting in death) Last   | Due to (or as a bo  | nsequence of:   | do   | 0   |  |  |
| Box        | death certifi<br>e attending<br>od for use as  | In Mil         | d   |   |   |  |   |  |  |
|            | death  | sicia          | Part If. Other significant conditions contributing  | to death but not resulting in   | tha underlying cause give   | ven in Part f.   | 23b. Did tobacc                                 | o use contribute to                                | the cause of death?                              |
| P.0        | res that the de<br>signed by the a   | Physician/M    | Sudnes.   | 11 B.St.  | 14  | - OX-1914  | 1□ Yes :  | 20 No 3□ Prof                                      | bebly 4□Unknown                                  |
| ds,        | requires the   | d by           | Hiteltons .   | 271   | 2   | Dekend   | The same  | 24b W  | ara autopsy tindings                             |
| Records,   | 2 s S  | Completed      | Carollary a   | lingde  | 2008  | 2  | 24e. Was an auto<br>parformed?                  | av   | ailable prior to<br>impletion of cause<br>death? |
| al B       | The ate h  |                | (attouset   | Diobet  | 58 74/  | ref  |   | 200 1E   | □Yas 2□ No                                       |
| Vital      | Physician:<br>this certific<br>ral director,   | o Be           | 25. Wes casa ratarred to medical axaminar?  1 Yas 2 No Hospital   | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -   | Oth   | 26. Placa of Death (C  |   | » Пон — 10 т. н                                    |  |
| of         |  | J: To          | 27. Mapaer of Death 28a.  | 1 ☐ fnpatient 2 ☐ ER/Outp Data of Injury 28b. Tir                                 | ma ot 28c. inju   | Nursing Homa   | 5 L. Hasidanca<br>d. Describe how inju          |  | V)   |
| ion        | Attending<br>or death.<br>octor: After<br>by the fune  | ation          | Natural 5 Pending 2 Accidant invastigation  | (Month, Day Year) Inj   |   | rk?<br>Yas 2 □ No  |   |  |  |
| Division   | or Atte<br>after de<br>Directo<br>In by th   | Certification: | 3 Suicide 6 Could not be datarmined 28a.  | Place of Injury - At homa, fam<br>building, atc. (Specify)                        | m, street, fectory, offica  | 281.   | Location (Street a<br>City or Town, Stat        |  | I Route Number,                                  |
|            | To the Hospital or Attending Phy<br>within 24 hours after death.<br>To the Funeral Director: After this<br>completely filled in by the funeral   | edical C       | (Check only 2 Medical Examiner: On  | To the best of my knowledge, the bests of examination and/                        | death occurred at the the   | ma, data and placa, and  | d dua to tha causa(s<br>at tha tima, data an    | s) and manner as s'                                | tated.   |
|            | othe<br>othe   | Med            | one) end 29b. Sigpatura and titia of cartitier  | d mannar stated.  | 29c. Licens   |  |   | ate signed (Month,                                 |  |
|            | ⊢≱⊨δ   |                | Box. I. OLL.  | - 1000-6  | 2, 20   | 14405  | 1 01  | 5 - 19 - 0   | 50   |
|            |  |                | 39 Name and addrass of parson who completed   | causa o/death (item 23a) (T   | ype, Print)   | 183.3  | Eton  | Aveil  | ue   |
| _          |  |                | Sourfa DEREUM,  | OEL-PURT  | TERPO ?   | = www.   | bow   | & lus  | 22/120   |
|            | Sta  | te             | 31. Date filed (Month, Day, Year)   | 32. Registrar's Signatura   |   |  |   | 0  | /,   |

DHMH 16 Rsv 6/95

1 3 5 

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3 Time of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month **Physician** Catherine V. Simpson JUNE 17, 1998 0000AM /Medical 4b. City. Town, or Location of Deeth 4a Facility Name (If not Institution, give street end number) 4c. County of Deeth Examiner Sacred Heart Hospital Cumberland Allegany If Under 1 Yeer | If Under 24 Hrs. Birthplaca (Stete or Foreign Country)
 MD 5. Social Security Number 7. Age (In yrs. last birthdey) **Funeral** 1□M **X**□F Deys 232-48-2099 Yrs 86 Director Usual Residence of Decedent 10a. Stete 10c. City, Town or Location 10d. Inside City Limits 10b. County Yes 2□ No Allegany Cumberland Directo 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? than "natural", or items 23s or the Medical Examiner must be a 220 Somerville Avenue 21502 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 【 No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Marital Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes X No à ₩ Widowed 4 Divorced white Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Department of Health and Mental Important: If item 27 is marked of Frederick Daniel Heivner Henrietta Edith (Ruckman) 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Numbar, City or Town, State, Zip Code) Virginia L. Rizer-daughter P.O. Box 552 Fort Ashby WV 26719 20a. Method of Disposition

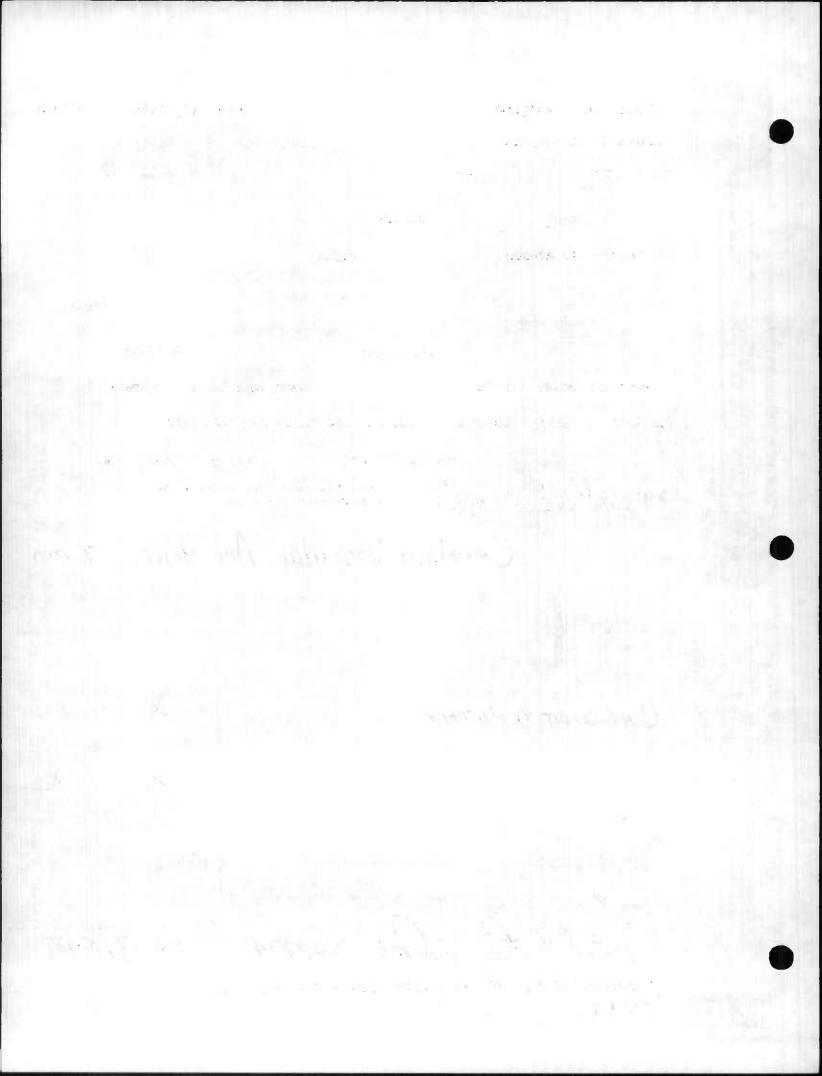
T☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 20b. Pleca of Disposition (Name of cematery, cremetory or other plece) 20c. Location - City or Town, State Dawson Cemetery 06/20 Rawlings MD 4 Donetion 5 Other (Specify) 22. Name and Address of Fecility
Scarpelli Funeral Home, P.A. Cumberland, MD 21502 23a. Part1. Enter the diseese, or com shock, or heart tailure. List only cetions that cauled the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, in cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Vascular Accident Immediate Cause (Finel disease or condition resulting in deeth) /Medical **Examiner** Due to (or es a consequenca ot) Physician/Medical Examiner the death certificate be executed physician and s the burial-trans Sequentielly list conditions, if eny, leading to immediate causa. Entar Undarlying Cause (Diseese or Injury that initieted events resulting in deeth) Last Due to (or es e consequenca of): Box 68760. Due to (or es a consequence of): 88 ettending | USB Po ed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes No 3 Probably 4 Unknown ARDIOMYOPATHY by Division of Vital Records, 24b. Were eutopsy findings aveilabla prior to completion of cause of death? should l Completed 24a. Wes an eutopsy certificate has lirector, page 2: 1 Yas 200 No 1 Yes 25. Was case raferred to medical exeminer? Be 26. Placa of Daeth (Check only one) Hospitel: Othar: 4 Nursing Home 5 Residence 8 Othar (Specify) 1 Yes No Inpetient 2 ER/Outpatient 3 DOA Certification: To After this 27. Menner of Deeth 28d. Dascribe how Injury occurred or Attending Veturel 5 Pending Investigation death. 1 Yes 2 No 2 Accident efter deatl 28f. Location (Streat and Number or Rural Route Number, City or Town, Stata) 6 Could not be datarmined 3 Suicide 28a. Place of Injury - At homa, farm, street, factory, offica building, atc. (Specify) 3 4 Homicide Hospital 24 hours \*\*Certifying Physician: To the best of my knowledge, death occurred at tha tima, data and place, and due to the ceuse(s) end mennar as steted.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and memoer stated. edical (Check only one) To the Within 2 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) JUNE 30. Name and address of person who complated causa of death (Item 23e) (Type, Print)

Registrar

State

21502

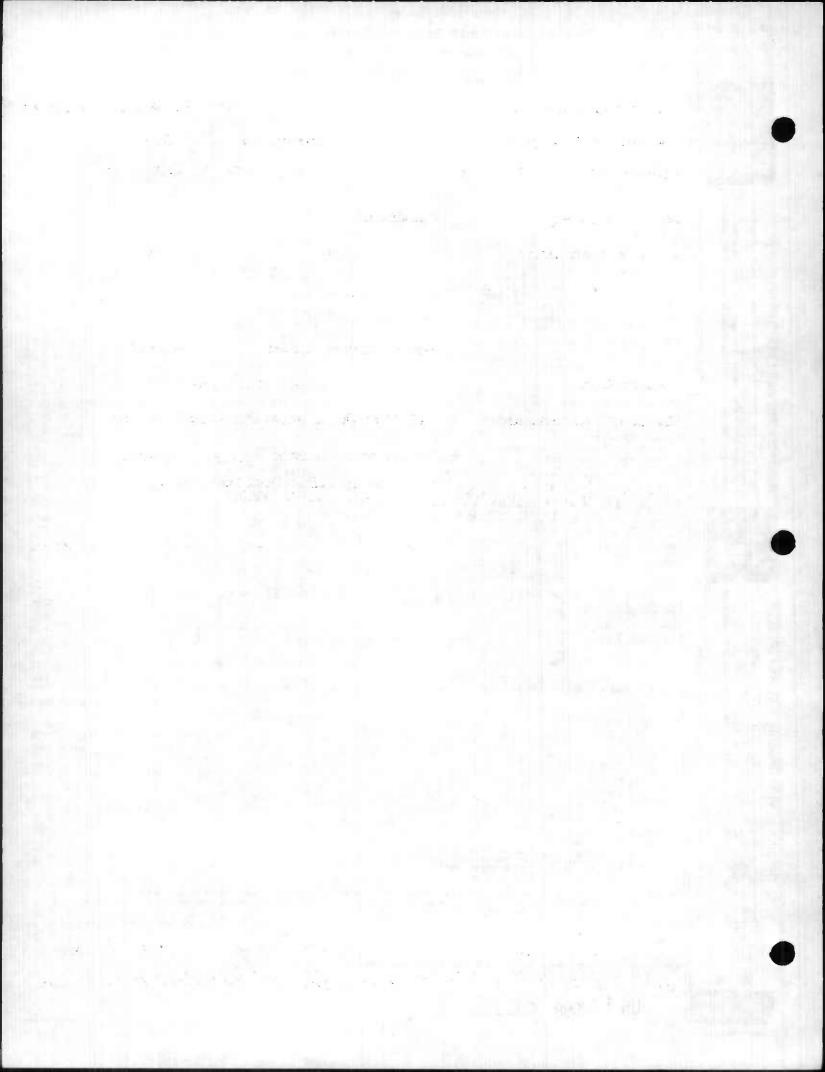


Amended #5, NRS Ple 6/18/98, Alleggny County Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day **Physician** Mary Laura Stewart JUNE 15 1998 11:05 AM /Medical 4b. City, Town, or Location of Deeth 4a Facility Nama (If not Institution, giva street end number) 4c. County of Deeth Examiner Sacred Heart Hospital Allegany Cumberland If Undar 24 Hrs. 5 Social Security Number 8. Date of Birth (Month, Dey, Sep 9, Birthplaca (Stata or Foreign Country)
 MD 7. Age (In yrs. last birthday) **Funeral** 1 M X□ F Months Devs Hours Min 212-52-4569 Yrs. 51 Director Usuel Residence of Deceden with the Maryland 10d. Inside City Limits 10e Stete 10h County 10c. City. Town or Location 7 is merked other than "naturel", or frams 23s or 28s-f show traumatic event, the Modical Examinar must be mutified at X□ Yes 2□ No Allegany Director Cumberland 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? USA 12807 Woodward Drive 21502 death v Funeral 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes No 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indien, 11. Maritai Stetus Black, Whita, etc. Pages 1 and 2 should be filed within 72 hours efter onent of Health and Mental Hygiene. nnt: If item 27 Is marked other than "naturel", or item 1 Never Married Merried 1 Yas X No Baltimore, Maryland 21215-0020 Specify: If Yes, Give Year or Detas: Specify: by 3 ☐ Widowed 4 ☐ Divorced white Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Schools Former Daycare Worker 17 Fathar's Neme (First Middle Last) 18. Mother's Neme (First, Middle, Meidan Sumeme) Be Nell (Phillips) Gordon Carr 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Coda) 19a. Informent's Neme/Reletionship (Type, Print) 12807 Woodward Drive Cumberland MD 21502 Charles Stewart-husband item 27 20e. Method of Disposition

Burial 2 Cremetion 3 Removet from Stete 20b. Pleca of Disposition (Neme of cemetery, cramatory or other pleca) 20c. Location - City or Town, State = 8 permit. Page Department of Important: If any injury or Hillcrest Memorial Park 4 ☐ Donation 5 ☐ Other (Specify) 06/19 Cumberland MD 22. Name and Address of Fecility
Scarpelli Funeral Home, P.A. 21. Signeture of Funara/Service Lig Cumberland MD 21502 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiretory arrast, shock, or haart failura. List only or a cause on each line. Approximate Intervel Between Onset end Deeth **Physician** Breast /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner u tustusi physician end s the burial-transit that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in daeth) Last Due to (or es e consequenca of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequenca of) SE esn ō signed by the a 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to complation of cause of death? 24e. Wes an eutopsy performed? Completed aw certificete has b The 1 Yes 2 No 1 □ Yas 2 □ No Attending Physician: director. Be 25. Was casa raferred to madical axeminar? 26. Piece of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yas 2 No 1 Inpatient 2 2 ER/Outpetient 3 DOA this funeral 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of Certification: After 1 Naturel 5 Pending 1 Yes 2 No 24 hours after death. investigetion 2 Accident 6 Could not be detarmined 3 Suicide 28f. Location (Straet end Number or Rural Route Number, City or Town, Stete) 28e. Placa of injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide ŏ 29a. Cartifian 1 🗹 Certifying Physician: To the best of my knowledga, daath occurred at tha tima, date and place, end due to the causa(s) and mannar as stated. edical 2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, deeth occurred et tha time, date and placa, and due to the ceuse(s) and menner stated. (Check only one) To the the the 29c. Licansa number 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of a who complated cause of deeth (item 23a) (Type, Print) trederick oonal 32. Registrer's Signeture Day, Year) 8 1998 State Registrar

DHMH 16 Rev 6/95

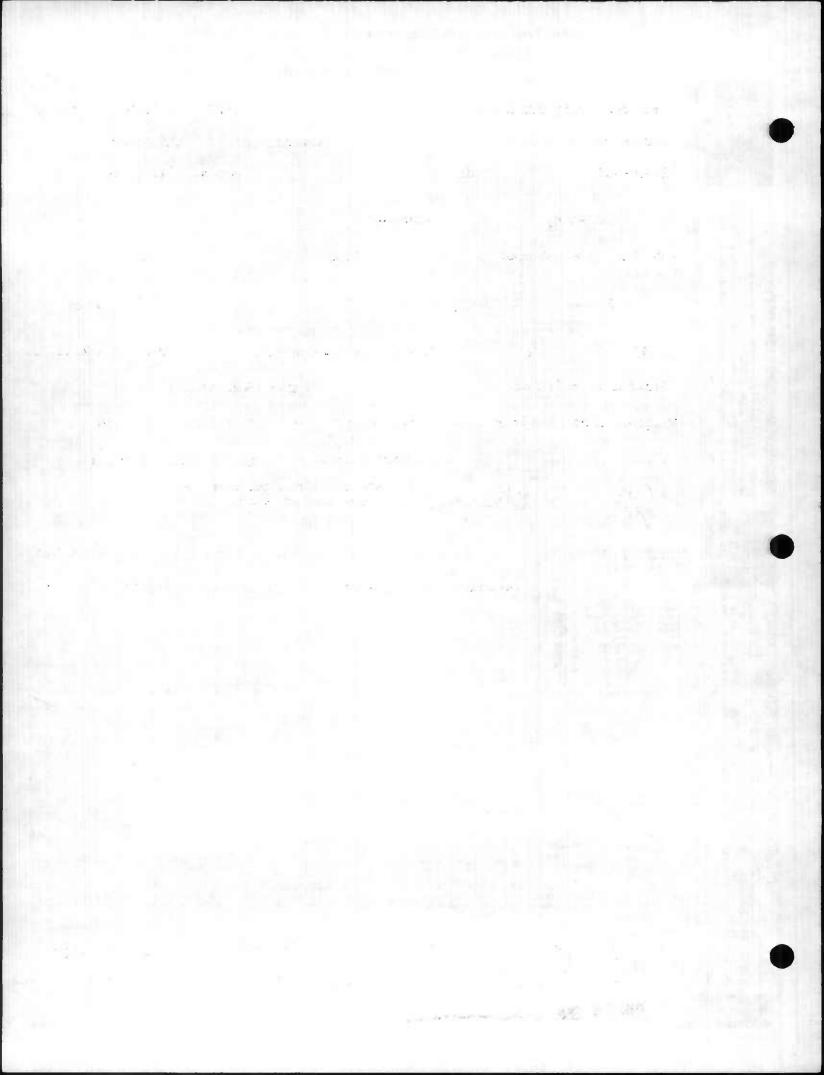


State of Maryland / Department of Health and Mental Hygiene Reg. No. 9 8 Certificate of Death 2. Date of Deeth 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** 13 1998 Fulcher Perry Smith Jr. JUNE 7:35 AM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner Sacred Heart Hospital Allegany Cumberland 6. Sex **X**□ M 2□ F If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 7. Age (In yrs. lest birthday) **Funeral** Days Months Hours Min Yrs. Sep 9, 220-26-9544 81 MD **Director** Usual Residence of Decedent with the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or items 23s or 28s-f show the Medical Examiner must be nothing at X□Yes 2□No Allegany Cumberland Directo 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 1057 Bishop Walsh Road USA 21502 death , Funeral 12. Was Decedent Ever in U.S. Armed Forces? À□ Yes 2 □ No If Yes, Give Year or DetestWWII permit. Pages 1 end 2 should be filed within 72 hours after dea Department of Health end Mental Hygiena. Important: If fem 27 is marked other than any liquity or other traumed. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes X ☐ No Specify: þ 3 Widowed X Divorced white Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Former Owner & Operator Cumb. Box & Mill Co. 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Fulcher P. Smith Sr. Marie (Somerville) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. informant's Name/Relationship (Type, Print) Virginia Craig-daughter 1473 Pergin Farm Road Deer Park MD 21550 20a. Method of Disposition

1 Buriel Cremetion 3 Removel from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Cumberland Crematory 06/15 Cumberland MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
Scarpelli Funeral Home, P.A. 21. Signature of Funeral Servica Licensee Cumberland MD 21502 23a. Part Enter the disease, or complications that cause the duals show or heart failure. List only one cause on each line. not enter the mode of dying, such as cardiac or respiratory errest, Approximate Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical ACUTE RESPIRATORY FAILURE Examiner Physician/Medical Examiner 10 YEARS CHRONIC OBSTRUCTIVE PULMONARY DISPASE physician end s the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of) Division of Vital Records, P.O. Box 68760, Due to (or es e consequence of): for use as t signed by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown P 24b. Were autopsy findings available prior to completion of cause of death? been signature 24e. Was en autopsy performed? Completed cartificate has b 1 Yes 2 No 1 Yes 2 No or Attending Physician: 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Dipatient To Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 ER/Outpetient 3 DOA this funeral 27. Manner of Deeth 28a. Date of injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Certification: After 1 PNatural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 6 oftar 4 Homicide 24 hours eftar Funeral Dire-letely filled in b Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated. edical To the Hosp within 24 hou To the Fune completely fi 2 Madical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred et the time, date and placa, and due to the cause(s) and manner stated. (Check only one) 29d. Dete signed (Month, Day, Year) 29b. Signature and title of certifier D50844 PHYSI CAN JUNE 13 10 address of person who completed cause of death (Item 23a) (Type, Print) 912 SETON DRIVE CUMBERGEND, MP 21502 - WVERCA JIZ., M.D. 32. Registrar's Signeture State

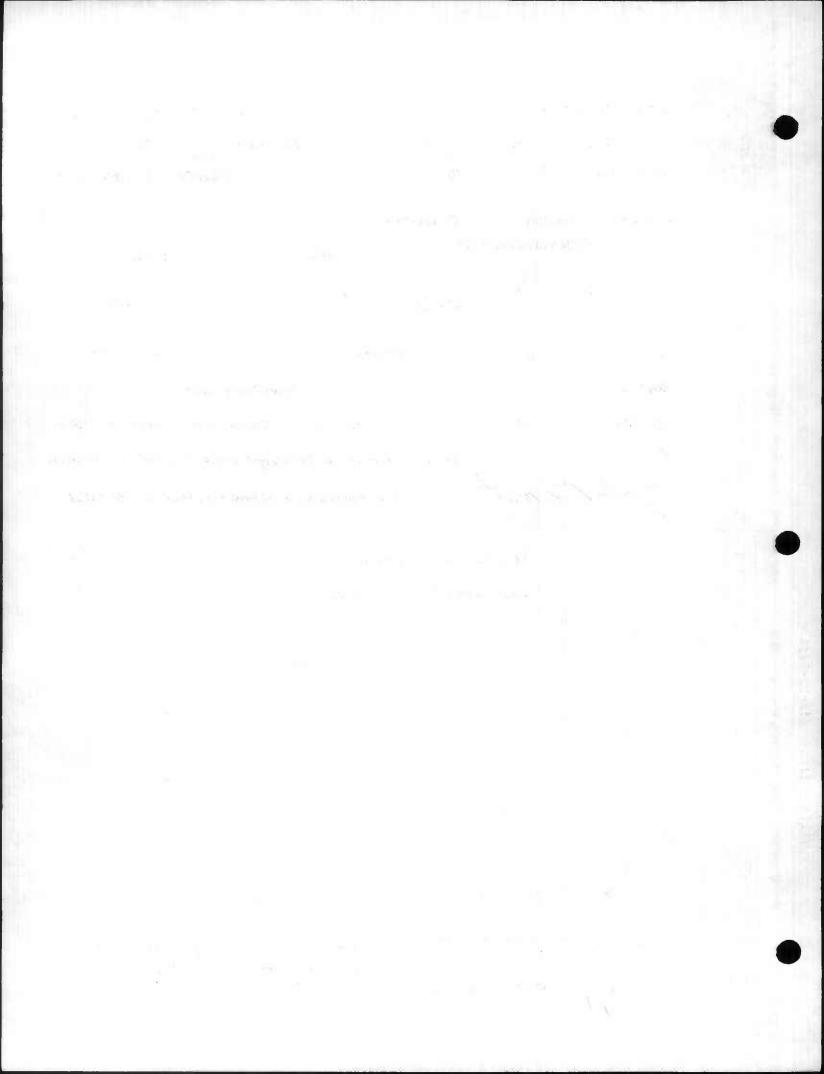
DHMH 16 Rev 6/95

Registrar



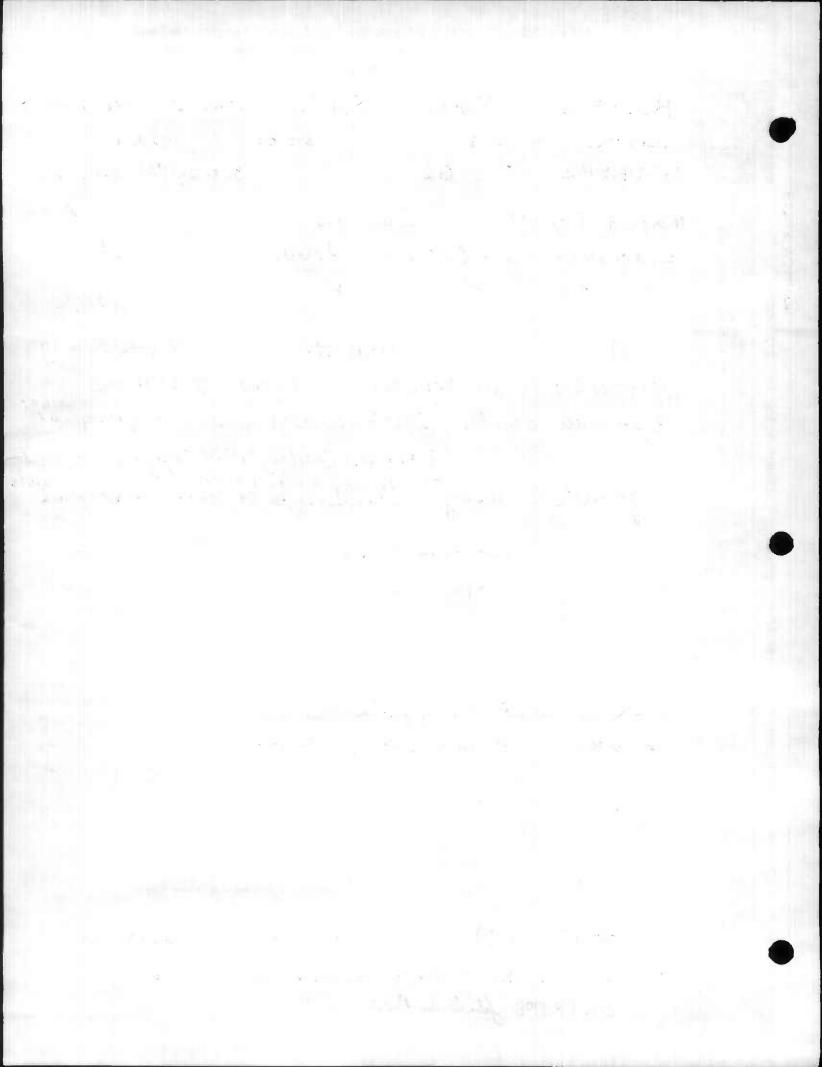
| Division of Vital R  Division of Vital R  To the Hospital or Attending Physician: The within 24 hours after death.  To the Funeral Director: After this certificate h completely filled in by the funeral director, page | WILLIAM SI | Division of Vital R | To the Hospital or Attending Physician: The within 24 hours after death.  To the Funeral Director: After this certificate his completally filled in by the funeral director, page |
|--|------------|---------------------|---|
| 1 Jus  |            | Divis               | To the Hospital or Atte within 24 hours after de . To the Funeral Directo completely filled in by the   |
| S<br>Regis   |            |                     | 5 hus   |
|  |            |                     | S<br>Regis  |

Amended # 31 mll P 6/15/98, Albegany County Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month Day **Physician** William Harold Sites 1998 9:20A.M. JUNE /Medicai 14, 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Memorial Hospital & Medical Center Cumberland Allegany If Under 1 Year If Under 24 Hrs. Hours Min. Birthplace (State or Foreign Country) 5. Social Security Number 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) **Funeral** Months Days Hours 1 MM 2□ F 216-22-7486 70 Director West Virginia 14-Nov-27 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumstic event, the Medical Examiner must be notified at 1 Yes 2 No Directo Maryland **Allegany** Cumberland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 13004 Valley Road, N.E. 21502-U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Stetus l XYes 2 □ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 Widowed 4 Divorced WWIT Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry d 2 should be filed within 72 th and Mantal Hygiena.
7 is marked other than "ne College (1-4or 5+) Elementary/Secondary (0-12) Tread inspector tire manufacturing 11 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) **Roy Sites** 2 Lena Steudenwalt 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2
Department of Health a
Important: If Item 27 is
any injury or other trau Mary Sites Wife 13004 Valley Road, N.F. Cumberland Maryland 21502-20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ■ Burlal 2 Cremation 3 Removal from State Rocky Gap State Veteran's Cemetery 16-Jun-98 Cumberland, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service i 22. Name and Address of Facility ohn Durst Funeral Home, 57 Frost Ave., Frostburg, MD 21532 23a Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Onset end Deeth Physician Less than 12 hrs. /Medical Immediate Cause (Final disease or condition resulting in death) a. Ventricular tachycardia **Examiner** Due to (or as a consequence of) Examiner ician and buriel-transit 6 days b. Acute myocardial infarction Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events Due to (or as a consequence of): physician the burie Box 68760, Physician/Medical Due to (or as a consequence of) resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings eveilable prior to completion of cause of death? should 24a. Was an autopsy performed? Completed 1 ☐ Yes 2 No Be 25. Was case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death Medical Certification: 28b. Time of 28d. Describe how injury occurred 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? 1 Natural 5 Pending 1 Tes 2 No investigation 2 Accident 6 ☐ Could not be 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 12 Cartifying Phyaician: To the best of my knowledge, deeth occurred at the time, date end pleca, end due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the ceuse(s) end manner stated. 29a. Certifier 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D 23371 June 14, 1998 30. Name and address of person who completed cause of death (item 23a) (Type, Print) 625 Kent Avenue, Suite 102 Johnson Heights Medical Building, Cumberland, Md Zaman, tate trai



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|  |  | Certificate of Death   | Reg. No.  | 20243   |
|--|--|--|---|---|
|  | Decedent's Name (First, Middle, Last)  |  | 2. Date of Deeth<br>Month Day                                     | 3. Time of Death<br>Yeer  |
| Physician<br>/Medical  | B A S A T T A MAN A MAN  | s Smith  |   | 1998 12:05 PM   |
| Examiner   | to Facility Name (Mant institution give street and number)   | 4b. City, Town, or   | Location of Death 4c. County                                      | of Death  |
| \.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.   | The Memorial Hospital  | Easton   | Talk  |   |
| Funeral<br>Director  | 5. Social Security Number  218-04-5162  Usual Residence of Decedent  | Vrs Months Days Hours Min  |   | 9. Birthplace (State or Foreign Country)  Makyland                      |
| show   | 10a. Stete 10b. County 10c. City,  | Town or Location   |   | 10d. Inside City Limits   |
| fler death with the Manyland<br>ritems 23s or 28s-f show<br>wher must be notified at   | Maryland Talbot  100. Street and Number  | Eastow<br>101. zip Code  | 10g. Citizen of V   | 1 1 1 1 No What Country?  |
| th with  | Llandaff Road (29)   | 054) 21601   | 7   | 15A   |
| after after  |  | 13. Was Decedent of Hispenic Origin? (S<br>If Yes, specify Cuban, Mexicen, Puer<br>1 ☐ Yes 2 ☐ No Specify: | Specify Yes or No-<br>to Rican, etc.)  14. Rac<br>Blac<br>Specify | ce - American Indian,<br>ck, White, etc.                                |
| Baltimore, Maryland 21215-0020 permit. Pages 1 end 2 should be filed within 72 hours at Department of Health and Merical Hygiene. Important: if item 27 is marked other than "natural", or any injury or other traumatic event, for Healts Example.  |  | 16a. Decedent's Usual Occupation   | 16b. Kind of Bi   | usiness/industry  |
| 1 21215-0 ed within 72 ho ygiene.  | (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4or 5+)  | (Give kind of work done during most of wo  |   | 1 - 11/1  |
| Sor th   |  | Domestic   | PRIVA   |   |
| De fill be fill had had had had had had had had had had  | 17. Father's Name (First, Middle, Last)  |  | me (First, Middle, Maiden Surnam                                  | .,  |
| aryland sand Mentail Is marked of immetic eve  | AIFONZO Di'CKEK  | 19b. Mailing Address (Street and Number or R   | e/ J. Will  |   |
| iore, Maryland 212 ges 1 end 2 should be filed within t of Heath and Mental Hygiene. If item 27 is marked other than or other traumatic event, train To Be Comp  | Barbara Smith  | 29054-Llandaff   |   | V, Maryland   |
| Te, 1 er l'Heal  | 200  | ce of Disposition (Name of netery, crematory or other place)   | 10 000  | City or Town, State   |
| altimore, mit. Pages 1 er partment of Hea portant: if Nem 2 y Injury or other  | 1 1 D/Burial 2 Cremation 3 Removal from State  | Paradise Cemetery  | 6/20/98 TRap  | De, Maryland  |
| Baltim<br>permit. Pa<br>Department<br>Important:<br>any Injury   | 21. Signature of Funeral Service Licensee  |  |   | /   |
| Ban<br>Permi<br>Departiment  | Danollo C. Jonans  | 22. Name and Address of Fecility  HENRY FUNERA   | Ct Combo: dos   | e Maruland  |
| 1  | 23a. Part1. Efter the disease, or complications that caused the geath. shock or heart failure. List only one cause on each line. | Do not enter the mode of dying, such as cerdia   | c or respiretory errest,  | Approximete Interval Between  |
| Physician  | Shock in heart lander. List only one cause on each line.   |  |   | Onset and Death   |
| /Medicai   | Immediate Cause (Final disease or condition  | + failure  |   | VIS   |
| Examiner   | resulting in death)  Due to (or a  | s a consequence of):   |   |   |
| b si g   | b. Employee  | ma   |   | yrs   |
| of Vital Records, P.O. Box 68760, Physician: The law requires that the deeth certificate be exacuted this certificate has been signed by the ettending physician and ral director, page 2 should be detached for use as the buriel-transit. To Be Completed by Physician/Medical Examiner  | Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury c.                   | is a consequence of):  |   |   |
| 68760, ifficate be ext g physician a set the buriel.   | Cause (Disease or Injury that Initiated events   | a a consequence of the   |   |   |
| flicate flicate sphy as the  | resulting in death) Last   | s e consequence of):   |   |   |
| OX Ox octification of the control of | d  |  |   |   |
| /ital Records, P.O. Box ( Jian: The law requires thet the deeth certificate has been signed by the ettending  befor, page 2 should be detached for use a  Be Completed by Physician/Me   | Part ii. Other significant conditions contributing to death but not resulti  | ing in the underlying ceuse given in Part I.   | 23b. Did tobacco uas co   | entributs to the causs of death?  |
| Phy:   |  |  | 1 □ ¥68 2 □ No  | 3 Probably 4 Unknown  |
| S, F es the igned be de  | multitocal arrial tach   | carala   |   | T   |
| v require<br>been si<br>should   | Multifocal atrial tache<br>Diabetes, Hyperter  | sion, Obesity  | 24a. Was an autopsy performed?                                    | 24b. Were autopsy findings<br>available prior to<br>completion of ceuse |
| law law be 2 sl  |  | )  |   | of death?   |
| Vital Relations the law certificate has rector, page 2   |  |  | 1 ☐ Yes 2 € No  | 1 ☐ Yes 2 ☐ MO  |
| Vita<br>centifican<br>ector  | 25. Was cese referred to medical examiner?  Hospital:  | Other  | ath (Check only one)  |   |
| Physic this countries of rail direction 1. To  | 1 Tes 2 Livro 1 Livropatient 2 El  | Proutpatient 3LI DOA 4LI Nursing   | Home 5 ☐ Residence 6 ☐ Oth<br>28d. Describe how injury occur      |   |
| C grant go   | 1 Destural 5 Pending (Month, Day Year)   | 8b. Time of Injury at Work?  M 1 Tyes 2 No   | 200. Doddillo Holl Hijery Cook                                    |   |
| Division of Vital Records, P.O or Attending Physician. The law requires that the after deep. Physician. The law requires that the Director. After this certificate has been signed by the I in by the funeral director, page 2 should be detached in by the funeral director, page 2 should be detached or the funeral director.   | 2 Accident investigation 3 Sulcide 6 Could not be determined 28e. Place of Injury At home  | e, farm, street, fectory, office   | 281. Location (Street and Numb                                    | ber or Rural Route Number,  |
| Diversity of the property of t | 4 Homicide building, etc. (Specify)  |  | City or Town, State)  |   |
| Division of Vital Re To the Hospital or Attending Physician: The I within 24 hours after deeth.  To the Funeral Director: After this certificate his completely filled in by the funeral director, page Medical Certification: To Be Com   | 29a. Certifier  (Check only one)  1 Cartifying Physician: To the best of my knowle and manner stated.                            |  |   |   |
| To the vithing To the comp   | 29b. Signature and title of certifier  | 29c. License number  | 29d. Date signe   | ed (Month, Day, Year)   |
|  | NVU  | P44749   | 6/1   | 5   98  |
|  | 30. Name and address of person who completed cause of death (Item 2  |  |   |   |
|  | Peter Whitesell, M.D., 508 Idl   | ewild Ave, Easton, Ma  | ryland 21601  |   |
| State<br>Registrar   | 31. Date filed (Month, Day, Year)  JUN 1 8 1998  32. Registrar's Signatur  | arkardall  |   |   |
| negistrar  | JUNI TO 1330 Juni  |  |   |   |



State of Maryland / Department of Health and Mental Hygiene

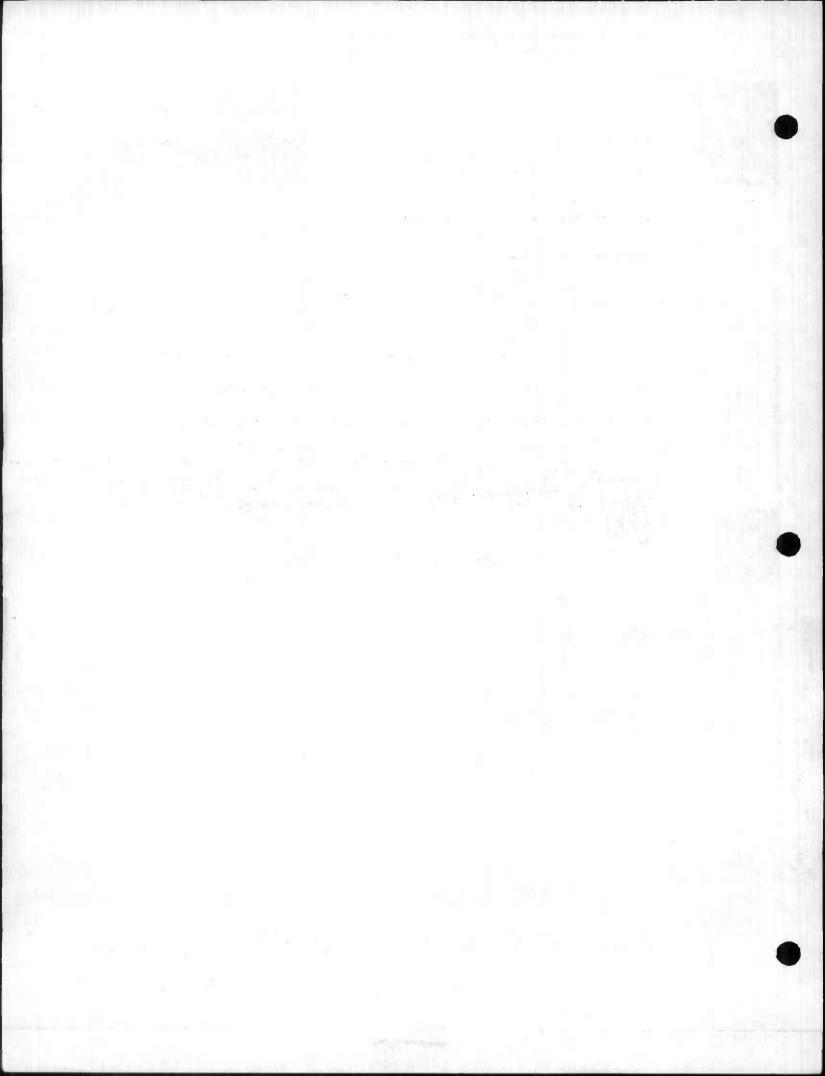
Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Mabe1 Hesse Tenlev 4:15 A.M 1998 June 6 /Medical 4c. County of Death 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death Examiner Brooke Grove Nursing Home 01ney Montgomery ff Undar 24 Hrs. Hours Min. if Undar 1 Yaar Months Days 8. Data of Birth (Month, Day, Y 11/6/10 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Months 1 M 200 87 Pennsylvania 577-12-3289 Yrs Director Usual Residence of Dacedant with the Menylend 10a State 10b. County 10c. City. Town or Location 10d. fnside City Limits 28a-f show item 27 is marked other than "naturel", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be motified at MD Montgomery Sandy Spring Director XXXYas 2 No 10e. Street and Number 10f. Zin Code 10g. Citizen of What Country? 18430 Brooke Grove Road 20860 United States Funeral deeth 12. Was Decedent Evar in U.S. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puento Rican, atc.) 14. Raca - American Indian, 11 Marital Status Armed Forces?
1 ☐ Yes ②□XNo
If Yes, Give Black, White, etc. 2 should be filed within 72 hours after end Mentel Hyglene. Is marked other than "naturel", or ite 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: white þ 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b, Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) Kiplinger Wash. Editors Secretarial - Clerical 12 0 17. Father'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Anton Y. Hesse Florence Bross 2 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 and 2 sh Department of Heelth end Important: If Item 27 Is m any Injury or other traum once. 4012 Gelding Lane, Olney, MD 20832 George W. Tenley, Jr. Son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify) 2-☐ Cramation 3 ☐ Removal from State Cedar Hill Cemetery 6/10/98 Suitland, MD 22. Name and Addrass of Facility Hines-Rinaldi Funeral Home, 11800 New Hampshire Ave Silver Spring, MD 20904 plications that ceused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, one cause on each line. Part Ener the disease, or com shock, or heart failure. List only Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner MYOCARDIA MINUTES burial-transit Sequentially list conditions, if any, leeding to immediata ceuse. Enter Underlying Cause (Diseasa or Injury that initiated events resulting in daath) Last and Due to (or as a consequence of) Box 68760. the ettending physician hed for use es the buria the death certificate be Physician/Medical Due to (or as a consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. P.0. 23b. Dfd tobacco use contribute to the cause of death? signed by 3 Probably 4 Unknown 1 Yes 2 No CEREISRO VASCILLAR Division of Vital Records. þ 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy Completed peen Pas page 2 certificate 2000 1 ☐ Yes 1 TYes 2 No Hospital or Attending Physicien: 24 hours after deeth. Funeral Director: After this certifica 25. Was cese referred to medical examiner?
1 ☐ Yes 200 lo Be 26. Place of Death (Check only one) Hospital: Other: 5 Residence 8 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth Medical Certification: 28b. Time of fnjury 28c. Injury et Work? 28d. Describe how injury occurred 1 Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours a Funeral Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

[In Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner stated. 29a. Certifier (Check only one) within 2 To the 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 7542 Overlook Dr. Boonsborg, MD 21713 Howe m.D.31. Date filed (Month, Day, Year) 32 Registrar's Signature State Like Davidson-Randell Registrar

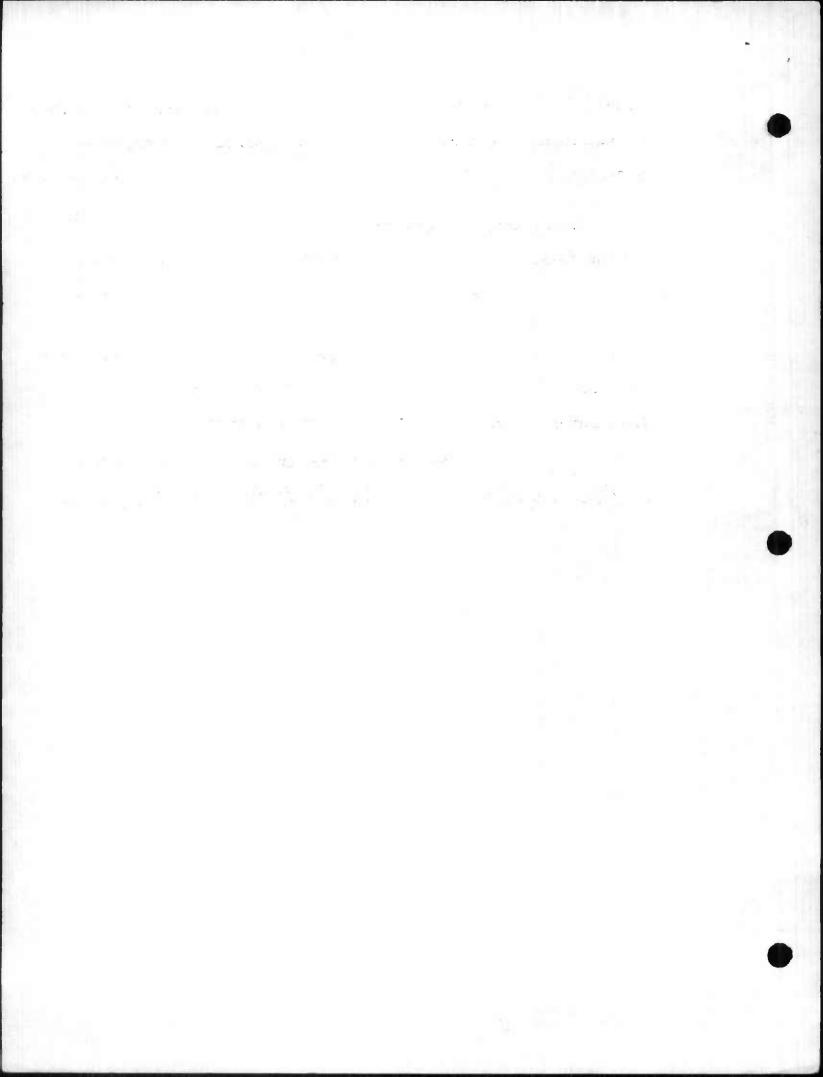
**DHMH 16 Rev 6/95** 

State of Maryland / Department of Health and Mental Hygiene

|            |   |                     |  | Otato or me  | ary raina r      |                                   | cate of                          | Death  |                                   | Reg. No.                               | 2           | 0245                                     |
|------------|---|---------------------|--|--|------------------|-----------------------------------|----------------------------------|--|-----------------------------------|--|-------------|--|
|            |   |                     | 1. Decedent's Neme (First, Middle, Last)   |  |                  |                                   |                                  |  | 2. Date of De<br>Month            |  | Year        | 3. Tima of Death                         |
|            | Physici<br>/Medic   |                     | Marie Wolfe Thot   |  |                  |                                   |                                  |  | June 13                           |  | Year        | 4:05 PM                                  |
| Y          | Examir  |                     | 4a. Facility Neme (# not institution, giva s   | street end number)                                   |                  |                                   |                                  | 4b. City, Town, or Lo                        |                                   |  | f Death     |  |
|            |   |                     | Suburban Hospital  |  |                  |                                   |                                  | Bethesda                                     |                                   | Montgo                                 | omerv       | ,  |
|            | Funeral   |                     | Sociel Security Number 6. Sex  | 7. Age   | e (fin yrs. last |                                   | Undar 1 Yaar                     |  | 8. Date of Birt<br>(Month, De     |  |             | lece (Stete or Foreign try)              |
|            | Director  |                     | 075-07-4071  | M 2 € F  | 84               | Yrs. Mo                           | onths Deys                       | Hours Min.                                   |                                   | y, Year)                               |             |  |
|            | Me to   |                     | 10a. Stete 10b. County   |  | 10c. City, To    | own or Locatio                    | ก                                |  |                                   |  | 10          | 0d. Inside City Limits                   |
|            | Man   | to                  | Maryland Montgomer   | У  | Kens:            | ington                            |                                  |  |                                   |  |             | 1 ☐ Yes 2X No                            |
|            | 28a   | 9                   | 10e. Street and Number   |  |                  | 10                                | Of. Zip Coda                     |  |                                   | 10g. Citizen of Wi                     | het Count   | try?                                     |
|            | 3a o  | 0                   | 9704 Kensington Pa   | rkwav  |                  |                                   | 20895                            | 5  |                                   | United S                               | 2+2+0       |  |
|            | deeth   | era                 |  | 12. Was Decedent B                                   | Ever In U,S.     | 13. Wes                           |                                  | Hispenic Orlgin? (Sp<br>pan, Mexican, Puerto | ecify Yes or No                   |  |             |  |
| 21215-0020 | s 1 and 2 should be filed within 72 hours after death with the Maryland of Health end Mental hygiene. Item 27 is marked other than "natural", or items 23e or 28e-f show other traumatic event, the Medical Exemple rout to modified at   | by Funeral Director | 1 Never Married 2 Married 3 X Widowed 4 Divorced   | Armed Forcas?  1 Yes 2 N If Yes, Give Year or Detes: |                  |                                   | s, specify Cub<br>res 2121 No    |  | Rican, etc.)                      | Specify:                               | , White, e  |  |
| 0-10       | 2 ho  | P                   | 15. Decedent's Educ  | cation   | 16               | 6a. Decedent's                    | Usuel Occu                       | pation                                       |                                   | 16b. Kind of Bus                       |             |  |
| 215        | n n   | Completed           | (Specify only highast grade<br>Elementary/Secondery (0-12)   | College (1-4or 5                                     |                  | (Give kind<br>life. DO N          | of work done<br>IOT use retire   | pation<br>during most of work<br>ed)         | ing                               |  |             |  |
| 21         | iene<br>iene<br>the   | E                   | -  | 2  | +)               | Homen                             | naker                            |  |                                   | Own Ho                                 | me          |  |
|            | offile<br>offi-   | Bec                 | 17. Fathar's Name (First, Middle, Last)  |  |                  |                                   |                                  | 18. Mother's Nem-                            | e (First, Middla,                 |  |             |  |
| la la      | ould be filed withi<br>Mental Hygiene.<br>arked other than<br>atic event, the M   | ToB                 | John Wolfe   |  |                  |                                   |                                  | Mary Lan                                     | g Taper                           |  |             |  |
| Maryland   | 2 should<br>end Men<br>is marke<br>sumatic  | -                   | 19e. Informant's Neme/Reletionship (Type   | oe, Print)   | 1                | 9b. Mailing Ad                    | idress (Stree                    | t end Number or Rur                          | 2 2                               |  | Stete, Zip  | Code)                                    |
|            | and 2<br>saith 6<br>n 27 is   |                     | Janet I. Thot-Thom   | pson/Dtr.  | . 9              | 9704 Ke                           | ensingt                          | on Parkwa                                    | y,Kensi                           | ngton, M                               | ID 20       | 1895                                     |
| ē,         | of Health<br>item 27  |                     | 20e. Method of Disposition   |  |                  |                                   |                                  | June 20                                      |                                   | 20c. Location - C                      |             |  |
| 10         |   |                     | 1 ဩ Burial 2 ☐ Cremetion 3 ☐ R<br>4 ☐ Donetion 5 ☐ Other (Specify)   | emoval from Stata                                    |                  |                                   |                                  | emetery                                      | T                                 | Watertow                               | n 87        | or Voris                                 |
| Baltimore, | - 555   |                     | 21. Signature of Funeral Sociol Licana   | 00   | 1101 011         |                                   |                                  | 4  |                                   |  |             | ew fork<br>meral Home/                   |
| B          | Depermine Important Important Information |                     | · XX   | Jun MG   | 0689             | Beth                              | esda-C<br>Beth                   | Chevy Chas<br>nesda. Mar                     | e, Inc.                           | 7557 Wi                                | scon        | isin Avenue                              |
|            |   |                     | 23a. Part 1 Enter the Usaasa, or complete shock of heart to lure. List onty on   | cations thet causad                                  | the death. D     | o not enter the                   | a moda of dyl                    | lng, such es cardiac                         | or respiratory as                 | rest,                                  |             | Approximate<br>Intervel Batween          |
|            | Physician   |                     | (W   |  |                  |                                   |                                  | 1  |                                   |  |             | Onsat and Death                          |
| М          | /Medicai  |                     | Immediata Cause (Final diseese or condition  | Hem  | anha             | dic.                              | atr                              | oke  |                                   |  |             | ne day                                   |
| н          | Examiner  | 2                   | resulting in deeth)  |  |                  | onsequenc                         | ce of):                          | 0 7 .0                                       |                                   |  |             | ne any                                   |
| -          | D #   | ner                 |  |  |                  | 0                                 |                                  |  |                                   |  |             |  |
|            | tificata be axecuted<br>g physician and<br>as the burial-transit  | Examiner            | Sequentielly list conditions,  |  | Due to (or as    | a consequence                     | e of):                           |  |                                   |  |             |  |
| o,         | e axe<br>ian a<br>urial-  | Ñ                   | if eny, leeding to Immediate cause. Enter Underlying   |  |                  |                                   |                                  |  |                                   |  | i           |  |
| 68760,     | hysic<br>the b  | Aedical             | Sequentielly list conditions, if eny, leeding to Immediale cause. Enter Undertying Cause (Diseese or Injury thet initieted avants resulting In death) Lest |  | Dua to (or es    | e consequenc                      | a of):                           |  |                                   |  | 1           |  |
|            | 5 0 6   | Me                  |  |  |                  |                                   |                                  |  |                                   |  |             |  |
| Box        | eath cer<br>ettendin<br>for use   | an/                 | 6  |  |                  |                                   |                                  |  |                                   |  |             |  |
|            | the death cer<br>y the ettendir<br>ached for use  | sici                | Pert II. Other significant conditions con  | tributing to death bu                                | it not resulting | g in the underl                   | ylng cause gi                    | ven in Pert I.                               | 23b. Dld (                        | obacco use cont                        | ribute to   | the cause of death?                      |
| P.0        | uires thet the des<br>signed by the el  | Physician/          | Hannatona  | 1011   |                  |                                   |                                  |  | 10                                | Yes 2 No                               | 3 Prob      | bebly 4 Unknown                          |
|            | gned<br>be de   | by                  | Hypertens  | ION  |                  |                                   |                                  |  |                                   |  |             |  |
| Records,   | v requires thet<br>been signed b<br>should be dete  |                     | / /  |  |                  |                                   |                                  |  | 24a. Was                          | an autopsy                             | 24b. We ava | ere autopsy findings<br>alleble prior to |
| S          | s be  | Completed           |  |  |                  |                                   |                                  |  |                                   |  | con         | mplation of causa<br>deeth?              |
| Ä          | The lew<br>ate has t<br>pege 2 s  | E                   |  |  |                  |                                   |                                  |  | 10                                | as 200No                               | 10          | Yas 2000                                 |
| Vital      |   | Be C                | 25. Wes case referred to medical   |  |                  |                                   |                                  | 26. Plece of Deet                            |                                   | /                                      |             |  |
| >          | Physician:<br>r this cartific<br>rel director,  | To B                | examiner?<br>1 X Yes 2 □ No  | ospital:   | nt 2 FR/         | Outpetlent 3                      | DOA Ot                           | hor  |                                   | denca 6 □Other                         | r (Snecity  | ()                                       |
| of         | r this  |                     | 27. Menner of Deeth  | 28e. Date of Injur                                   | y 28t            | b. Time of                        | 28c. Inju                        |  |                                   | now injury occurre                     |             | /  |
| o          | th.<br>: Afte   | tion                | Neturel 5 ☐ Pending Investigation  | (Month, Dey  | Year)            | Injury<br>N                       |                                  | rk?<br>]Yes 2□No                             |                                   |  |             |  |
| Division   | or Attending<br>after deeth.<br>Director: After<br>d in by the fune   | Certification:      | 3 ☐ Sulcide 6 ☐ Could not be   | 28e. Pleca of Inju                                   | iry - At home,   | ferm, street, f                   | actory, office                   |  |                                   | Street and Numbe                       | r or Rural  | l Route Number,                          |
| S          | after<br>Dire   | ert                 | 4 Homicide   | building, efc  | . (Specify)      |                                   |                                  |  | City or Tov                       | vn, Steta)                             |             |  |
|            | To the Hospital or Attending Ph<br>within 24 hours aftar deeth.<br>To the Funeral Director: After th<br>complataly filled in by tha funeral   | Medical C           | 29e. Certifier (Check only one) 1 Certifying Phya  | er: On the basis of                                  | examination      | ige, death occ<br>and/or investig | urred et the ti<br>gation, in my | ime, date end pleca,<br>oplnion, deeth occur | end due to the<br>ed et the time, | ceuse(s) end men<br>date end plece, ar | ner es st   | eted.<br>the cause(a)                    |
|            | ithin of the omple  | Me                  | 29b. Signeture end title of cartifiar  | and menner ste                                       | 7                |                                   | 29c. Licen                       | se number ,                                  |                                   | 29d. Date signed                       | (Month. I   | Day, Year)                               |
|            | F ≯ F 8   |                     | D.L.   | Tomas V  | be M             | ns.                               | 2.001                            | 05191  |                                   |  |             |  |
|            | 30  |                     | ranncia X.   | 10mar  | 0) 11            | 100                               |                                  | 001/1  |                                   | June 13,                               | 199         | 8  |
| 3          |   |                     | 30. Nama and address of person who co  | mpleted cause of de                                  | eeth (Item 23)   | a) (Type, Print                   | D:1/2 5                          | #348, Ro                                     | L.:11                             | mh /                                   | 100         | 50                                       |
|            |   |                     | PATHICIA LI JOHNSKO,   | 20 500   | KUCK             | VITTE ]                           | IKE,                             | 070 KO                                       | NUITE                             | 11110 0                                | COC         | 10                                       |
|            | Sta<br>Registr  | _                   | 31. Dete filed (Month, Day, Year)  | Julia De   | y's Signeture    | Pandell                           |                                  |  |                                   |  |             |  |



|   | 5/19                                     | 9/98, BMW, Montg. Co  |  | Ce  | rtificate of   | Death  | 2. Dete of Dee  | leg. No.  | 202  | 246  |
|---|--|---|--|---|--|--|---|---|--|--|
| Physic<br>/Med  |  | EDWARD  | TURN   | VER   |  |  | Month<br>June   | Dey 11,   | 1998   | Time of Deeth  |
| Exami   | ner                                      | 4e. Fecility Neme (If not Institution, S<br>Heartland Hea   |  | enter   |  | 4b. City, Town, or Lo  Adelphi                       |   | Ac. County<br>Princ   | of Death<br>e Georg  | ge's   |
| Funera<br>Director  |  |   | 5. Sex 7. Age  | e (In yrs. lest birthdey)   | If Under 1 Year<br>Months Deys   | If Under 24 Hrs.                                     | 8. Dete of Birth<br>(Month, De)<br>April 2  | Year)   | 9. Birthplece  | (Stete or Fore   |
| /lend   |  | Usuel Residence of Decedent  10e. Stete 10b. County   |  | 10c. City, Town or Lo   | ocation  |  |   | · · · · · · · · · · · · · · · · · · ·   | 10d. I   | nside City Lim   |
| with the Marylend<br>a or 28a-f show<br>be neothed at   | Director                                 | MD Prin   | nce George   | Hyatts  | ville  |  |   |   | 2  | ©(Yes 2□   |
| with th   | Dire                                     | 10e. Street end Number  |  |   | 10f. Zip Code  |  |   | 10g. Citizen of V   | Whet Country?  |  |
| ter deeth w   | Funerai                                  | 5404 21st Ave   | 12. Wes Decedent I   | Ever in U.S. 13.  | 207<br>Wes Decedent of H   |  | ecify Yes or No-  |   | States<br>e - American II  |  |
| filed within 72 hours efter deeth with the Maryland<br>Hygiena.<br>ther than "natural", or items 23a or 28a-f show<br>int, the Medical Examinet must be inclined at | b  | 1 Never Merried 2 Married 3 Widowed 4 Divorced  | Armed Forces?  | No.   | If Yes, specify Cubi<br>1 ☐ Yes 2 ☑ No   | lispenic Origin? (Spean, Mexican, Puerto<br>Specify: | Rican, etc.)  | Specify   | ck, White, etc.  |  |
| in 72 ho<br>n "natura   | Completed                                | 15. Decedent's<br>(Specify only highest s   | grede compieted)   | (Give   | dent's Usuel Occup<br>kind of work done<br>DO NOT use retired                                    | eation<br>during most of works                       | ing   | 16b. Kind of Bu   | usiness/Industr  | у  |
| filed within<br>Hygiena.<br>ort, the M  | mo.                                      | Elementery/Secondery (0-12) 6th   | Coilege (1-4or 5   | +)  | Cook   |  |   | Pri   | vate In  | ndustr   |
| ntel Hygind other   | Be                                       | 17. Father's Neme (First, Middle, La  | ist)   |   |  | 18. Mother's Neme                                    |   |   | 7e)  |  |
| should be<br>nd Mentel<br>marked c  | 2  | Fred Turner   |  | T   |  | Mary Lo  |   |   |  |  |
| C/ G B E  |  | 19e. Informent's Neme/Relationship Alfred Turner  |  |   |  | end Number or Run<br>enue, Hya                       |   |   |  | le)  |
|   |  | 20a. Method of Disposition  |  | 20b. Pleca of Dispo   | osition (Neme of   |  | Dete  | 20c. Location -   |  | Stete  |
| Pages<br>nant of h  |  | 1 Burial 2 Cremetion 3 4 Donetien 5 Other (Special  | Removel from Stete   |   | metory or other plea<br>Family Co  | metery 6,  | /15/08  | Nol son   | County   | 1/A  |
| parmit. Pages<br>Department of<br>Important: If it<br>any injury or<br>page.  |  | 21. Signature of Funeral Septice (  |  |   | 2. Neme and Addre  |  |   |   |  | VA   |
| Physician<br>/Medical<br>Examiner   |  | 23a. Part1. Enter the disease, or co<br>shock, or heart failure. List of<br>Immediate Cause (Finel<br>disease or condition  |  | the deeth. Do not entee.  | ter the mode of dylr   |  | et, N.V.  | v., Wasi<br>rest,   | Apr<br>Inte<br>One   | OOII proximete rivel Betwee set and Dee                    |
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| ding  | Physician/M                              |   | ■ d  |   |  |  |   | <u> </u>  |  |  |
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| e death<br>the atten<br>hed for u   | F.                                       | Dementic  | ٦.   |   |  |  | 101   | ′es 2□ No   | 3 Probabl  |  |
| res that the death certific<br>signed by the attending p<br>I be detached for use as  | by                                       | DCW 6011c   |  |   |  |  |   |   |  | utoney findi   |
| been s  | by                                       | JCM 8011  |  |   |  |  | 24e. Wes a perfor   | an autopsy<br>med?  | 24b. Were e<br>availab<br>comple<br>of deeti   | le prior to<br>tion of caus                                |
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98-3295-001 CMK ERIC THOMAS

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Sta

| ate of Maryland / [ | Department  | of Health | and Mental | Hygiene |
|---------------------|-------------|-----------|------------|---------|
|                     | Certificate | of Death  | 7          | Reg No. |

| Physici<br>/Medic | al |
|-------------------|----|
| Examin            | er |
|                   | _  |
| Funeral           |    |
| Director          |    |

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Phygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Experiment matter to a notified at

Baltimore, Maryland 21215-0020

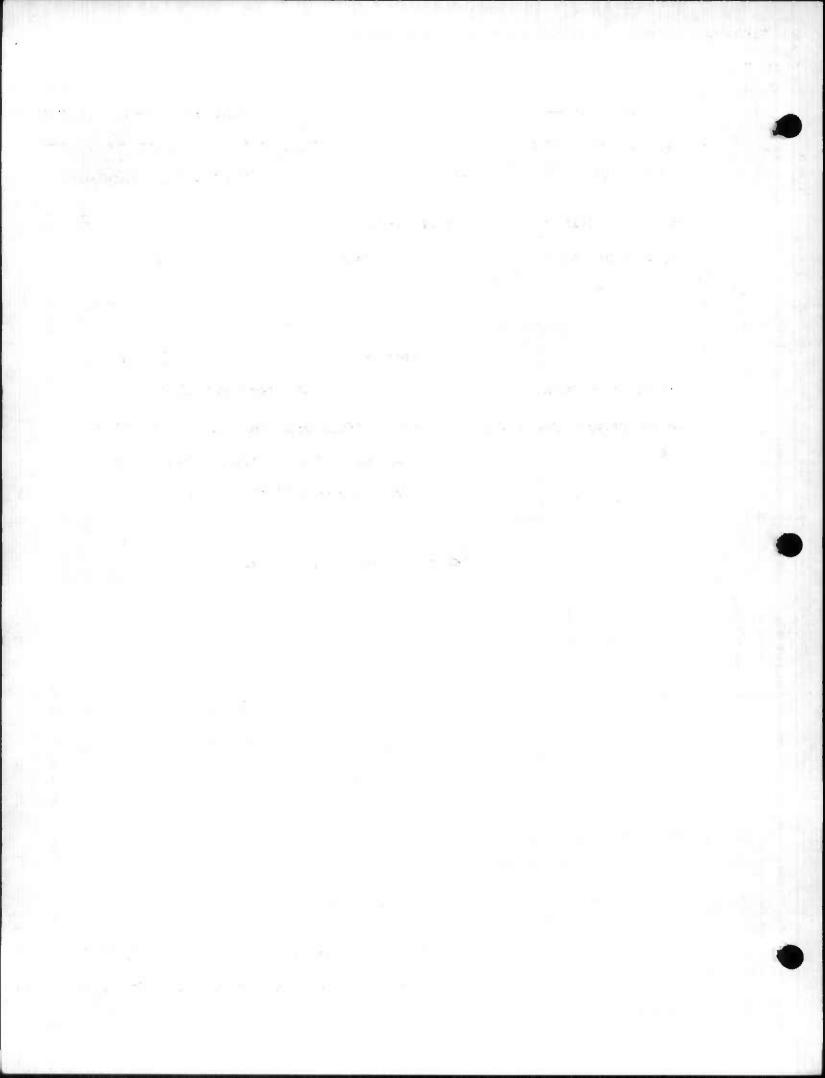
Physician /Medica Examine

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Division of Vital Records, P.O. Box 68760,

|  |  |  |   |  |   |  |   | 2. Dete of De<br>Month  | Dey  | Year   | 3. Tima of Death   |
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| edical Certification: To Be Completed by Physician/Medical | Immediata Causa diseasa or condition rasulting in death)  Sequentially list condition of the causa. Enter Undo Causa (Diseasa or that initiated evant resulting in death)  Part II. Other eight  25. Wes casa rafar axaminer?  1   | (Final on dittons, madiata entying rinjury s Last  ficant conditions | a. Hyperker  a. Hyperker  b. C. C. C. C. C. C. C. C. C. C. C. C. C. | Due to (or establishment)  Due to (or establishment)  Due to (or establishment)  Due to (or establishment)  Due to (or establishment)  Due to (or establishment)  Example 1  Due to (or establishment)  Due to (or | se consequence se consequence se consequence ng in the underly  eVoutpatient 36 Bb. Time of Injury Ma, farm, streat, fa adga, death occur n and/or invastig | be of):  e of):  be of):  be of):  be of):  continuous given by the properties of th | Z6. Place of Iner: 4 Nursin Ry at K? Yes 2 No                       | 23b. Did 1 24a. War perf 1 2 24a. War perf 24a. War perf 24a. War perf 24a. War perf 24a. War perf 24a. War perf 24a. War perf 24a. War perf 25a. Location City or To | tobacco use co   | ontribute to 3 Proof Pro | o the cause of dead behity 4 Unknown are autopsy finding aliable prior to mpletion of cause death?  A Year 2 No  No. 18 No. 19 N |

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State of Maryland / Department of Health and Mental Hygiene 9

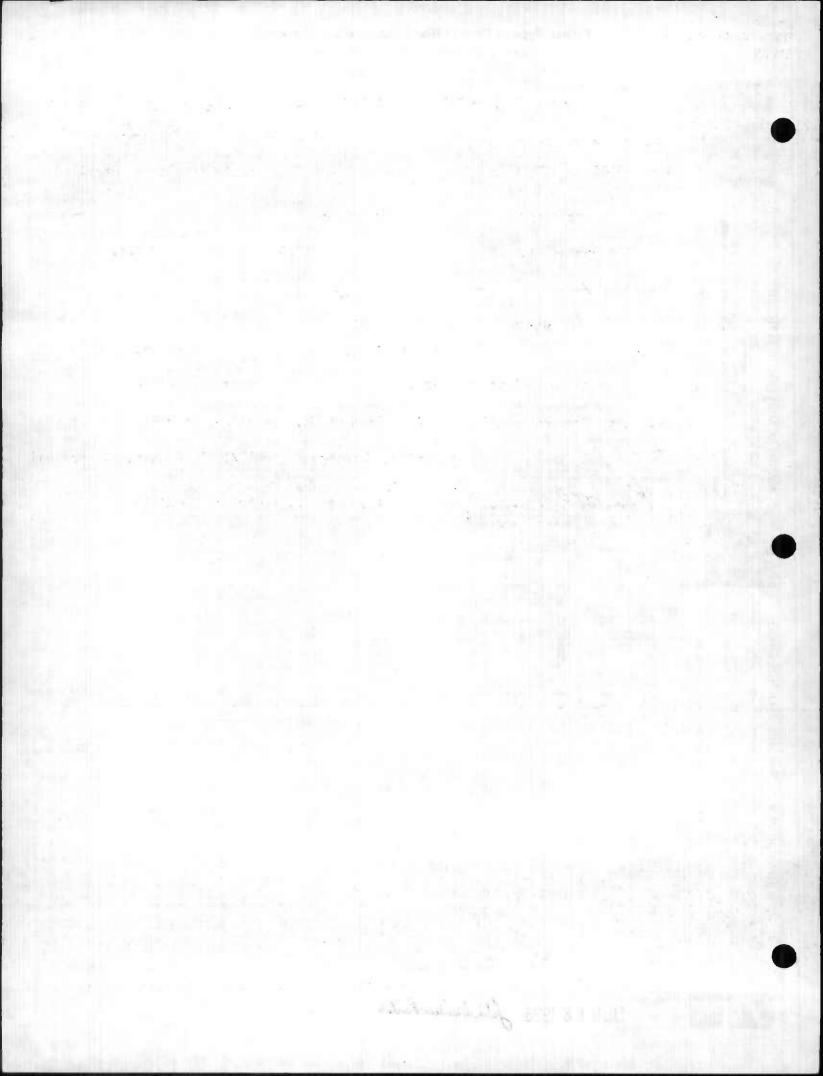
Items: 23 part I,27,28a-f per MEO G-761 7/6/98 effificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Dey 1998 **Physician** GOLDSBOROUGH TRAVERS LEON JR. 14:55 PM JUNE 14, /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4e Facility Name (If not institution, give street and number) Examiner Cambridge DORCHESTER 2600 BLOCK OF LANCE DRIVE 6. Sex. If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, July 31 9. Birthplace (State or Foreign Country) Maryland 5. Sociel Security Number 7. Age (In yrs. last birthday) **Funeral** Days Hours 218-78-5615 30 Yrs. **Director** Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limite 1 23a or 28a-f show Yes 2 No MD Porchester Cambridge Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 305 Bunker St. U.S.A. 21613 death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Year or Dates: Harms Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian. The Medical Examiner m 11. Manital Status Black, White, etc. e filed within 72 hours efter al Hygiene. other than "natural", or its 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: altimore, Maryland 21215-0020 Specify: white à 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Collage (1-4or 5+) Elemantary/Secondary (0-12) stripper aircraft refinishing traumatic avant, 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) 12 should be finend Mental H Goldsborough Travers Betty Faulkner Leon 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) permit. Pages 1 and 2 st Department of Health end Important: If item 27 is m any injury or other traum 405 Pleasant St. Cambridge, MD 21613 Mrs. Betty Travers - mother 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burlal 2 □ Cremation 3 □ Removal from State Cambridge Cemetery 6/17/1998 Cambridge, Maryland 4 ☐ Donation 5, ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Thomas Funeral Home PA 700 Locust St. Cambridge MD 21613 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediata Causa (Final disease or condition resulting in death) HANGING Examiner Dua to (or as a consaquence of): Examiner attending physician end for use as the burial-transit Sequentially list conditions, if any, leading to immediate ceusa. Entar Undarlying Cause (Disease or Injury Due to (or as e consequence of): certificate be exect Box 68760 Physician/Medicai that initiated events resulting in daath) Last Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? P.O. Part II. Other elanfficant conditions contributing to death but not resulting in the underlying causa given in Part I. the detached signed by t 3 Probably 4 Unknown 1 Yee 25 No by Records. 24b. Wera autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy Completed peen page 2 certificate hes 1QYes 2□ No 1 SeYes 2 □ No of Vital 25. Was cese referred to medical examiner?

1 🗗 Yes 2 🗆 No Be 26. Place of Daath (Check only ona) Other: 4 Nursing Home 5 Residence 6 XIOther (Specify) SCENE. Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 10 this uneral 28d. Describe how injury occurred 28b. Time of 27 Manner of Deeth 28a. Date of Injury (Month, Day Year) Certification: 28c. Injury at Work? After Division 5 Panding Investigation foundry 1 Natural 1 Yas 2/No 2:00 death. 6/11/98 Decedent hanged himself 2 Accident or Attand after death Director: 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) Lance Drive X Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 4 | Homicide Trailer Park Hospital Cambridge, Maryland 24 hours Funeral 1 Certifying Phyeician: To the best of my knowledga, daath occurred at the tima, data and place, and dua to tha ceusa(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha time, data and place, and dua to the causa(s) and manner statad. 29a. Certifier Medical (Check only one) To the To the To the F 29d. Date signed (Month, Day, Year) 29b. Signature end title of certifier 29c. License number OCME JUNE 15, 1998 30. Name end address of person who completed ceuse of death (Itam 23a) (Type, Print) towler. Uavid. 111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Day, Year)





FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

|               | - STATE<br>REGISTRAR   |   |  | ICATE O             |  | REG. N  |  |            |  |
|---------------|--|---|--|---------------------|--|---|--|------------|--|
|               | 1. DECEDENT'S NAME (First, Middle, Last) SUSAN   |   |  |                     |  | 2. DATE OF DEATH                                | DAY                                      | YEAR       | 3. TIME OF DEATH                                       |
|               | 4. SOCIAL SECURITY NUMBER  | WEBER   |  |                     |  |   | 1998                                     |            | 2:00 PM M  |
|               | 113-01-3064  | 1 🗆 M 2 💢 F   | E (In yrs. lest birthday,                                | MONTHS DAYS         |  | DEC. 16,  | 1911                                     | 8. BIRTH   | PLACE (State or Foreign<br>W YORK                      |
| DIRECTOR      | 9a. FACILITY NAME (If not institution, give HORIZON NURS RESIDENCE OF DECEDENT                                 |   |  |                     | OR LOCATION OF E   | DEATH   | 9c. COUN                                 |            | EATH   |
| EC            | 10a. STATE 10b. COUNT  | Υ   | 10c. CI  | TY, TOWN OR LOC     | CATION   |   |  |            | 10d. INSIDE CITY                                       |
|               | MARYLAND ANNE  | ARUNDEL   |  | ANNAPO:             | LIS  |   |  |            | LIMITS?  |
| FUNERAL       | 100. STREET AND NUMBER 477 BROADNEC  | K ROAD  |  |                     | 10f. ZIP CODE<br>21401                                       |   |  | EN OF W    | THAT COUNTRY? STATES                                   |
| BY FUN        | 11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced  | 12. WAS DECEDENT EVER<br>FORCES? 1 _ YES<br>IF YES, GIVE WAR OR | S 2 X NO   | If yes,             | ECENDENT OF HISPA<br>specify Cuban, Maxic<br>ES 2 1 NO Speci | ANIC ORIGIN? (Specify tean, Puerto Rican, etc.) |  | 14. RACE   | — American Indian,<br>, Whits, etc.                    |
|               |  |   | 1  |                     |  |   |  | Opton      | WHITE  |
| COMPLETED     | 15. DECEDENT'S EDU<br>(Specify only highest grade<br>Elementary/Secondary (0-12)                               | College (1-4 or 5 +)  | 18s. DECEDENT' (Give kind of Me. Do NOT)  EXECUT         |                     | TION<br>most of working                                      | 166. KIND OF E                                  |  | ISTRY      | -Q.X   |
| OM            | 17. FATHER'S NAME (First, Middle, Lest)  |   | DALCOI   | IVE                 | 16 MOTHER'S N  | AME (First, Middle, Meid                        |  |            |  |
| BE C          | FRANK GOLDWE   | BER   |  |                     |  | JACOBS  | en suriame)                              |            |  |
| TO B          | 19a, INFORMANT'S NAME (Type/Print)   |   | 19b. MAILIN  | G ADDRESS (Street   | t and Number or Rural  | Route Number, City or 1                         | own, State, Zip                          | Code)      |  |
| F             | HELEN CYTRYN   | (SISTE  | (R) 1953   | ASHLEY              | PL WE  | STBURY, N                                       | EW YOR                                   | K 11       | 590  |
| - 1           | 20a, METHOD OF DISPOSITION 1 \( \overline{\text{L}}\) Buriel 2 \( \overline{\text{Cremation}}\) Cher (Specify) |   | Db. PLACE AND DATE<br>EMPEROY, CREMATORY OF<br>CEDAR PAR |                     |  | 1   | LOCATION — C                             |            |  |
| - 1           | 21. SIGHATURE OF FUHERAL SERVICE LI  |   | DDING I AN   | 22. NAME            | AND ADDRESS OF F   | ACILITY   |  |            | EW JERSEY  |
|               | * Ghill te   | Aff.  |  | 1170                | ROCKVILL   | DBERG MEMO                                      | ROCKVII                                  | LLE.       | ELS, INC.<br>MD. 20852                                 |
|               | 23. PART I. Enter the obenses, or shock, or heart failure.   | complications that ceus<br>List only one ceuse on               | ed the death. Do<br>each line.                           | not enter the n     | node of dylng, suc   | ch ss cardisc or res                            | piratory srre                            | st,        | Approximeta<br>Interval Between                        |
| ı             | IMMEDIATE CAUSE (Final disesse or condition  |   |  |                     |  |   |  |            | Onset and Death  |
|               | resulting in death)  | PNEUMONI  | A CONSEQUENCE O  | ND.                 |  |   |  |            | 1 WEEK   |
| _             |  | DEMENTIA  |  | ) <del>-</del> ):   |  |   |  |            |  |
| 5             | Sequentially list conditions, if any, leeding to immediate   | D.  | A CONSEQUENCE (  | OF):                |  |   |  |            |  |
| S             | CAUSE (Disease or Injury   | c   |  |                     |  |   |  |            |  |
| F             | that initiated events<br>resulting in death) LAST  | DUE TO (OR AS   | A CONSEQUENCE O  | OF):                |  |   |  |            |  |
| CERTIFICATION |  | d,  |  |                     |  |   |  |            |  |
|               | PART II. Other algorificant condition  | ne contributing to deeth  | but not resulting  | in the underly      | ng ceuse given in  |   | AN AUTOPSY<br>DRMED?                     |            | WERE AUTOPSY FINDINGS                                  |
| DICAL         |  |   |  |                     |  | 1 TES   |  |            | AVAILABLE PRIOR TO<br>COMPLETION OF CAUSE<br>OF DEATH? |
| PHYSICIAN: ME |  |   |  |                     |  |   | 21                                       |            | 1 YES 2 NO   |
| N.            | DID TOBACCO USE CONT   | RIBUTE TO CAUSE   |  |                     |  | NX  |  |            |  |
| S             | 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO   | HOSPITAL:   | 26. PLACE OF DEA   | OTHER:              |  |   |  |            |  |
| HYS           | 27. MANNER OF DEATH  | 1 Inpatient 2 ER/Ou 28s. DATE OF INJURY                         |  |                     | MJURY AT   | 6 Other (Specify) 28d, DESCRIBE HOW             | / #1 #1 #1 #1 #1 #1 #1 #1 #1 #1 #1 #1 #1 | 1000       |  |
|               | 1 X Natural 5 Pending Investigation  | (Month, Day, Year)  |  | JURY V              | YORK?  | 200. DESCRIBE HOW                               | INJURY OCCI                              | THEO       |  |
| D BY          | 2 Accident Investigation 3 Suicide S Could not be  | 28e. PLACE OF INJUR<br>building, etc. (Sp.                      | IY — At home, farm,                                      |                     |  | 281. LOCATION (Street                           | t and Number o                           | r Rural Rc | oute Number,   |
| COMPLETED     | 4 Homicide determined  | bunding, etc. (Sp   | ecity)   |                     |  | City or Town, Stat                              | (0)                                      |            |  |
| PLE           | 29s. CERTIFIER 1 X CERTIFYING PHYSI  | ICIAN: To the beat of my kno                                    | wledge, death occur                                      | red at the time, da | ts and placs, and due  | to the cause(s) and m                           | anner as state                           | d.         |  |
| Š             | 2 MEDICAL EXAMINE  | ER: On the besis of examineti                                   | on and/or investigati                                    | on, in my opinion,  | death occured at the   | ilme, data and place,                           | and due to the                           | cause(s)   | and manner as stated.                                  |
| BE            | 2011 SIGNATURE AND TITLE OF CERTIPLE   | RVIII   |  |                     | 29c. LICENSE NU  | MBER  | 29d. DATE                                | SIGNED (   | Month, Day, Year)                                      |
| 2             | 119111111  | ellein  |  |                     | D30718   |   | ▶ JU                                     | NE 8       | 3, 1998  |
|               | JOHN JACKSON,  | MD 2003   | MEDICAL  | PARKWAY             | #100 -   | ANNAPOLIS,                                      | MARYI                                    | LAND       | 21401  |
|               | 31. DATE FILED (Month, Day, Year)  | P. REGISTBAR'S SIG  |  |                     |  |   |  |            |  |
| - 1           | HIN 1 (1950)   | A   |  |                     |  |   |  |            |  |

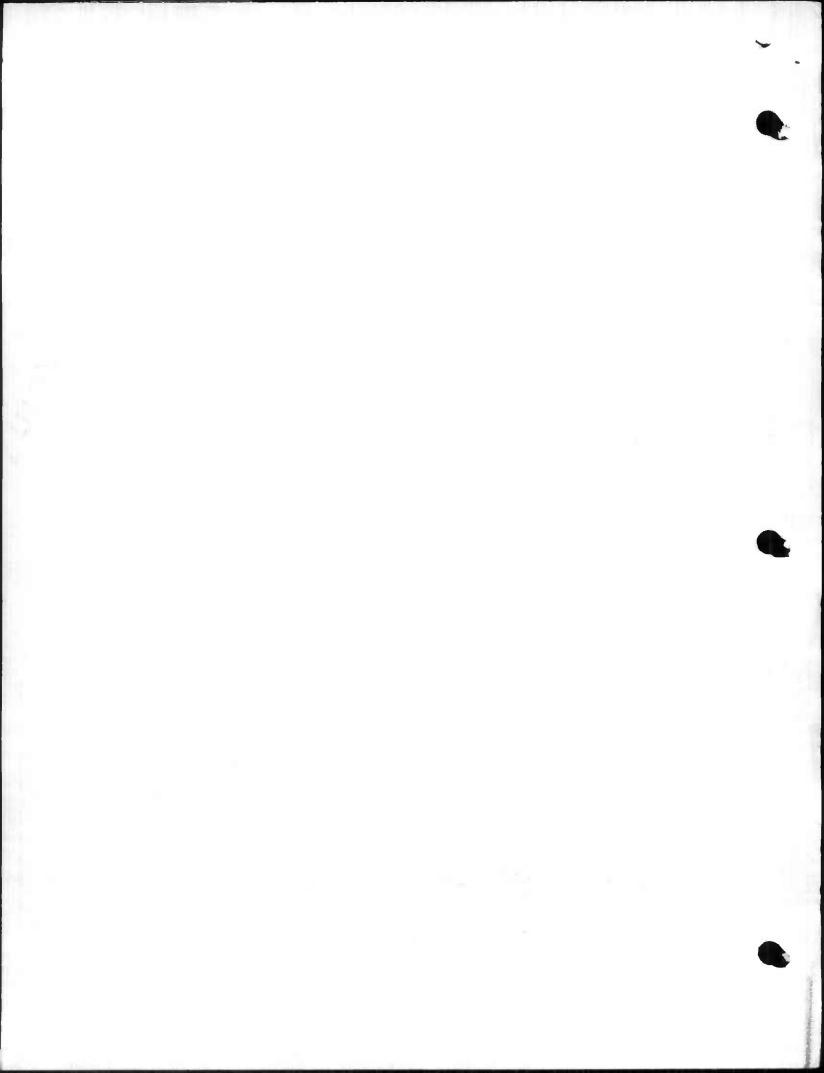
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 10 the feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene

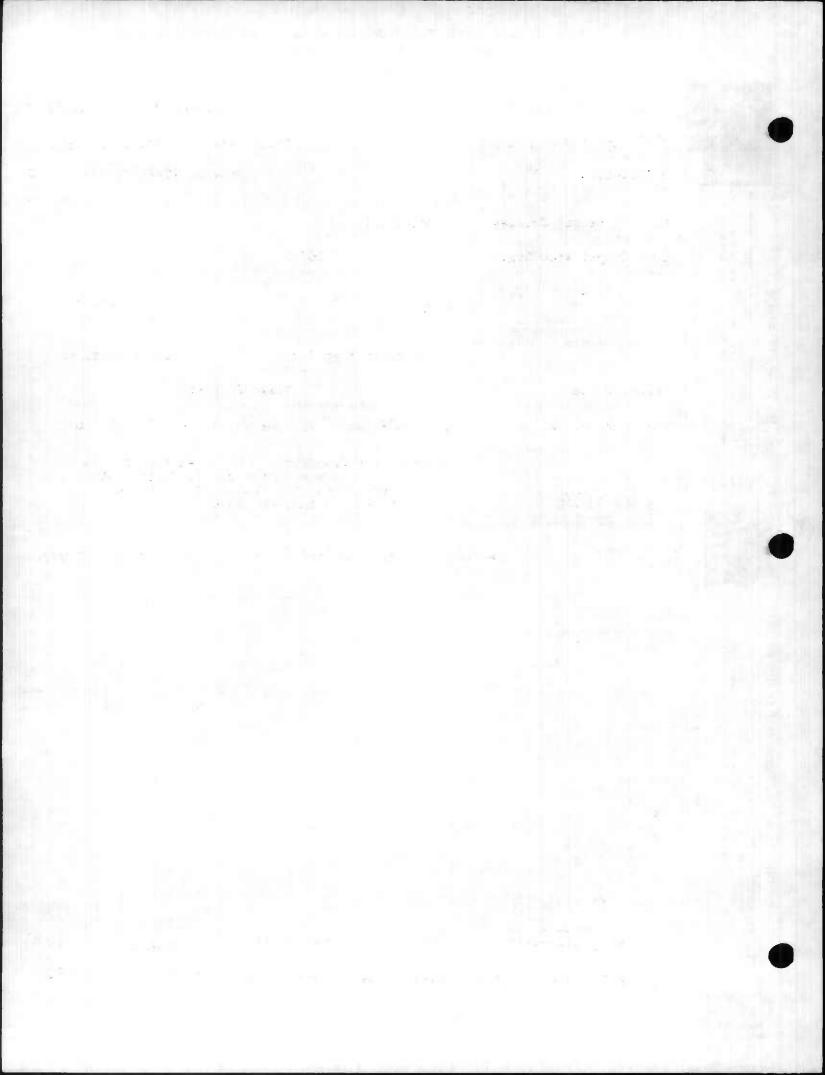
|  |  |  |  |  |  |  |  |  |  |                       |   |  |  | 1148   | J. No.   |  |  |   |
|--|--|--|--|--|--|--|--|--|--|-----------------------|---|--|--|--|--|--|--|---|
|  | 1. Dece  | dant's Nam   | a (First, Midd   | lla, Last)   |  |  |  |  |  |                       | 66  |  | 2. Data of<br>Month  | Death  | Day  | Yaar   | 3. Tir   | ma of Death   |
| cian<br>dical  |  | James  | V. Wei   | llen,  | Sr.  |  |  |  |  |                       |   |  | June   | 11,  | 1000   |  | 12   | :45 AM  |
| niner  | 4a Faci  | lity Nama (/   | If not Institutio  | on, giva si  | treet and nu   | mber)                                  |  |  |  | 4                     | b. City, To   | own, or L                                    | ocation of De  | eath   | 4c. County   | y of Death   |  |   |
|  | 30   | 09 Ch  | apel V   | iew  | Drive  |  |  |  |  |                       |   |  | ville  |  |  | nce (  | eorg   | ges   |
| al   | 5. Socia   | Security N   | lumber   | 6. Sax   | M 2 🗆 F  | 7. Aga (In                             |  |  | If Under 1   | Yaar<br>Days          | If Undar  | 24 Hrs.<br>Min.                              | 8. Data of (Month,   | Birth<br>Day, Y  | (ear)  | 9. Birth   | placa (Si  | tata or Foreign   |
| r  |  | 7-24-<br>esidenca of   |  | 15%  | M 201  |  | 75   | Yrs.   |  |                       |   |  | Dec.   | 3,   | 1922   | Wash   | ingt   | ton, DC   |
|  | 10a. Ste   |  | 10b. County  | у  |  | 100                                    | c. City, T                                   | own or Lo  | cation   |                       |   |  |  |  |  |  | 10d. Insi  | Ide City Limits   |
| to   | MD   |  | Princ  | e Ge   | orges  |  | Re   | ltsv:  | 1110   |                       |   |  |  |  |  |  | 10   | Yas 2 No  |
| Director   |  | eet and Nur  |  | 00   | orges  |  | De   | TESA.  | 10f. Zlp (   | oda                   |   |  |  | 100  | g. Citizen of  | What Cou   | intry?   |   |
|  | 30   | 09 Ch  | apel V   | iew  | Drive  |  |  |  |  | 2                     | 0705  |  |  |  | USA  | Δ  |  |   |
| Funerai  |  | ital Status  | aper v   |  | 2. Was Dac   | adant Evar                             | In U,S.                                      | 13. \  | Vas Decede   |                       |   | lgin? (Sp                                    | ecify Yas or<br>Rican, atc.)   | No-  | 14. Ra   | ce - Amar  |  | an,   |
| F  | 10   | Nevar Marri  | ied 2⊠ Mar   | rried  | Armad Fo   | 2 No                                   |  |  |  |                       |   |  | Hican, atc.,   |  |  | ick, White   | , atc.   |   |
| by   | 3 🗆  | Widowed  | 4 Divorced   | d  | if Yas, Gir<br>Yaar or D   | oatas: WW                              | II V   |  | I□Yas 2  | XINO                  | Specify   | •  |  |  | Specia   | y: Wh  | ite  |   |
| sted   |  | (Spec  | 15. Deceder  |  |  |  | 1  | 6a. Deced  | ient's Usuai<br>kind of work   | Оссир                 | ation<br>during mos   | st of work                                   | ina  | 16   | 8b. Kind of E  | Businass/I   | ndustry  |   |
| Completed  | Elam   |  | ndary (0-12)   | 3. 3. 200  | Collega (  | 1-4or 5+)                              |  | lifa. L  | OO NOT use   | ratired               | 1)  |  |  |  |  |  |  |   |
| Co   |  |  |  |  | 4  |  | C  | Contra   | act Ne   | got                   |   |  |  |  | tate 1   | -  | tmer   | nt  |
| Be   |  |  | (First, Middle,  |  |  |  |  |  |  |                       |   |  | a (First, Mid  |  | aigan Sumai  | ma)  |  |   |
| 2  | -  |  | Wellen   |  |  |  |  |  |  |                       |   |  | Padge  |  |  |  |  |   |
|  |  |  | ame/Ralation:  |  |  |  |  |  |  |                       |   |  | ral Routa Nu   |  |  |  |  |   |
|  |  | ilome  | na M.  | Well   | en   |  |  |  | Chap   |                       | View  | Dri  | ve, Be   |  | ville<br>Oc. Location  |  | 207  | - Sr - W-   |
|  | 10   | Burial 2   | Cramation  |  | moval from   | Stata                                  | cem  | atary, cren  | natory or oth  | ar plac               |   |  |  |  |  |  |  |   |
|  | 1 45   | Donation   | 5 Othar (S   | Specify)   |  | 1                                      | Metr   | opol:  | itan (   |                       |   |  | 12/9   |  |  |  |  |   |
|  |  |  |  |  |  |  |  | -  |  |                       |   |  | 9 -  | T  | 0 111  |  |  | 4   |
|  |  |  | neral Sarvice  | Licanse  | 9  |  |  |  |  |                       |   |  |  |  | Collin Blvd.   |  |  | 11  |
| once   | 21. Sign   | natura of Fu   | neral Sarvice  | 5  |  |  |  | Ho<br>S:   | ome, I<br>ilver  | nc.<br>Spr            | 500<br>ing,   | Un:  | iversi<br>20901  | ty   | Blvd.  |  |  |   |
|  | 21. Sign   | natura of Fu   |  | 5  |  |  |  | Ho<br>S:   | ome, I<br>ilver  | nc.<br>Spr            | 500<br>ing,   | Un:  | iversi<br>20901  | ty   | Blvd.  |  | Appro-<br>Interve  | oximata<br>al Batween   |
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| cal Examiner   | 23a. Plant shape s | atura of Fu<br>aft1. Entar the<br>lock, or hea<br>ata Causa (<br>or condition<br>g in death)<br>stially list co-<br>eading to in<br>Enter Unde<br>(Disease or Collisease | neral Sarvice  ha disaasa, o rt failura. List  (Final n  nditions, nmadiata srlying  | 5  | etions that o  | caused the aach lina.  TO TO Dua       | deeth. I                                     | Do not ent  Ob s a consecutive seconsecutive | ome, I<br>ilver<br>er the moda<br>estructuanca of):  | nc.<br>Spr<br>of dyir | 500<br>ing,<br>ng, such as  | O Un:<br>MD<br>s cardiac                     | iversi<br>20901<br>or raspirator                                     | ty<br>ry arras   | Blvd.  | West   | Appro-<br>Interve<br>Onset   | oximata<br>al Batween<br>t and Daath  |
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State Registrar

31. Data filed (Month, Day, Year)

JUN 1 5 1998

32 Registrar's Signature Julia Davidson-Randelle



State of Maryland / Department of Health and Mental Hygiene

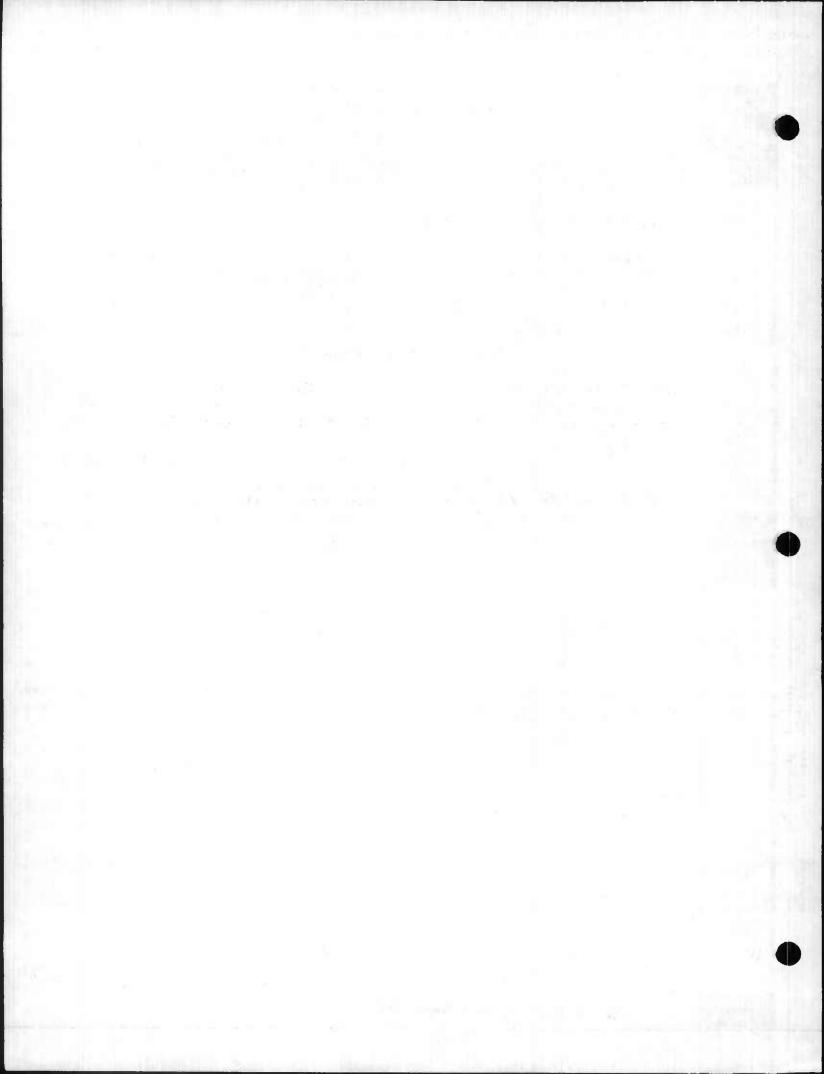
Certificate of Death 1 Decedent's Name (First Middle Lest) 2. Data of Death 3. Tima of Death Day 1998 **Physician** June 14, 1:15 PM Evan Arthur Whallon, Jr. /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner Suburban Hospital Bet.hesda Montgomery H Undar 1 Yaar | H Undar 24 Hrs. | 8. Data of Birth (Months Days Hours Min. ) U 1 y 24, 1923 5. Social Security Number 6. Sex 1 M 2 □ F Birthplaca (Stata or Foraign Country) 7. Aga (In yrs. lest birthday) **Funeral** Yrs. Indiana 111-24-5458 74 Director Usual Rasidanca of Decedant the Marylend 10a Stata 10b. County 10c. City. Town or Location 10d. inside City Limits 28a-1 show 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Exact in an inside a notified at 1 XYas 2 No Gaithersburg Maryland Montgomery 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 95 Orchard Drive United States 20878 Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 [X] Yas 2 □ No It Yas, Giva Yaar or Datas: WW II Was Decedant of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14 Race - American Indian 11. Marital Status Biack, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours effer to Departmant of Health and Mentel Hygiene. I important: if Item 27 is merked other than "natural", or item any injury or other traumatic event 1 ☐ Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ XNo Specify: p 3 ☐ Widowed 4 🖾 Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Collaga (1-4or 5+) Elamantary/Secondary (0-12) 5+ Symphony Conductor 18. Mothar's Name (First, Middle, Maiden Sumama) 17. Fathar's Nama (First, Middla, Last) Be Evan Arthur Whallon Katherine Kistler 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stete, Zip Code) 19a. informant's Name/Ralationship (Typa, Print) Cartersville, GA 30120 Paul E. Whallon 72 Lazy Water Drive. (son) 20b. Place of Disposition (Nema of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata 6-17-98 Beltsville, Maryland 4 ☐ Donation 5 ☐ Other (Spacify) Chesapeake Crematory Rapp Funeral Services, P. A. 21. Signature of Funaral Sarvice Licensee 933 Gist Avenue, Silver Spring, MD 20910 23a. Part1. Entar the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat and Death Physician minutes Miccardial Infarction /Medicai Immedieta Ceuse (Final disaasa or condition rasulting in daath) Examiner Examiner ettending physician and for use as tha buriel-transit Sequentially list conditions, if any, leading to Immadiata ceusa. Enter Underlying Causa (Disease or Injury that initieted events resulting in death) Lest Dua to (or as a consequence ot) 1.50.7 s. P.O. Box 68760, Physician/Medical Due to (or as a consequence of) 88 Pert II. Other significant conditions contributing to death but not resulting in the undarlying ceusa givan in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Cere Srovascular Accident Vital Records, þ 24b. Ware autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy Completed whatlow by hes 1 ☐ Yes 2 No 1 Yas 2 No certificata 25. Was casa retarred to medical axaminar? 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Yas 2 No To al or Attending Physics after death. Division of funerai 28a. Data of injury (Month, Day Year) 28c. tnjury at Work? 28d. Dascribe how Injury occurred 27. Mannar of Death 28b. Tima of Certification: 1 Natural 5 Panding 1 Yas 2 No invastigation 2 Accident the 6 ☐ Could not be datarmined 3 ☐ Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of tnjury - At homa, farm, straat, tactory, office building, atc. (Spacify) 4 Homicida To the Hospital within 24 hours a To the Funeral C 1 Certifying Physician: To the best of my knowledga, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifian (Check only one) 29d. Data signed (Month, Day, Year) 29c. Licansa numbar 29b. Signature and title of certifian Mushen im 033357 10 and address of parson who completed cause of deeth (Item 23a) (Type, Print) 5530 Wisconsin Are Chen Chane min Musher my Jona / han Re 32 Registrate Signature Randoll 31. Deta tiled (Month, Dey, Year)
JUN 17 State

DHMH 16 Rsv 6/95

Registrar

2403



State of Maryland / Department of Health and Mental Hygiene

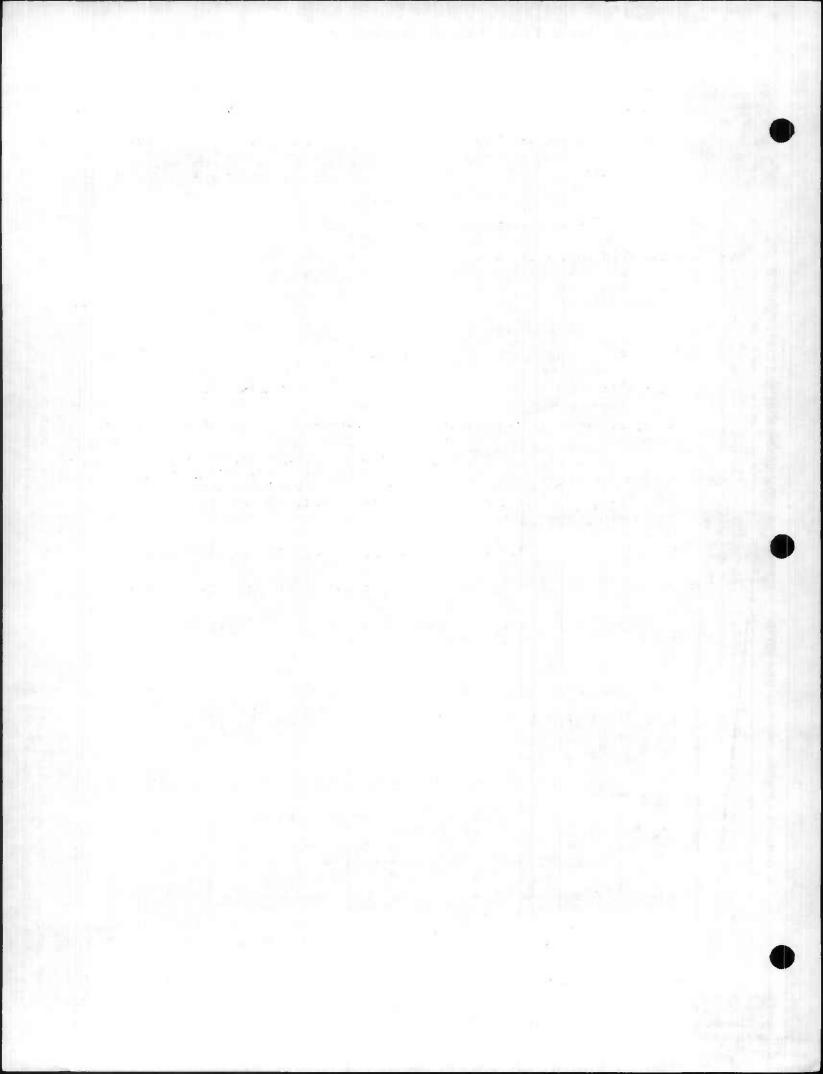
Certificate of Death 1 Decedent's Name (First Middle | est) 2. Data of Death 3. Time of Death **Physician** June 15, 1998 Dorothy M. Winstead 5:15 AM /Medical 4a Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Prince Georges Hospital Cheverly Prince Georges If Undar 1 Year | If Undar 24 Hrs. 8. Data of Birth (Month, Day, Yaar)
Dec. 19, 1907

Birthpleca (Stele or Foreign Country)
Washington, DC 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Days Months Hours 1 □ M 2 🕅 F 90 Yrs. 578-05-6052 Director Usuel Rasidence of Decedant the Maryland 10c. City, Town or Location 10a. Stata 10b. County 10d. Insida City Limits r 28a-f ahow 1 ☐ Yas 2 ☒ No Directo Prince Georges Seabrook 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours after death with 1 Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or any inJury or other traumatic avant, the Modes It surviver matter. 9747 Good Luck Road, Apt. 3 20706 USA Funeral 12. Wes Decedent Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-It Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14 Raca - American Indian. Bleck, Whita, atc. 1 ☐ Yas 2 No If Yas, Giva Yaar or Datas: 1 □ Navar Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: p White 3₺ Widowed 4 Divorced Completed Decedant's Usual Occupation
 (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Eiamentary/Secondary (0-12) Collega (1-4or 5+) Homemaker Own Home 18. Mother's Name (First, Middle, Maiden Sumama) 17. Fathar's Nama (First, Middla, Last) John Williams Rosalie Teal 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) 19a. intormant's Name/Ralationship (Type, Print) Betty J. Rease 6918 Hanover Parkway, Greenbelt, MD 20770 (daughter) 20b. Place of Disposition (Nama of cematery, crematory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Data 1 CRurial 2 Cremation 3 Removal from State Gate of Heaven Cemetery 6/18/98 Silver Spring, MD

22. Nama end Address of Fecility Francis J. Collins Funeral
Home, Inc. 500 University Blvd. West 4 ☐ Donation 5 ☐ Othar (Specify) Silver Spring, MD 20901 Sleven 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intervel Between Onsat end Deeth **Physician** Immediata Causa (Final disaasa or condition rasulting In daath) /Medical CEREBROUASIULAR ACCIDENT LDAY **Examiner** Examiner SCILSASLICE HEAQT FAILURE The law requires that the death certificate be executed physician and s the burial-trans Sequantielly list conditions, if any, laeding to immadiete cause. Enter Underlying Causa (Disaasa or Injury CORONAQY P.O. Box 68760, Physician/Medicai that initiated avants resulting in daath) Lest SBS esn by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, à 24b. Wara eutopsy tindings available prior to completion of cause ot death? 24a. Was an autopsy periormed? Completed is certificate hes director, page 2: 1 ☐ Yas 2 ☐ No Physician: 25. Was casa ratarred to medical exeminer? Be 28. Placa of Daeth (Check only ona) Hospital: Other: 4 Nursing Homa 5 Rasidenca 6 Othar (Specify) 1 Yas 2 No 10 12 Inpatiant 2 ER/Outpetient 3 DOA this 28a. Deta of Injury (Month, Day Year) funeral 28d. Describe how Injury occurred 27. Mannar of Deeth 28b. Tima of 28c. tnjury at Work? Certification: Attanding 1 Natural 5 Panding or Attanding efter death. Director: Aft 1 ☐ Yas 2 ☐ No investigation 2 Accident in 24 hour. the Funeral Dirac. 6 Could not be datarmined Location (Street end Number or Rural Route Number, City or Town, State) 3 Suiclda 28a. Placa of Injury - At homa, tarm, streat, tactory, office building, atc. (Specify) 4 Homlcida 29e. Certifier Certifying Physician: To the best of my knowledge, death occurred at tha time, data and place, and dua to the causa(s) and mannar as stated. edicai To the Hosp within 24 hor To the Fune completely fi 2 Medicat Examiner: On the basis of examination and/or Investigation, In my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signatura and titla of permi 29c. Licanse number 30. Nama and addrass of person who completed cause of daeth (Item 23e) (Type, Print) KENK WORTH AVE. RIVERDALE KU MATHEW MD 6510 up 30737. 31. Data tiled (Month, Day, Year) 32. Registrar's Signature State whie Davidson JUN 16 1998

**DHMH 16 Rev 6/95** 

Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** 1998 Dorothy Hague Wheat June 6:00am /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Chestertown Nursing and Rehab. Center Chestertown Kent If Under 1 Year Months Days If Under 24 Hrs Hours Min. 7. Age (In yrs. last birthday) 5-Social Security Number 218-16-63/4 **Funeral**  Birthplece (State or Foreign Country) Hours 1□ M 2□F Director Yrs Maryland Usual Residence of Decedent the Manyland 10a State 10b Count 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Queen Annes Sudlersville Director 1 No Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ŏ Herns 23a 204 S. Church Street 21668 U.S.A. death Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Yes 2 ☑ No if Yes, Give Year or Dates: 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 ŏ 1 ☐ Yes 🔀 ☐ No by Specify: White 3 □ Widowed 4 □ Divorced "natural". Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within Department of Health and Mental Hygiene. Important: if flem 27 is manked other than any Injury or other trainmetic. Elementary/Secondary (0-12) College (1-4or 5+) 11 cook/ waitress restaurant 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Elmer Haque Blanche Perry 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Thomas A. Wheat Sr. 204 S. Church St. Sudlersville, Md. 21668 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 Burial 2 Cremation 3 Removal from State St. Pauls Cem. 4 Donation 5 DOther (Specify) June 17 Chestertown, MD 21. Signature of Funeral Service Licens 22. Name and Address of Facility Fellows, Helfenbein, & Newnam Funeral Home Chestertown, Md. 21620 23a. Part. Enter the sease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner requires that the death certificete be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Lest and Due to (or as e consequence of): ettending physician a for use es the buriel Box 68760. Physician/Medical Due to (or as a consequenca of) P.O. Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown signed b Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? need The law page 2 s certificate hes 2 No 1 ☐ Yes 2 ☐ No Vital Physician: director. Be 25. Was case referred to medical 26. Place of Death (Check only one) es 2 No Other 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA of this funera 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After Division or Attending 5 Pending Investigation Natural To the Hospital or Attendition within 24 hours aftar death. To the Funeral Director; A 1 Yes 2 No the f 2 Accident 6 Could not be 3 Sulcide in by t 28e. Placa of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) determined 4 T Homicide filled Certifying Physician: To the best of my knowledge, death occurred at the time, date end piace, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier Medical completaly (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Monty, Day, Year) 8 0 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Sen 4 32. Registure Sign June door 31. Date filed (Month. 16 State '98 Registrar

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** 0654 HILDRED WILL 10 /Medical 4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Stock THYWA CONTER-UNIVERSITY OF MARYLAND BALTIMORE, MD BALTIMORE If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) If Under 1 Year Birthplace (State or Foreign Country)
 A 5. Social Security Number 6. Sex **Funeral** 100M 2□ F Months Deys 216-18-5728 Director Usual Residence of Decedent the Meryland 10a. Stete 10b. County 10c. City, Town or Location Pages 1 end 2 should be filed within 72 hours after deeth with the Menylen nent of Health and Mental Hyglene.
Intel if Itam 27 Is marked other than "natural", or items 23s or 28s-1 show may no rother that may no rother that may no rother that may be notified at any or other that made event, the Medical Examiner man to a notified at 10d. Inside City Limits 1 Yes 2 HNo KEN-Director WORTON 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? USA 11032 TLUM DRIVE 21678 Funeral 12. Wes Decedent Ever in U,S.
Armed Forces?

1 ⊉Yes ≥ □ No
If Yes, Give
Yeer or Dates: WW II Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Maritel Stetus Black, White, etc. 1 Never Merried 2 Married 1 Yes 2 No Specify: Baltimore, Maryland 21215-0020 Specify: BLACK þ 3 ₩idowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) TAR MING HAND TTH FARM 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be SAMUEL HYMSON WILLIS NELLIE 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Neme/Reletionship (Type, Print) 11032 PLUM DRIVE. WORTON, MD DELONIA BLACK. DAUGHTER 21678 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel from State Department of Important: If any Injury or pace. 6-20-98 4 Donation 5 Other (Specify) 21. Signature of Funerel Service Licensee WALLEY 22. Neme and Address of Fecility FUNERAL HOME 207 CALVERT ST. CHESTERTOWN, MO 21620 Entwithe disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, or heart failure. List only one cause on each line. ). waller Approximete Intervel Between Onset end Deeth **Physician** /Medical Infarction Immediate Ceuse (Finel Acute Myocardial diseese or condition resulting in death) **Examiner** Due to (or es a consequenca of): Examiner that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and buriel-tran Due to (or as a consequence of) physician Division of Vital Records, P.O. Box 68760 Physician/Medical the Due to (or as e consequence of) ettending p 88 signed by the el Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 ☐ Unknown End Stage Renal Disease Hypertension, p 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes an autopsy Completed peeu page 2 2 No 1 Yes 1 ☐ Yes 2 No certificate Attending Physician: director Be 25. Wes case referred to medical 26. Pleca of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28d. Describe how injury occurred Certification: 28c. Injury et Work? 1 Netural 5 Pending Investigation e Hospital or Attending 124 hours efter deeth. A Funeral Director: Aft 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled 29a, Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and pleca, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. Medical 29d. Date signed (Month, Day, Year) 29b. Signeture end title of cartifier 29c. License number Robert M Ma 7306 6/10/98 30. Name and address of person who of deeth (Item 23e) (Type, Print) 22 S. GREENE Balto MADAYAG 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture

DHMH 16 Rev 6/95

State

Registrar

JUN 16

Aulia Davidsor



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 3. Time of Death 2. Data of Death 1. Decedant's Nama (First, Middla, Last) Day Month Yaar 1:30 AM **Physician** 14, LOIS LEE WAGNER JUNE 1998 /Medical 4b. City. Town, or Location of Death 4c. County of Death 4a Facility Nama (If not Institution, giva street and number) Examiner CARROLL COUNTY GENERAL HOSPITAL WESTMINSTER CARROLL If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | Min. | May 23,1937 Birthplaca (Stata or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1 □ M 2 ₩ F 216-34-1802 61Yrs. MD **Director** Usual Rasidance of Dacedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits r 28a-f ahow MD CARROLL HAMPSTEAD 1 ☐ Yas 2 ☑ No Director 10g. Citizen of What Country? 10e Street and Number 10f Zin Code 2 should be moved and Mental Hygiene.
Is marked other than "natural", or itama 23a or increased other than "natural", or itama 23a or increased other than Medical Example mail but 2439 Fairmount Rd., Trailer 36 21074 USA permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural; or itams 23a any hijury or other traumatic avent, the Medical Examiner must page. Funerai 12. Was Dacedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxicen, Puerto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 11 Marital Status I □Yas 2☑ No If Yas, Giva Yaar or Datas: 1 Nevar Married 21 Married Baitimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: Specify: white à 3 ☐ Widowed 4 ☐ Divorced Completed 15. Dacadant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Housewife Domestic 12 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Beatrice Saunders Hilton F. Smedley 19a. Informant's Name/Raiationship (Type, Print) (Husband) | 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code, 2439 Fairmount Rd, Hampstead, MD 21074 Benjamin Thomas Wagner 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20c. Location - City or Town, State 20e. Mathod of Disposition Data Jun 17 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify) Mayberry First Church Westminster, MD 1998 21. Signatura of Funaral Sarvice Licanses 22. Nama and Addrass of Facility Eline Funeral Home 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest,

Approximate Approximata Intarval Batween Onset and Death Physician myocardial Interction

Dua to (or as a consequence of):

Insulin Dependent Diabetes Melity Immediata Causa (Final disaasa or condition rasulting in daath) /Medical Examiner Examiner attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata ceusa. Enter Underlying Causa (Disaasa or Injury that Initiated avants Division of Vital Records, P.O. Box 68760, Physician/Medicai that Initiated avants rasulting in daath) Last Dua to (or as a consequance of) signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings availabla prior to completion of ceusa of daath? should t 24a. Was an autopsy performed? Completed irector, page 2 s 1 Yas 2 No or Attending Physician: 25. Was cesa ratarred to medicel axaminar? Be 26. Placa of Death (Check only ona) Hospital: 1 Inpatiant 2 ER/Outpatiant 3 DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No P this funeral 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: Aftar 5 Panding invastigation 1 Natural n 24 hours after death.

he Funeral Director: After cleately filled in by the fur 1 Yas 2 No 2 Accidant 6 Could not ba datarmined 3 ☐ Suicide 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicida 1 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar To the Hosp within 24 hor To the Fune completely fi Medicai (Check only one) 29b. Signatura and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) mouns D51705 30. Nama and addrass of person who completed ceusa of death (item 23a) (Type, Print) PANSURITA, MD P.O. Box 857 HAMPSTEAH) 32. Ragistrar's Signatura 31. Data filed (Month, Day, Yaar) This otwoborkerlett Registrar 7 1998

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended Item 7, Per F.D. • 6/16/98, Carroll County, wjl Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Day EDITH K. WATTERS 15, 1998 JUNE 6:30 AM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CARROLL LUTHERAN VILLAGE WESTMINSTER CARROLL If Undar 24 Hrs.
Hours Min.

8. Date of Birth
(Month, Day, Year)
JAN . 25, 1907

9. Birthplace (Stata or Foraign Country)
PENNSYLVANIA If Under 1 Year 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 1 □ M 2 ☑ F 90 91 Yrs. 195-30-5143 Director Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show treumstic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director MD. CARROLL SYKESVILLE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 230 4453 BARTHOLOW RD. USA. 21784 Funeral tems 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. 72 hours efter 1 Never Marriad 2 Married 1 ☐ Yes 2 No If Yas, Giva Year or Dates: Baltimore, Maryland 21215-0020 6 1 Yes 2 No Specify: b Specify: WHITE 3 ₩ Widowed 4 Divorced "natural", 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grada complated) permit. Pages 1 and 2 should be filed within 7 Department of Haaith and Mental Hygiena. Important: if Item 271s marked other than "say Injury or other traumatic event, to a Head office. Elementary/Secondery (0-12) College (1-4or 5+) NURSE HEALTH 12 17. Father's Name (First, Middia, Last) 18. Mother's Name (First, Middla, Maidan Surnema) WILLIAM KENT SCOTT DIANA 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stata, Zip Code) JOHN W. WATTERS -SON 4453 BARTHOLOW RD., SYKESVILLE, MD. 21784 20b. Place of Disposition (Nama of cematary, cramatory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) METRO CREMATORY 6/16/98 BALTIMORE, MD. 22. Nama and Address of Facility FLETCHER FUNERAL HOME 254 E. MAIN ST., WESTMINSTER, MD. 21157 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Onsel and Death **Physician** /Medical immediate Cause (Final Majo cerdeal Inferrogen disaasa or condition resulting in daath) Examiner Examiner The law requires that the death certificate be executed end-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or as Consequence of) physician er s the buriel-to Box 68760, Physician/Medical Due to (or as a consequence of): P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 3 1 Yas 2 No 3 ☐ Probably 4 ☐ Unknown Chrome Gremen signed I Records, by 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of causa of death? No 1 ☐ Yes 2 ☐ No certificate Division of Vital ai or Attanding Physician: T s eftar daath. it Director: Atter this certificat ed in by the funaral director, p 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only ona) 1 ☐ Yes No 27, Manner of Death Other: Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Matural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stete) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building alc/(Specify) 4 Homicide To the Hospital or within 24 hours eft To the Funeral DI completaly filled in Certifying Physician: T best of my knowledge 29a. Certifier seath occurred at the time, dete and piece, end due to the cause(s) end menner as stated. Medical basis of examination for Investigation, In my opinion, death occurred at the time, date and place, and dua to the cause(s) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number June 15th 1998 037949 30. Name end address of persons ath (Item 232) (Type Print) Alexander Bugdaschus westminister NW 21157 St. Wente We

DHMH 16 Rev 6/95

State Registrar

31. Data filad (Month, Day, Yaar)

JUN 1-6

Atl

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Month Day GEORGE WALTER WILLIAMS JUNE 14 1998 1715 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, giva street and number) CUMBERLAND SACRED HEART HOSPITAL ALLEGANY If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 6. Sax 1 M 2 F Birthplaca (Stata or Foreign Country) 5. Social Security Number 7. Aga (In yrs. last birthday) Months Days Yrs. 79 JAN 2 PA 174-16-9918 Usuai Rasidanca of Dacadant 10a. Stata 10c. City, Town or Location 10d. Inside City Limits 10b. County 1X Yas 2 No MARYLAND CUMBERLAND ALLEGANY 10f. Zip Coda 10g. Citizan of What Country? 10e. Street and Number 21502 807 BROOKFIELD AVE. U.S.A. 14. Race - American Indian, Black, Whita, atc. 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No. If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1XXYas 2 No If Yes, Giva Year or Dates: WW]] 1 Navar Marriad 2 Marriad 1 Yas 2 No Specify: Specify: WHITE 3 Widowed 4 Divorced 16a. Dacedent's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) CELANESE CORP OF AMERICA TRUCK DRIVER 18. Mothar's Nama (First, Middle, Maidan Sumama) 17. Fathar's Nama (First, Middle, Last) ELWOOD WILLIAMS ILA MAE SIMMONS 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) MARTHA JANE WILLIAMS 807 BROOKFIELD AVE CUMBERLAND MARYLAND 21502 WIFE 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 ∑Buriai 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Other (Specify) FRIENDS COVE CEMETERY JUNE 17 1998 RAINSBURG PA. 22. Name and Address of Facility MERRITT-ADAMS FUNERAL HOME und 05 ations that caused the death. Do not enter the mode of dying, such as cardiac or restriction afrest. MARYLAND 23a. Part1. Enter the disease, or complications that caused t shock, or heart failure. List only one cause on each line Approximate Interval Batween Onsat and Daath Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Dua to (or as a consequence of): that initiated avants rasulting in death) Last Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? significant conditions contributing to death/but not resulting in the underlying cause given in Part I. 2200 3 Probably 4 Unknown 1 Yes 24b. Were autopsy findings available prior to 24a. Was an autopsy parformed? complation of causa of death? 1 Yas 1 Yas 2 No 28. Placa of Death (Check only one)

Physician /Medical Examiner

**Physician** 

/Medical

Examiner

Directo

Funeral

by

Completed

**Funeral** 

Director

r than "natural", or items 23s or the Medical Examiner must be

pemit. Pages 1 and 2 should be filed within 72 hours efter death v Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Medical Examine must once.

altimore, Maryland 21215-0020

with the Maryland r 28a-f ahow

> Examiner **Physician/Medical** Part II. Other by Completed

physician and s the buriel-transit 88 USB for signed by the a is certificate has director, page 2 Be 2 this funeral Certification: Director: A

The law requires that the death certificate be executed

Box 68760

Division of Vital Records,

or Attending Physician:

death.

efter 24 hours efter Funeral Dire letely filled in b Hospital

To the Hosp within 24 hou To the Fune completely fi

25. Was case referred to medical axaminer?

1 Yas 2 No 27. Mannar of Daath Natural 2 Accident

5 Panding invastigation 6 Could not be detarmined 3 Suicida 4 Homicida

Hospitai:

Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year)

28b. Tima of

28c. Injury at Work?

1 ☐ Yas 2 ☐ No 28a. Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Specify)

Othar: 4 Nursing Homa 5 Rasidenca 8 Othar (Specify) 28d. Dascribe how injury occurred

JUNE

28f. Location (Streat and Number or Rural Route Number, City or Town, State)

1998

Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.

(Check only one) 29d. Data signad (Month, Day, Year) 29b. Signeture and title of

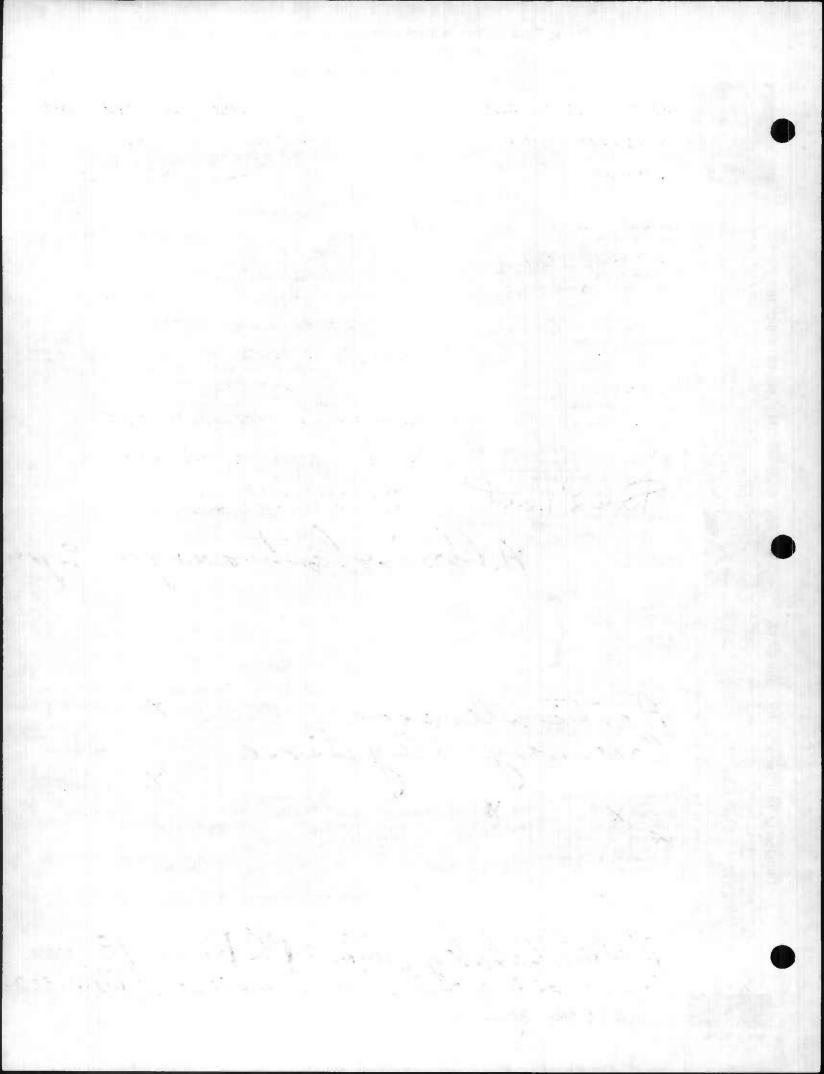
31. Data filad (Month, Day, Year)

Registrar

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29a. Cartifian

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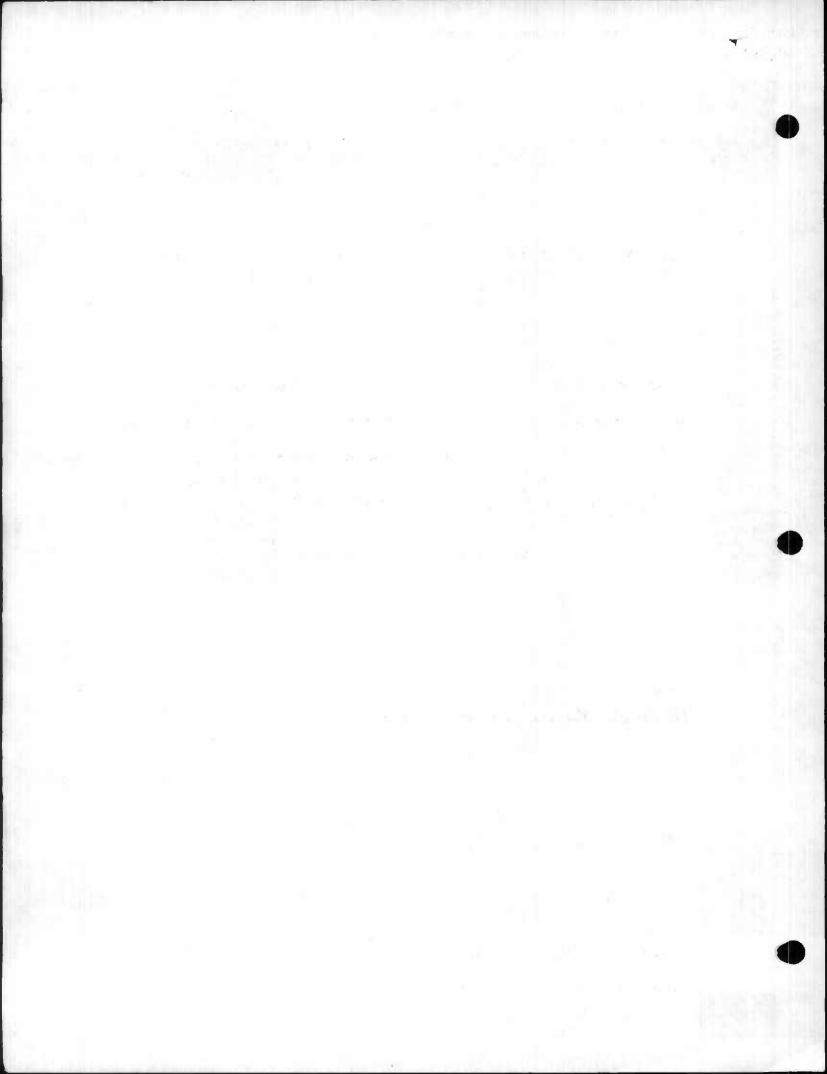


State of Maryland / Department of Health and Mental Hygiene 9 8

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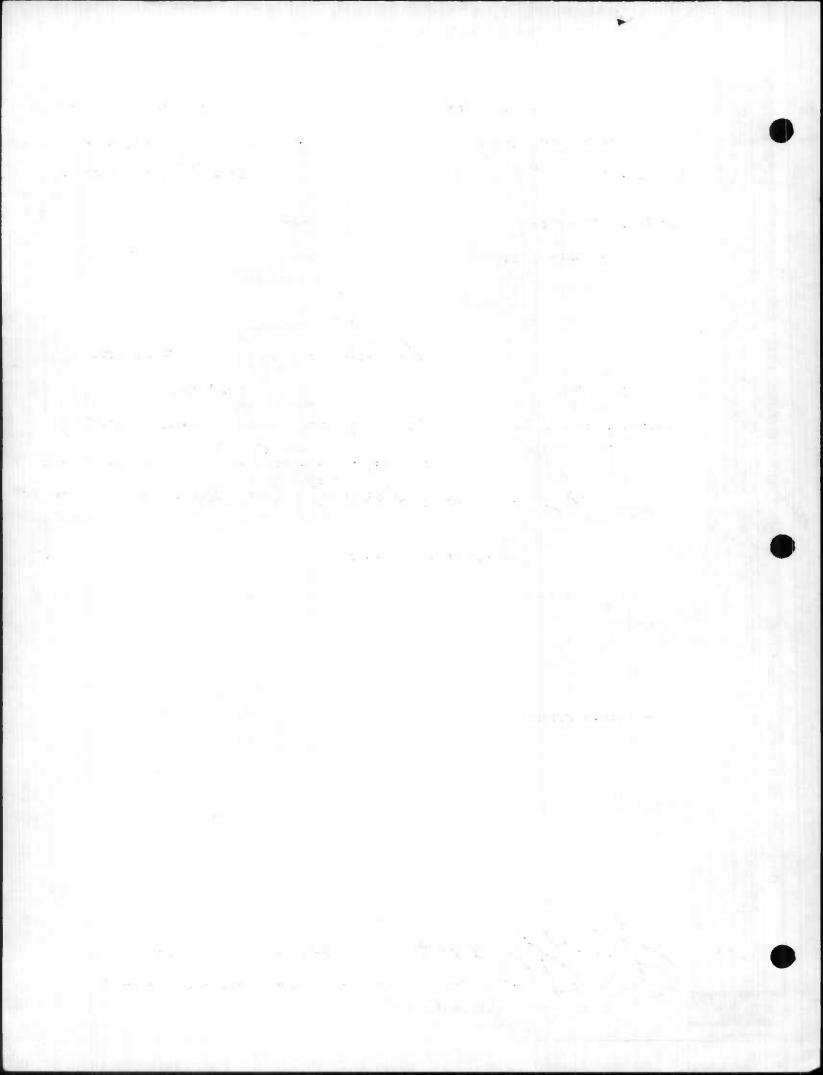
|            |  |                  |   |  |                                  | Cert      | ificate of                           | Death                      | 7                        |                                 | Reg. No.                   |                               |                                    |                |
|------------|--|------------------|---|--|----------------------------------|-----------|--------------------------------------|----------------------------|--------------------------|---------------------------------|----------------------------|-------------------------------|------------------------------------|----------------|
|            |  |                  | 1. Decedent's Neme (First, Middle, La   | ist)   |                                  |           |                                      |                            |                          | 2. Dete of De                   |                            | V                             | 3. Time of                         | Death          |
|            | Physic<br>/Medi  |                  | Austin Tyler  | Wood -   | Gray                             |           |                                      |                            |                          | June 9                          | .1998                      | Yeer                          | 5:14                               | P.M.           |
|            | Exami  |                  | 4e. Fecility Name (If not Institution, give   |  |                                  |           |                                      | 4b. City, T                | own, or L                | ocation of Deet                 |                            | ounty of Death                | 1                                  |                |
|            |  |                  | Holy Cross Hosp   | ital   |                                  |           |                                      | Silv                       | er S                     | pring                           | Mon                        | tgomer                        | V                                  |                |
|            | Funeral  |                  |   |  | (In yrs. lest birt               |           | If Under 1 Yeer<br>Months Deys       | If Unde                    | r 24 Hrs.                |                                 | th<br>Year)                | 9. Birth                      | plece (Stete o                     | or Foreign     |
|            | Director   |                  | none  | MOM 2□ F   |                                  | Yrs.      | Doyo                                 | 2                          | 43                       | June 9                          | ,1998                      | Mary.                         |                                    |                |
|            | pu *   |                  | Usuel Residence of Decedent  10a. State 10b. County   |  | 10c. City, Towr                  | n or Loca | ation                                |                            |                          |                                 |                            |                               | 10d Inside Ci                      | la di locala c |
|            | anylen<br>show   | 2                | N/A N/  | Δ  |                                  |           |                                      |                            |                          |                                 |                            |                               | 10d. Inside Ci                     |                |
|            | the Maryle<br>28a-f sho  | ect              | 10e. Street end Number  |  | Washin                           | gwn       |                                      |                            |                          |                                 | 10 011                     |                               |                                    | 2 [ ] 110      |
|            | with or  | 급                |   | ATT #21  |                                  |           | 10f. Zip Code                        | 00                         |                          |                                 |                            | n of What Cou                 | intry?                             |                |
|            | deeth with the Maryland<br>rms 23a or 28a-f show<br>r river be notified at   | Funeral Director |   | NW #34   | use is 11.0                      | 10.14     | 200                                  | -                          | -1-1-0.40                |                                 | U.S                        |                               | lana ta di                         |                |
|            | items<br>instru  | Š                | 11. Maritei Stetus  12 Never Married 2 Merried  | 12. Wes Decedent E<br>Armed Forces?<br>1 ☐ Yes 2(⊆ N |                                  | If Y      | as Decedent of I<br>res, specify Cub | oan, Mexica                | ngin / (Sp<br>an, Puerto | Rican, etc.)                    | 14.                        | . Reca - Amer<br>Bieck, White |                                    |                |
| 20         | 9 9  | by F             | 3 ☐ Widowed 4 ☐ Divorced  | If Yes, Give<br>Yeer or Detes:                       | 0                                | 10        | □Yes 2ΩNο                            | Specify                    | <b>/</b> :               |                                 | SI                         | pecify: Bla                   | ack                                |                |
| 21215-0020 | 72 hours<br>netural,   |                  | 15. Decedent's E  |  | 16e.                             | Deceder   | nt's Usuei Occu                      | netion                     |                          |                                 | 16b. Kind                  | of Business/li                | ndustry                            |                |
| 15         | e 1 4  | Completed        | (Specify only highest gr  | ede completed)                                       |                                  | (Give kil | nd of work done NOT use retire       | during ma                  | st of work               | ing                             | 100.11110                  | 0. 0001103341                 | industry                           |                |
| 212        | yiene.   | Eo               | Elementery/Secondery (0-12)   | College (1-4or 5-                                    | +)                               |           | none                                 |                            |                          |                                 | 1                          | none                          |                                    |                |
|            | e filed<br>el Hygie<br>other   | Be C             | 17. Fether's Neme (First, Middle, Last  | )  |                                  |           |                                      | 18. Moth                   | ner's Nam                | e (First, Middle                | Meiden Su                  | ımeme)                        |                                    |                |
| lar        | should be ind Mentel in marked or imatic eve   | To B             | Adrian A. Gray  |  |                                  |           |                                      | T                          | anya                     | M. Woo                          | đ                          |                               |                                    |                |
| Maryland   | should<br>and Men<br>amerke  | -                | 19e. Informent's Neme/Reletionship (  | Type, Print)   | 19b.                             | . Mailing | Address (Stree                       | t end Numi                 | ber or Rui               | ral Route Numb                  | er, City or T              | own, Stete, Z                 | ip Code)                           |                |
|            | s 1 and 2 should be filed<br>f Health and Mentel Hyg<br>Itam 27 Is marked othe<br>other traumatic event,                 |                  | Tanya M. Wood/Mot   | her  | 190                              | 07 1      | 5th St.                              | NW #                       | 34 W                     | ashingt                         | on, D                      | C 20009                       | 9                                  |                |
| re         | of He itam   |                  | 20a. Method of Disposition  |  |                                  |           | tion (Neme of<br>tory or other ple   |                            | T                        | Dete                            |                            | tion - City or T              |                                    |                |
| Baltimore, | permit. Pages 1 and 2 st<br>Department of Health and<br>Important: if item 27 is m<br>any injury or other traun<br>once. |                  | XXBuriei 2 Cremetion 3 4 Donetion 5 Other (Special  |  |                                  |           | eaven C                              |                            | ry J                     | une 13,                         | 1998                       | Silver                        | Sprinc                             | , MD           |
| alti       | permit. Pa<br>Departmen<br>Important:<br>any Injury  |                  | 21. Signature of Funerel Service Licar  | ngeo (   |                                  | 22. 1     | Name end Addr                        | ess of Feci                | litym-1-                 | oma Evan                        | 0 20 3 1                   | Uomo T-                       |                                    |                |
| m          | Depar<br>Impor<br>any In   |                  | R   | 1 /2 - 4-  |                                  | 25        | 4 Carro                              | 11 S+                      | TOW                      | Washin                          | etai i                     | DC 200                        | 1C.                                |                |
|            | _  |                  | 23a. Pert1. Enter the discusse, or comshock, or heart in line. List only                                    | plications that caused                               | the deeth. Do n                  |           |                                      |                            |                          |                                 |                            | 200                           | Approximete                        | 0              |
|            | Physician  |                  | shock, or heert to three. List only   | one ceusion eech line                                | θ.                               |           | ,                                    |                            |                          |                                 |                            |                               | Intervel Bet<br>Onset and I        | ween           |
| 1          | /Medical   |                  | Immediete Ceuse (Final  | RITY 2/LHR   |                                  |           |                                      |                            |                          | Up:                             |                            |                               |                                    |                |
|            | Examiner   |                  | disease or condition<br>resulting in deeth)   | e. EXTRE   | Due to (or es e o                |           |                                      | dir                        |                          |                                 |                            | 1                             |                                    | 112            |
| _          |  | je               |   |  | 200 (0) (0) 63 6 (               | Jonsoque  | 31100 01).                           |                            |                          |                                 |                            |                               |                                    |                |
|            | certificate be executed<br>ding physician end<br>se es the buriel-transit  | Examiner         | b   |  |                                  |           |                                      |                            |                          |                                 |                            |                               |                                    |                |
| ó          | an er  | ŭ                | Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury |  |                                  |           |                                      |                            |                          |                                 |                            |                               |                                    |                |
| 68760,     | ote by   | Medical          | thet initiated events resulting in deeth) Lest  | onseque  | nce of):                         |           |                                      |                            |                          | -                               |                            |                               |                                    |                |
|            | ng pl  | Med              | 100011119 111 0001117 2001  |  |                                  |           |                                      |                            |                          |                                 |                            |                               |                                    |                |
| Box        | ith ce<br>tendi  |                  |   | d  |                                  |           |                                      |                            |                          |                                 |                            |                               |                                    |                |
|            | es that the death or<br>igned by the etten<br>be detached for u  | Physician        | Pert II. Other significant conditions of  | ontributing to deeth but                             | t not resulting in               | the und   | erlying cause gi                     | ven in Pert                | 1.                       | 23b. Did                        | tobacco us                 | e contributa                  | to the causa o                     | of death?      |
| P.0        | that the<br>led by th<br>detach  | Phy              | PREMATURE RAT   | 10 - 0 F V   | Wood O                           | لياله     | 5                                    |                            |                          | 10                              | Yes 200                    | No 3□ Pro                     | obably 4                           | Unknown        |
| Ś          | es the   | þ                | Merijou Nai   | orde et 1  | 1011/13                          |           |                                      |                            |                          |                                 |                            |                               |                                    |                |
| Records,   | v requires<br>been sign<br>should be   | ted              |   |  |                                  |           |                                      |                            |                          |                                 | en eutopsy                 | e                             | Vere eutopsy f<br>veilebie prior t | 0              |
| ec         | S S S  | ple              |   |  |                                  |           |                                      |                            |                          |                                 |                            | 0                             | ompletion of c<br>f deeth?         | ause           |
| <b>E</b>   | The law<br>ate hes b   | Completed        |   |  |                                  |           |                                      |                            |                          | 10                              | Yes 2                      | No 1                          | ☐ Yes 20                           | No             |
| Vital      | fing Physician: The<br>The this certificate<br>funeral director, pag   | Be (             | 25. Wes case referred to medical exeminer?  |  |                                  |           |                                      | 26. Piec                   | e of Deet                | th (Check only                  | ne)                        |                               |                                    |                |
| of \       | yslc<br>ll dire  | 0                | 1 ☐ Yes 2 No  | Hospitel:  | t 2 ER/Out                       | tpetient  | 3□ DOA Ot                            | her: 4 🗆 N                 | lursing Ho               | ome 5 Resi                      | denca 6                    | Other (Spec                   | ify)                               |                |
| n          | aing Ph<br>h.<br>After th<br>funeral   |                  | 27. Menner of Deeth  1. Neturel 5 □ Pending   | 28e. Date of Injury<br>(Month, Dey                   | Year) 28b. T                     | ime of    | 28c. Inju                            | ry et<br>ork?              |                          | 28d. Describe                   | how Injury o               | occurred                      |                                    |                |
| Division   | Attending or death.  | Certification:   | 2 ☐ Accident investigation  |  |                                  |           |                                      | Yes 2                      | ] No                     |                                 |                            |                               |                                    |                |
| Z          |  | Ę.               | 3 Suicide 6 Could not b   | 28e. Piece of Injur<br>building, etc.                | ry - At home, fer<br>(Specify)   | rm, stree | t, factory, offica                   |                            |                          | 28f. Location (<br>City or To   | Street end f<br>vn, State) | Number or Ru                  | ral Route Num                      | ber,           |
|            | To the Hospital or within 24 hours effet To the Funeral Dir completely filled in   |                  |   |  |                                  |           |                                      |                            |                          |                                 |                            |                               |                                    |                |
|            | To the Hospital within 24 hours of the Funeral completely filled   | edical           | (Check only 2 Medical Exar  | yelclan: To the best of<br>niner: On the besis of a  | my knowledge,<br>exemination end | , deeth o | ccurred et the ti                    | lme, date e<br>opinion, de | nd plece,                | end due to the red et the time. | ceuse(s) er                | nd menner es                  | steted.<br>to the cause(s          | ()             |
|            | the ling the label   | Med              | one)  | end menner stet                                      | ed.                              |           |                                      |                            |                          |                                 |                            |                               |                                    |                |
|            | P N N  |                  | 29b. Signeture and title of certifier   |  |                                  |           | 29c. Licen                           | se number                  |                          |                                 | 290. Dete 8                | signed (Month                 | , Day, Year)                       |                |
|            |  |                  | X-11-5  | m  | 2                                |           | 1)20                                 | 524                        |                          |                                 | 619                        | 1198                          |                                    |                |
|            |  |                  | 30. Name and address of person who  |  |                                  |           |                                      | (                          | 0.0                      |                                 |                            |                               |                                    |                |
|            |  |                  | STEWS P. WYNER  |  | LY (ROLL                         | 1651      | VIUSL,                               | 7 ILVE                     | SIR                      | me, n                           | n 2i                       | 0910                          |                                    |                |
|            | Sta  |                  | 31. Dete filed (Month, Day, Year)  JUN 16 199   |  | Signeture                        | andel     | 2                                    |                            |                          | ,                               |                            |                               |                                    |                |
|            | Registi  | ar               | 501/ T 0 12   | 7  |                                  |           |                                      |                            |                          |                                 |                            |                               |                                    |                |

DHMH 16 Rev 6/95

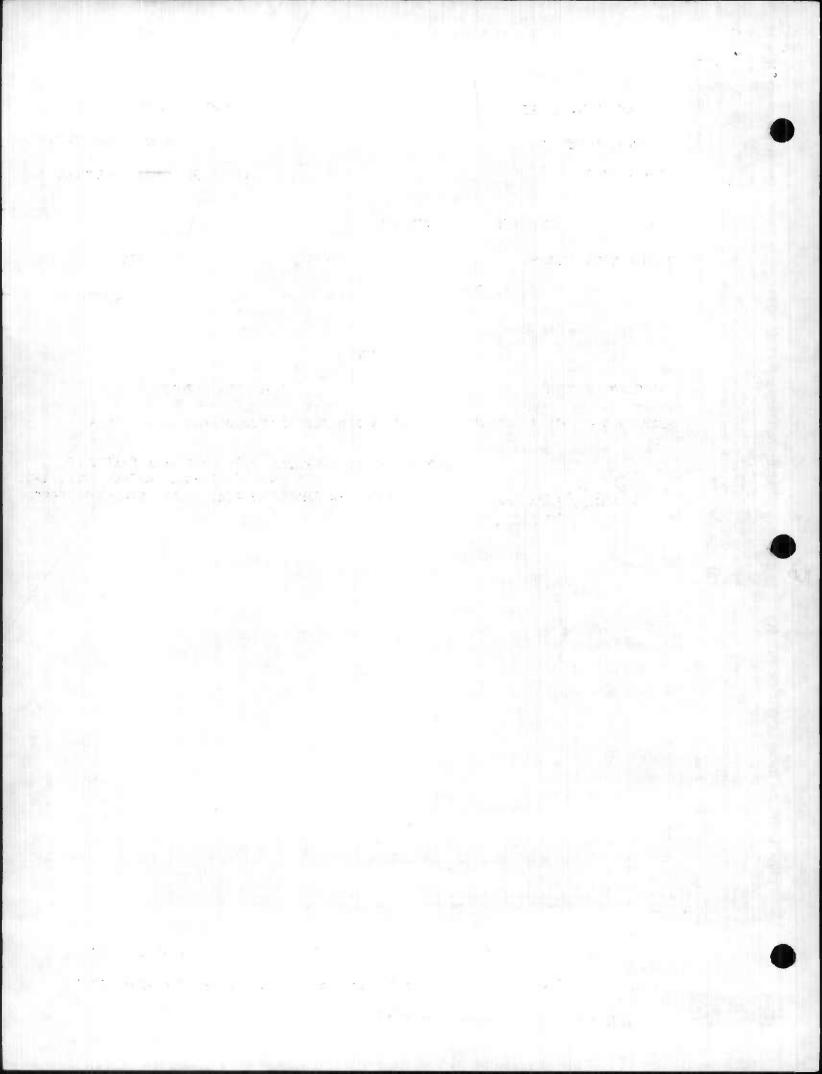


|  |   |  |   |  |                                   | Ce                 | ertificate o                         | f Death                                      |                  | Reg. No.                           | 20                   | 259                            |  |  |
|--|---|--|---|--|-----------------------------------|--------------------|--------------------------------------|--|------------------|------------------------------------|----------------------|--------------------------------|--|--|
|  |   | 1. Decedent's Nama (F  | irst, Middle, Las   | st)  |                                   | 7                  |                                      |  | 2. Dete of I     | Deeth                              | Yeer                 | 3. Time of Death               |  |  |
|  | sician<br>edical  |  | Jam   | nes Albin                                  | Yokie                             |                    |                                      |  | June 1           |                                    | 1001                 | 6:15 pm                        |  |  |
|  | miner   | 4a Facility Nama (If no  | t institution, give   | a street and number                        | er)                               |                    |                                      | 4b. City, Town, or                           |                  |                                    | of Deeth             |                                |  |  |
|  |   | 76   | 17 Dwig   | ht Drive                                   |                                   |                    |                                      | Bethes                                       | da               | Mo                                 | ntgome               | erv                            |  |  |
| Fune   | ral   | 5. Sociel Sacurity Numb  | per 6. S  | ex 7.                                      | Aga (In yrs. les                  |                    | /) If Undar 1 Yes                    | ar if Under 24 Hrs                           | 8. Dete of E     |                                    |                      | e (Stete or Foreign            |  |  |
| Direct   | tor   | 478-32-4027  | 7   | ÄM 2□F                                     | 68                                | Yrs.               | Indiano Do,                          |  | Dec.             |                                    | Minne                | esota                          |  |  |
| p .  |   | Usuei Residence of De<br>10a. Stata 10   | b. County   |  | 10c. City,                        | Town or I          | contion                              |  |                  | I. Inside City Limits              |                      |                                |  |  |
| aryle  | -   | Toa. Stata   | o. County   |  | Too. Ony,                         | TOWN OF S          |                                      |  |                  |                                    | 100                  | 1 ☐ Yes 2 🕅 No                 |  |  |
| ith the Maryler<br>or 28a-f ahow   | Director  | Maryland   | Montgo  | nery                                       |                                   |                    |                                      | thesda                                       |                  | 10g. Citizen of V                  | Affact Country       | .2                             |  |  |
| with   | ā   | 10e. Street end Numbe  |   |  |                                   |                    | 10f. Zip Code                        |  |                  |                                    |                      |                                |  |  |
| eath 23  | Funeral   | /61<br>11. Maritel Status  | / Dwigh   | t Drive                                    | ent Ever in II S                  | 13                 | Was Decedent of                      | 20817  | Specify Yes or ! |                                    | ed Sta               |                                |  |  |
| ter d  | in the  | 1 Never Married  | 217 Married   | 12. Wes Decede<br>Armed Force<br>1 X Yes 2 | s?                                | 10                 | if Yes, specify C                    | f Hispanic Origin? (Suban, Mexican, Pua      | to Ricen, etc.)  | Blac                               | ck, White, etc       |                                |  |  |
| d 21215-0020 filled within 72 hours efter death with the Maryland thygiena. thygiena. natural; or itema 23a or 28a-1 show mit, the Medical Exercise man be notified at | by  | 3 ☐ Widowed 4 ☐  |   |  | s: 1952–19!                       | 54                 | 1□Yes 2⊠N                            | lo Specify:                                  |                  | Specify                            | Whi                  | te                             |  |  |
| -OC  | 8   | 15.  | Decedent's Ed   |  |                                   | 16e Dec            | edent's Usuel Occ                    | cupetion                                     |                  | 16b. Kind of Bi                    | of Business/Industry |                                |  |  |
| 215<br>215<br>21 72 nin 72   | Completed   | (Specify of Elementary/Seconde   | only highest gre  | de completed) Collega (1-40                | 0151)                             | (Giv               | e kind of work doi<br>DO NOT use ret | ne during most of wo<br>ired)                | ost of working   |                                    |                      |                                |  |  |
| d 21215-0020<br>filed within 72 hours ef<br>Hygiena.<br>ther than "natural", or<br>ant.  | E   | Elementary/Seconde   | Ty (0-12)   | 5+   |                                   | Educa<br>Assoc     |                                      | Executive                                    |                  | Non I                              | rofit                |                                |  |  |
| office file  | Be  | 17. Fathar's Neme (Firs  | t, Middle, Last)  |  |                                   |                    |                                      | 18. Mother's Na                              | me (First, Midd  | lle, Meidan Sumen                  | ne)                  |                                |  |  |
| Aenta Aenta rked   | min. Pages 1 and 2 should be filed within 72 hours effer death with the Maryle Department of Health Pholonal Hygiens. Department of Health effect Mental Hygiens "netural", or ferma 23a or 28a-1 ahoung Important: if Nem 27 is marked other than "netural", or ferma 23a or 28a-1 ahoung Injury or other traumatic event, the Medical Examiner must be notified at 800s.  To Be Completed by Funeral Director | Albi   | n Yokie   | 2  |                                   |                    |                                      |  | Edith            | Colenso                            |                      |                                |  |  |
| Maryland of 2 should be file the end Mental Hy of 1a marked other traumatic event.   |   | 19a. Informent's Name  | /Reletionship (   | Type, Print)                               |                                   | 19b. Ma            | iling Address (Stre                  | et end Number or F                           | lural Route Nun  | nber, City or Town,                | Stete, Zip C         | ode)                           |  |  |
| and 2 alth 27 l  |   | Valerie B.   | Yokie/  | Wife Wife                                  |                                   | 7617               | Dwight                               | Drive Bet                                    | hesda,           | Maryland                           | 20817                | 7                              |  |  |
| Baltimore, semit. Pages 1 at moortant: If them moortant: If them into Injury or other  |   | Valerie B. Yokie/ Wife  20a. Method of Disposition  1  |   |  |                                   |                    |                                      |  | Dete 1998        | 20c. Location -                    | City or Town         | n, Stata                       |  |  |
| Page<br>Page<br>Int: If  |   | 1 □ Buriai 2 🕅 Crametion 3 □ Removel from Stete 4 □ Donation 5 □ Other (Specify)  Cemetery, cremetory or other placa) June  Montgomery Crematorium |   |  |                                   |                    |                                      |  |                  | c. Bethesda, Maryland              |                      |                                |  |  |
| Balti<br>permit.<br>Departri<br>imports  | 8   | 21. Signeture of Funer   | ei Service Licen  | 1500                                       | ,                                 | D.                 | 22. Neme end Add                     | dress of Facility                            | Funera           |                                    |                      |                                |  |  |
| m gge  | 8   | 1  | 1. Signeture of Funerei Service Licensee  Robert A. Pumphrey Funeral Home/ Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase Inc. 7557 Wisconsin Aver Bethesda, Maryland 20814-3501 |  |                                   |                    |                                      |  |                  |                                    |                      |                                |  |  |
|  |   | 23a. Part1. Enter the d<br>shock, or heart fe  | iseese, or com  | pilcations thet ceus                       |                                   | Do not e           | nter the mode of c                   | tying, such as cerdia                        | c or respiretory | arrest,                            | A                    | opproximate<br>ntervai Between |  |  |
| Physicia   | an  | SHOCK, OF HEART IS   | nate. List offiy  | Olle cenze ou eac                          | it little.                        |                    |                                      |  |                  |                                    | Ö                    | Inset end Deeth                |  |  |
| /Medic   | al  | Immediate Cause (Final   | ai  | Non-H                                      | Hodgkin                           | c T 377            | nnhoma                               |  |                  |                                    | 14                   | 4 Years                        |  |  |
| Examin   | er  | resulting in deeth)  |   | e  |                                   |                    | equence of):                         |  |                  |                                    |                      |                                |  |  |
| D #  | ne.   |  |   | F. J                                       |                                   |                    |                                      |  |                  |                                    |                      |                                |  |  |
| Box 68760, death certificate be executed e attending physician and ad for use as the bunal-transit   | edical Examiner   | Sequentially list conditi  | ions,   | b. ———                                     | Due to (or e                      | s e cons           | equence of):                         |  |                  |                                    |                      |                                |  |  |
| e exe  | ũ   | Sequentially list conditi<br>if any, leeding to imme<br>cause. Enter Underlyin<br>Cause (Disaase or inju   | diate   |  |                                   |                    |                                      |  |                  |                                    |                      |                                |  |  |
| 68760,<br>ficate be ex<br>physician<br>as the buria  | lica  | that initieted events<br>resulting in deeth) Last  |   | C  | Dua to (or a                      | s a conse          | equence of):                         |  |                  |                                    |                      |                                |  |  |
|  | 5   |  |   |  |                                   |                    |                                      |  |                  |                                    |                      |                                |  |  |
| that the death cert ed by the attending detached for use   | Physician/  |  |   | d  |                                   |                    |                                      |  |                  |                                    |                      |                                |  |  |
| tha deary the a  | /sic  | Pert II. Other significan  | nt conditions o   | ontributing to death                       | h but not result                  | ing in the         | underlying ceuse                     | given in Part I.                             | 23b. D           | fd tobacco uss co                  | ntribute to t        | he causs of death              |  |  |
| cords, P.O. requires that the  | Ph  | Pulmona  | ry Fibr   | neie                                       |                                   |                    |                                      |  | 1                | □ Yes 20 No                        | 3 Probe              | bly 4 Unknow                   |  |  |
| dS, Fires that signed deed deed deed deed deed deed deed   | 9   | Turmona  | Ty IIDI   | .0313                                      |                                   |                    |                                      |  |                  |                                    | Oah Moss             | e autopsy findings             |  |  |
| Records, he lew requires the lew requires the lew seen signed age 2 should be age.   | Completed   |  |   |  |                                   |                    |                                      |  | 24e. W           | as an autopsy<br>informed?         | avaii                | eble prior to                  |  |  |
| 9 % % % % % % % % % % % % % % % % % % %  | 9   |  |   |  |                                   |                    |                                      |  |                  |                                    | of de                | ath?                           |  |  |
| = = = 0  | S   |  |   |  |                                   |                    |                                      |  | 1[               | ☐ Yes 2Ñ No                        | 10,                  | Yes 2□ No                      |  |  |
| of Vital R Physician: The I r this certificate h   | Be  | 25. Was case referred examiner?  | to medical  |  |                                   |                    |                                      | 26. Plece of De                              | eath (Check on   | ly one)                            |                      |                                |  |  |
| hysic<br>hysic<br>li dire  | 9   | 1 ☐ Yes 2 🗓 No   |   | Hospital: 1 Inpe                           |                                   | R/Outpati          | ent 3L DOA                           |  | T                | esidence 8 Ott                     |                      |                                |  |  |
| E & 9  | on:   | 27. Manner of Death 1 X Natural 5  | Pending   | 28a. Dete of I<br>(Month,                  | njury 2<br>Day Year) 2            | 8b. Time<br>Injury | V                                    |  | 28d. Dascrib     | e how injury occur                 | rred                 |                                |  |  |
| Division  or Attending altar death. Director: After d in by the fune   | Certification:  | 2 Accident   | investigation  Could not be   |  |                                   |                    |                                      | ☐ Yes 2 ☐ No                                 |                  |                                    |                      |                                |  |  |
| ivi<br>ract<br>fract   | =   | 3 ☐ Suicide 6  | determined  | 286. Place of                              | Injury - At hom<br>etc. (Specify) | e, farm, s         | straat, fectory, office              | ce   | City or          | n (Straat end Numl<br>Town, Stete) | ber or Hural F       | loute Number,                  |  |  |
| Install Deli   | O   |  |   |  |                                   |                    |                                      |  |                  |                                    |                      |                                |  |  |
| Division or To the Hospital or Attending Ph within 24 hours alter death. To the Funeral Director: After thi complately 'illed in by the funeral                        | edicai  | (Check only 2  |   | niner; On the basis                        | s of examinetio                   |                    |                                      | time, date and place<br>y opinion, deeth occ |                  |                                    |                      |                                |  |  |
| the the  | New Year  |  |   |  |                                   |                    |                                      |  |                  | 29d. Date signe                    | ed (Month Di         | av Year)                       |  |  |
|  |   | 29b. Signature and title   | 41  | but  | y M                               | D                  | 250. EIO                             | arrag mannoor                                |                  | 200. Date orgine                   | - ( Tribinity De     | 71 · <del></del> -/            |  |  |
| 10+  | (   | Just   | no  | 1/1  | 111                               | 7                  |                                      | D-33554                                      |                  | June                               | 11, 19               | 998                            |  |  |
|  |   | 30 Name and address  | ( )   | completed dayse of                         |                                   |                    |                                      |  |                  | 0.000                              | 0000                 |                                |  |  |
|  | 0   | 31. Date filed (Month, D   |   | 32 Best                                    |                                   |                    |                                      | W. Washin                                    | gton, D          | .c. 2001                           | 2998                 |                                |  |  |
|  | State<br>istrar   | IIIA   |   | 98   | istrer's Signatu                  | 1-12               | pdello                               |  |                  |                                    |                      |                                |  |  |
| neg  | TO ET OIL   | 000  | TOI   | 04 0                                       |                                   | -                  |                                      |  |                  |                                    |                      |                                |  |  |

DHMH 16 Rev 6/95

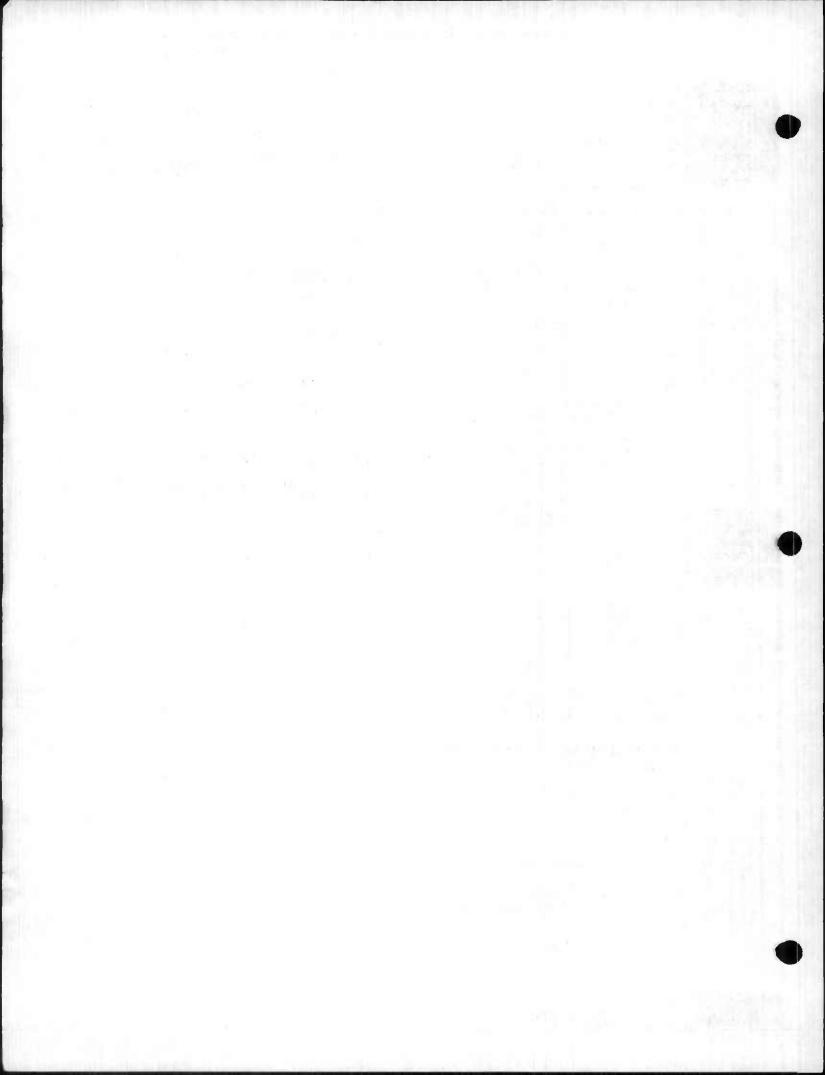


Part I



State of Maryland / Department of Health and Mental Hygiene 98 2026 |

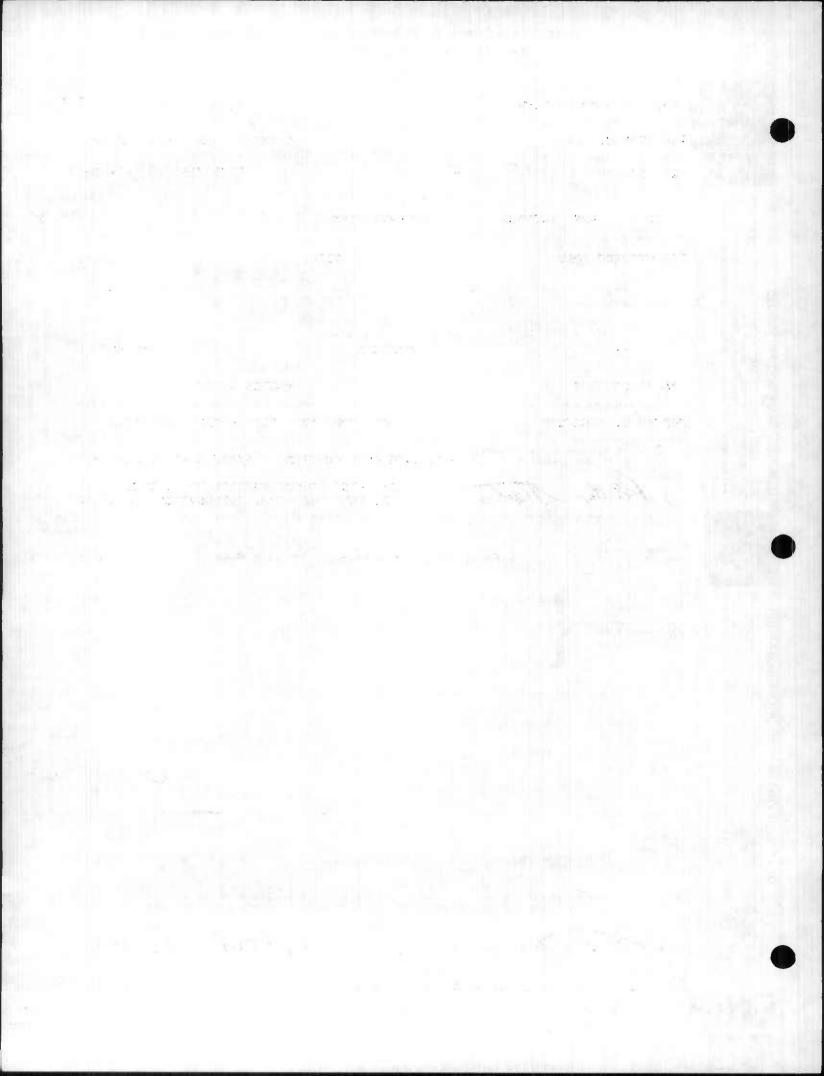
|  |                  | Certifica   | te of Death  |  | g. No.   | 0201   |  |
|--|------------------|---|--|--|--|--|--|
| Phys   | ician            | 1. Decedant's Nama (First, Middla, Last)  |  | Data of Death     Month     Day     Year       |  |  |  |
|  | dical            | Viola M. Adams  |  |  | 0, 1998  | 8:00pm   |  |
| Exan   | niner            | 4a. Facility Nama (If not institution, giva street and number) Genesis Health Care  | 4b. City, Town, or<br>Catons   | Location of Daath                              | 4c. County of Death Baltimor                     |  |  |
| Funera<br>Directo  |                  | 5. Social Sacurity Number 215-09-8625 6. Sax 1 M 2 F 84 Yrs. 6. Sax Months  | r 1 Yaar if Undar 24 Hrs<br>Days Hours Min                           | 6. Data of Birth<br>July 3                     | Year)<br>1,1913 Mar                              | placa (Stata or Foreign<br>intry)<br>Cyland                                |  |
| Meryland -f show   | tor              | Usual Rasidance of Decedant  10a. Stata  Maryland  Baltimore  10c. City, Town or Location Lansdowne   |  |  |  | 10d. Insida City Limits 1 ☐ Yas 2 ☐ No                                     |  |
| th with the<br>23a or 28a  | al Director      | 10e. Street and Number 254 3rd Avenue   | 21227  |  | g. Citizen of What Cou<br>nited Sta              | •  |  |
| 5-0020 72 hours after death with the Meryland natural; or items 23a or 28a-f show sical Exercities natified at   | by Funeral       | 1 Nover Married 2 Married 1 Vec 2 Ki No   | dant of Hispanic Origin? (String Cuban, Maxican, Pual 20 No Specify: | Spacify Yas or No-<br>rto Rican, atc.)         | 14. Race - Amarl<br>Black, Whita,<br>Specify: Wh |  |  |
| F c 1 4  | Completed        | 15. Decedant's Education (Specify only highast grada complated)  Elamantary/Secondary (0-12)  Collaga (1-4or 5+)  16a. Decedant's Usu (Giva kind of we lifta. DO NOT to C1 er the lifts)  | al Occupation<br>ork dona during most of wo<br>sa ratired)           | orking   | 6b. Kind of Businass/In                          |  |  |
| yland 212 build be filled withi Mental Hygiena. arked other than atic event, the M   | To Be C          | 17. Fathar's Nama (First, Middla, Last) Charles W. Smith  |  | ma (First, Middle, Mana)                       |  |  |  |
| Mary<br>nd 2 sho<br>lith end 1<br>27 is me   | -                | 19a. Informant's Name/Ralationship (Type, Print)  Bernice Schneider, sister 2910 New  | s (Street and Number or F  | dural Routa Number,<br>nue Balt                | City or Town, Stata, Zij<br>imore, MI            | ) 21227  |  |
| 0 - 3 - 5  |                  | 20a. Mathod of Disposition  3□ Burlai 2□ Cramation 3□ Ramoval from Stata  4□ Donation 5□ Other (Specify),   | othar place)   |  | Oc. Location - City or To                        |  |  |
| Baltimory permit. Pages Department of H Important: If its any Injury or ot   | DUCE             | 21. Shahiri of Funaral Sarvice Licanses Ambro   | nd Addrass of Facility<br>Se Funeral<br>Sulphur Sp                   | l Home,  | Inc. An  | butus  |  |
| By Signature that the dath certificate be axecuted when signed by the ettending physician and signed by the ettending physician and signature for use as the bunal-transit.  | Medical Examiner | Immediata Causa (Final disaasa or condition rasulting in daath)  a.   Locality   Dua to (or as a consequence of)  Sequentially list conditions, if any, leading to immediata causa. Enter Underlying Causa (Disaasa or injury that initiated evants rasulting in daath) Last  Locality   Dua to (or as a consequence of):  Dua to (or as a consequence of): |  |  |  | Jewdays<br>Jew yearn<br>may gean   |  |
| s that the daath cert<br>goed by the ettendin<br>be datached for use   | Physician/P      | Part II. Other eignificant conditions contributing to death but not resulting in the underlying   | ausa givan in Part i.  | 23b. Did tob                                   |  | to the cause of death?   |  |
| A 44 10  | Completed by F   | Diototes mellitus.<br>Dependent Jaint Desease.  |  | 24a. Was an                                    | autopsy 24b. W av co                             | Vara autopsy findings<br>vallable prior to<br>omplation of causa<br>death? |  |
| VITAL MO- lotan: The lay certificate has nector, page 2  |                  | 25. Was casa rafarred to medical  |  | 1□ Yas   | 1  | □ Yas 2□ No  |  |
| relotan:<br>s cartific<br>director,  | o Be             | axaminar?  1  | 0  | ath <i>(Check only</i> ona<br>Home 5 □ Besiden | nce 6 Othar (Speci                               | ihr)   |  |
| Attending Physical Street Physical Street Physical Street Physical Street Physical Street Physical Street Physical Street Physical Street Physical Street Physical Street Physical Street Physical Street Physical Street Ph | ration: T        |   | 28c. Injury at Work? 1 Yas 2 No                                      | 28d. Dascribe hov                              |  | <u></u>  |  |
| all or Atte  | Certifier        | 3 ☐ Suicida 6 ☐ Could not be datarmined 28a. Place of Injury - At homa, farm, streat, factor building, atc. (Specify)   | y, office  | 28f. Location (Stre<br>City or Town,           | eet and Number or Run<br>Stata)                  | al Routa Number,   |  |
| the Hospit<br>hin 24 hour<br>the Fupera<br>npietely fill   | edical           | 29a. Cartifiar (Check only one)  Certifying Phyeiclan: To the bast of my knowledge, death occurred and manner: On the basis of examination and/or invastigation and manner stated.  | , in my opinion, daath occ   | urred at tha tima, dat                         | ta and placa, and dua t                          | to tha cause(s)  |  |
| To the width To the company  | W                | 29b. Signatura and titia of certifier  Applying Payon WD  30. Nama and addrass of parson who completed causa of death (itam 23a) (Type, Print)  CETMA RAJA, 4367 Holling Fenny  31. Data flied (Month, Day, Year)  32. Registrass Signatura   | Dd7341   | 290<br>J                                       | d. Data signed (Month,                           | Day, Year)   |  |
| 3  |                  | 30. Nama and addrass of parson who completed cause of death (Itam 23a) (Type, Print)  CEETMA RAJA, 4367 HOIIIN Flyy   | Rd, Ba   | Sterioue                                       | MD-Q.  | 1227   |  |
| S  | tate             | 31. Data filed (Month, Day, Year)  32. Registrars Signatura   | 00   |  |  |  |  |



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 20262

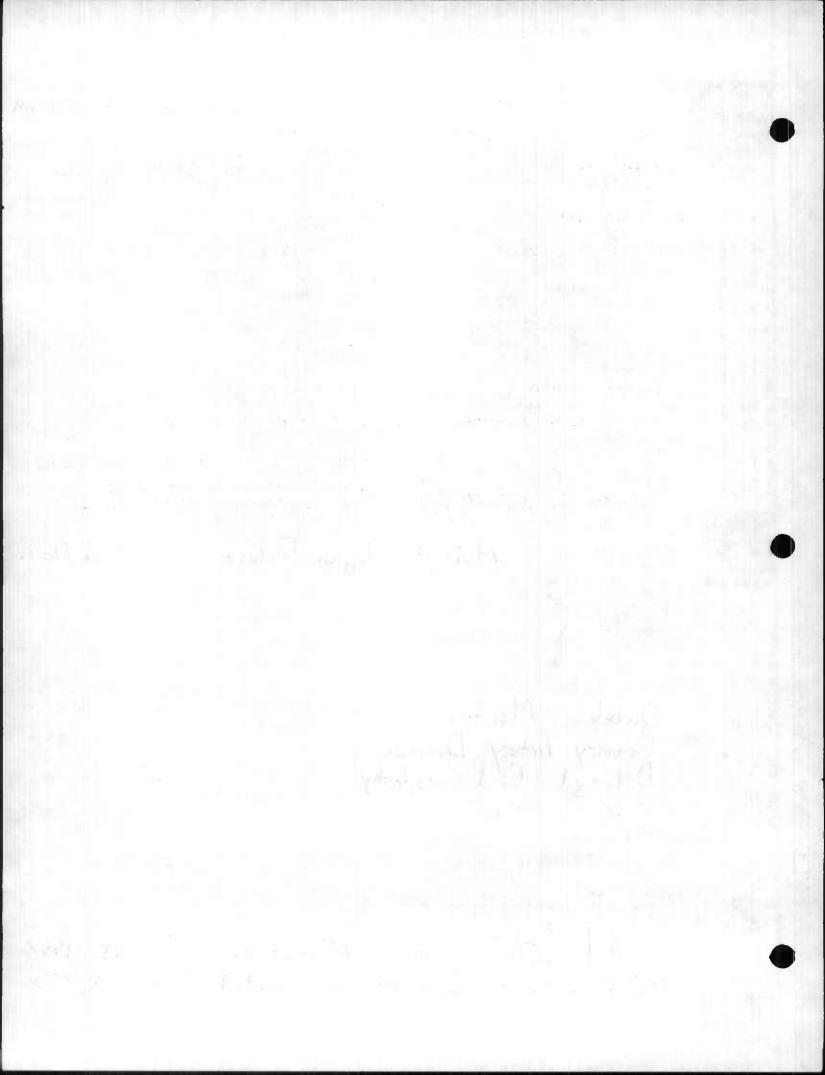
| <b>Physiciar</b>   |   | 1. Decedent's Name (First, Mid<br>FRANCES DOHER  |   |   |  |  |                                    |  |   |                 | 2. Date of De<br>Month<br>JUNE 2   | Dey  | Year   | 3. Time of Death 3:30AM  |  |  |
|--|---|--|---|---|--|--|------------------------------------|--|---|-----------------|--|--|--|--|--|--|
| /Medica<br>Examine   |   | 4a Facility Name (If not institu   |   |   | ber)   |  |                                    |  | 4b. City, Tov   | wn, or Lo       | ocation of Death   |  | ty of Death  |  |  |  |
| Examine  |   | 748 CYPRESS RO   | _   |   |  |  |                                    |  | SE  | VER             | NA PARK  | ANNE   | ARUN   | NDEL   |  |  |
| Funeral  |   | 5. Social Security Number  | 6. Se   |   |  | s. last birthday                           | ) If Und                           | er 1 Yeer<br>s Days  | If Under 2  | 24 Hrs.<br>Min. | 8. Date of Bird<br>(Month, Da  | th<br>v. Year)   | 9. Birth   | place (State or Foreign intry)   |  |  |
| Director   |   | 213-34-0389  | 1[  | □ M 2X0XF   | 85   | Yrs.                                       | MOHITE                             | Days   | Tiours  | WINT.           | 12/19/   | 1912   |  | LAND   |  |  |
|  | -   | Usual Residence of Dacedent  10a. State 10b. Cour  | ntv   |   | 100.0  | City, Town or L                            | ocation                            |  |   |                 |  |  |  | 10d. Inside City Limits  |  |  |
| 23a or 28a-f show<br>ast be notified at  |   | MD ANN   |   | UNDEL   |  | SEVER                                      | RNA P                              |  |   |                 |  |  |  | 1 ☐ Yes 2 ☐ No   |  |  |
| Dan Dan  | 5   | 10e. Street and Number   |   |   |  |  | 10f. Z                             | ip Code  |   |                 | - 4  | 10g. Citizen o   | f What Cou   | intry?   |  |  |
| 23.  | 8   | 748 CYPRESS RO   | AD  | 40.144  |  | 11.0                                       | W . D                              | 211  |   | 1.0.10-         | '4- M NI-  | 14.0   |  | S.A.<br>ican Indian,   |  |  |
|  | by rur  | 11. Maritel Status  1 □ Never Merried 2 □ M  3 ② Widowed 4 □ Divorce   |   | 12. Was Deced Armed Ford 1 Yes 2 If Yes, Give Year or Dat | es?<br>LXNo  | 0,5.                                       |                                    | 2 No   | Specify:  | , Puerto        | ecity Yes or No<br>Rican, etc.)  |  | ack, Whita   | , atc.   |  |  |
| lical  | 0   | 15. Deced  | ent's Edu   | ucation   |  | 16e. Dec                                   | edent's Us                         | ual Occup  | oation  | of work         | ina  | 16b. Kind of   | Business/li  | ndustry  |  |  |
|  | pe Completed  | Elementary/Secondary (0-12   |   | College (1-4  | for 5+)  | HOMEN                                      |                                    |  | during most<br>d)   | 0               |  | OF   | INT TION   | STP.   |  |  |
| £ .  | 5   | 12   |   |   |  | HOMEN                                      | MAKEK                              |  | 40.44-11-   | d. Ataul        | - Affirma Advantage  |  | OWN HOME  Maiden Sumame)   |  |  |  |
| traumatic event, mail  | 0 00  | 17. Father's Name (First, Midd<br>JAMES DOHERTY  | e, Last)  |   |  |  |                                    |  |   |                 | E DEVAN  | VAN  |  |  |  |  |
| traum.   |   | 19a. Informant's Name/Relation   |   |   |  |  |                                    |  |   |                 | NSVILLI  |  |  | ip Code)   |  |  |
| other tri  | -   | 20e. Method of Disposition   | , 2011  |   | 20b.   | Place of Disp                              | osition (N                         | ame of   |   |                 | Date   | 20c. Location  |  | own, State   |  |  |
| jury or  |   | 1 Donetion 5 Other   | (Specify  | )   |  | EW CATH                                    | IEDRA                              | L CEM  | 1ETERY  |                 | 30/98  | BALTIM   | ORE,   | MD   |  |  |
| Nysician and Important and Important and Important and Important Indiana Important Indiana Important Impor | 21. Signature Puneral Servi                           | Licens   | Hart  | ,   | S  | TERL                                       | ING A                              |  | FUN   | NERAL HO        |  |  | .228   |  |  |  |
|  |   |  |   | Due to  | (or as a conse   | equence of                                 | f):                                |  |   |                 |  | 1  |  |  |  |  |
|  | Tedical Exami   | Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in daeth) Last   | {   | b   |  | (or as e conse                             | equence of                         | f):  |   |                 |  |  |  |  |  |  |
| 98   | 3   | that initiated events  | {   | b   |  |  | equence of                         | f):  |   |                 |  |  |  |  |  |  |
| for use a  | 3   | that initiated events  | {   | bdntributing to dea                                       | Due to   | (or es e conse                             | equence of                         | f):<br>i):   | ven in Part I.  |                 |  |  |  | to the cause of death?   |  |  |
| tached for use   | riiysiciatum  | that initiated events resulting in daeth) Last   | {   | bd  | Due to   | (or es e conse                             | equence of                         | f):<br>i):   | ven in Part I.  |                 |  | tobacco usa o  |  | to the cause of death?<br>obably 4 □ Unknown                                     |  |  |
| gned by the attending<br>be detached for use a   | by rilysiciatum                                       | that initiated events resulting in daeth) Last   | {   | bd  | Due to   | (or es e conse                             | equence of                         | f):<br>i):   | ven in Part I.  |                 | 1  |  | 3 □ Pr   |  |  |  |
| has been signed by the attending ge 2 should be detached for use a   | by rilysiciatum                                       | that initiated events resulting in daeth) Last   | {   | bdntributing to dea                                       | Due to   | (or es e conse                             | equence of                         | f):<br>i):   | ven in Part I.  |                 | 1  | an autopsy   | 3 Pr   | obably 4 Unknown  Vara autopsy findings  valiable prior to  completion of cause  |  |  |
| has been signed by the attending ge 2 should be detached for use a majored by Obyvel land.   | Completed by Physiciatum                              | resulting in deeth) Last  Part II. Other eignificant cond  |   | b c d ntributing to dea                                   | Due to   | (or es e conse                             | equence of                         | f):<br>i):   |   |                 | 1 24a. Was   | an autopsy ormed?  | 3 Pr   | Vara autopsy findings vallable prior to completion of cause if death?            |  |  |
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Day 28 Month **Physician** IDA MAY ANDERSON 7:10 PM June /Medical 4b. City. Town, or Location of Death 4c. County of Death 4a Facility Name (If not Institution, give street and number) Examiner UNION MEMORIAL HOSPITAL BALTO. N/A If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthdey) 9. Birthplace (Stete or Foreign **Funeral** 10 M 20 Deys 58 VIRGINIA 220-36-3894 Yrs. **Director** Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "naturel", or items 23s or 28s-f short the Medical Examiner must be notified at 1 Yes 2 No MARYLAND N/A BALTIMORE CITY Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1509 E. 33RD STREET 21218 U.S.A. death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Raca - American Indien. 11. Maritel Stetus Bleck, White, etc. filed within 72 hours after 1 Yes 2 No If Yes, Give Year or Detes: 1 Never Married 2 Merried 1 ☐ Yes 2 No Specify: Specify: by NEGRO 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOUSEWIFE HOME 12TH Hygie 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be 2 should be f and Mental I is marked SANTEE HARRISON ROSE ANN HENDRICKS 19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Pages 1 and 2 sh ment of Health and LISA HARRISON/ daughter 1509 E. 33RD ST. BALTO, MD. 21218 Baltimore, 20b. Place of Disposition (Neme of cametery, cremetory or other place) 20c. Location - City or Town, State 20e. Method of Disposition Date Department of Important: If it 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State 0 4 Donation 5 □Other (Specify) ZION CEM JULY 3,1998 BALTO, MD. 21218 22. Name end Address of Fecility
CALVIN B. SCRUGGS FUNERAL HOME 21. Signature of Funeral Service Vocanion 1412 E. PRESTON ST. BALTO, MD. 21213 23a. Part1. Enter the disease, or complications that caused the communications that caused the communications are cause on each line. Approximate Interval Batween Onset end Death Do not enter the mode of dying, such es cardiac or respiretory arrest, Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or as e consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of): Physician/Medical that initiated events resulting in death) Last Due to (or as e consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ge g 1 Yes 2 No 3 Probably 4 Unknown Haned by by 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Completed sea completion of cause of death? 20 No 1 ☐ Yes 2 ☐ No ardio my opatil ·laTed 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospital Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 10 1 Dipatient 3□ DOA 2 ER/Outpatient ŧ funeral 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 27. Manner of Death 28b Time of 28c. Injury at Work? Certification: Affect 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No if or Attendit after death. Director: A Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours at To the Funeral D r Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier edicai (Check only one) 29d. Dete signed (Month, Dey, Year) 29b. Signature and title of certifier 29c. License number Jamo 3894 MO 30. Name and address completed cause of death (Item 23a) (Type, Print) Memorial nion 31. Date filed (Month, D 32. Registrar's Signature Fundale State Registrar



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| Funeral  | 11.  |  | 12. Was Decedent Evar  | in U,S.  | 13. Was Deceder  |                       |   | ? (Spec       | ify Yes or No   |  | 14. Race - American Indian,<br>Biack, White, etc.   |  |     |  |
|  |  | 1 ☐ Never Married 2 ☐ Married  | Armed Forcas?<br>1 ☐ Yes 2 ☐ No  |  | If Yes, specify  |                       |   | uarto H       | ican, etc.)   |  | , etc.  |  |     |  |
| þ  |  | 3 ☐ Widowed 4 ☐ Divorced   | If Yes, Give<br>Yaar or Datas:   |  | 1 1 1 1 9 S 2 Z  | ZI NO                 | Specify:  |               |   | Spec   | ACK   |  |     |  |
| ted  |  |  |  | 16a. D   | Decedent's Usual C<br>Give kind of work  | Occupa                | ition   | warking       | 2   | 16b. Kind of   | Business/Ir   | ndustry  |     |  |
| Be Completed   | -  |  |  | 1  | ife. DO NOT use  | retired)              | )   | Jikul         |   |  |   |  |     |  |
| Con  |  | 12   | College (1-4or 5+)<br>-2-  | M  | ILLITAR  |                       |   |               |   |  |   | T  |     |  |
| 3e (   | 17.  | . Father's Name (First, Middle, Last)  |  |  |  |                       | 18. Mother's  | Nama (        | (First, Middle  | , Malden Sum   | ame)  |  |     |  |
| To   | T  | HOMAS J. ANDR  | EWS  |  |  |                       | ANNIE   | BE            | ELL TI  | HOMPSO   | N   |  |     |  |
|  |  | a. Informant's Name/Relationship (   | Type, Print)   | 19b. N   | Mailing Address (5   | Street e              | nd Number o   | r Rural       | Route Numb  | ber, City or Tow   | m, Stete, Zi  | ip Code)   |     |  |
|  | P  | ETER ANDREWS   | (SON)  | 835  | E. BEI   | LVE                   | DERE  | AVE           | BAL   | TO., M   | D 2   | 1212   |     |  |
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|  |  |  | Removal from State (   | Crownsvi<br>ARMON  | rematory or other le Vet Cent  | eme te                | ry  | 41            | 7/083   | Crownsy  | illemp.   | DCEC MD  |     |  |
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| any Injury or other tr<br>once.  |  | 1/4 4  | D 1/2 0  | ,  |  | 71                    | 41  | 120           | 010   |  | 2(10  | 21010  |     |  |
|  | 22   | Part Enter the disease or com  | 1 Dayley   | dodth Dono   | 1721-27  | of china              | Merch   | edine de      | St. B.  | ceto, 11   | ul d  | Approximate  |     |  |
|  | 20   | shock, or heart failure. List only   | one cause on each line.  | ueath. Do no   | deline ille urode d  | or dying              | j, suchi as cai   | uiac oi       | lospilatory o   |  |   |  |     |  |
| ian<br>ical  |  |  | \  |  |  |                       |   |               |   |  |   | interval Between   |     |  |
| ×1   | Inc  | mediate Cause /Final   |  | A  |  |                       |   |               |   |  |   | Interval Between<br>Onset and Death  |     |  |
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| To Be Completed by Physician/Medical Examiner  | Se if a Ca Ca that res   | Usuel Residence of Decedent  10a. State  10b. County  MD  N/A  10e. Street end Number  8 5 E BELVEDER  11. Marital Status  1 Never Married 2 Married 3 Widowed 4 ADiovorced  15. Decedent's Educ (Specify only highest grade  Elementary/Secondery (0-12)  17. Father's Name (First, Middle, Last)  THOMAS J. ANDRE  19a. Informant's Name/Relationship (Ty)  PETER ANDREWS ( 20a. Method of Disposition  1 Burial 2 Cremation 3 Relationship (Specify)  21. Signature of Funeral Service License  23a. Pan'l. Enter the disease, or complicationship in death)  23a. Pan'l. Enter the disease, or complicationship in death)  25a. Pan'l. Enter the disease, or complicationship in death)  25a. Pan'l. Enter the disease, or complicationship in death)  25a. Pan'l. Enter the disease, or complicationship in death)  25a. Pan'l. Enter the disease, or complicationship in death)  25a. Pan'l. Enter the disease, or complicationship in death)  25a. Pan'l. Enter the disease, or complicationship in death)  25a. Pan'l. Enter the disease, or complicationship in death)  25a. Pan'l. Enter the disease, or complicationship in death)  25a. Pan'l. Enter the disease, or complicationship in death)  25a. Pan'l. Enter the disease, or complicationship in death)  25a. Pan'l. Enter the disease, or complicationship in death)  25a. Pan'l. Enter the disease, or complicationship in death)  25a. Pan'l. Enter the disease, or complicationship in death)  25b. Was case referred to medical axaminer?  1 Never Death  1 Never Married  25a. Pan'l. Enter the disease, or complicationship in death)  25b. Was case referred to medical axaminer?  25c. Was case referred to medical axaminer?  25c. Was case referred to medical determined  25c. Was case referred to medical axaminer?  25c. Was case referred to medical axaminer?  25c. Was case referred to medical axaminer?  25c. Was case referred to medical axaminer?  25c. Was case referred to medical axaminer?  25c. Was case referred to medical axaminer?  25c. Was case referred to medical axaminer?  25c. Was case referred to medical axaminer? | Due to the spite t | to (or as a conto (or | insequence of): Insequence of) | Other                 | 28. Plece of  | Death ng Hom  | 23b. Did 1  24a. Wes perfect only 1  6. Check only 1  8. Location ( | I tobacco use of toba | 24b. V a c contribute  24b. V a c co o  O  O  O  O  O  O  O  O  O  O  O  O  | to the cause of death bably 4 □ Unknow Vere autopsy findings veilable prior to ompletion of causa if death? Yes 2□ No  |     |  |
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State

Registrar

31. Data filed (Month, Dey, Year)

JUL 01 1998

111 Penn Street, Baltimore, Maryland 21201

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Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month **Physician** RICHARD 04 /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4e Facility Neme (If not institution, give street end number) Examiner SINAI BALTIMORE If Under 24 Hrs. 8. I 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 6. Sex **Funeral** Min. MM 2DF Months Deys Hours Yrs. TRINIDAD, W. I 39 11/7/58 Director 220-80-0523 Usual Residence of Decedent the Marylenc 10d. Inside City Limits 10c. City, Town or Location 10a Stete 10b. County 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinet (natible notified at 1 XYes 2 No Director MD N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 1822 ST. PAUL ST-APT. 201 21202 U.S. Funeral death Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, 12. Was Decedent Ever in U,S. Armed Forces? Black, White, etc. 72 hours after 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detes: 1 Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: þ 3 Widowed 4 Divorced BLACK Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) and Mental Hygiene. Is marked other than Elementary/Secondery (0-12) College (1-4or 5+) 12 CATERER FOOD SERVICE 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Father's Neme (First, Middle, Last) To WINFIELD ALEONG VILMA ALI 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) epartment of Health an Important: If item 27 is n any Injury or other page. VILMA ALI KENSINGER (MOTHER) RD 1, BOX 546-MARTINSBURG, PA 16662 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 I Cremetion 3 ☐ Removal from State 7/3/98 BALTIMORE, MD METRO CREMATORY 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licanses 22. Name and Address of Fecility ELIZABETH L. PHILLIPS CFSP oruta Dectr 1721-27 N. MONROE ST.-BALTIMORE, 21217 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one ceuse on each line. Approximate Intervel Between Onset and Deeth **Physician** immediate Ceuse (Final diseese or condition resulting In deeth) /Medical ssemented Histoplasmosis 5 years **Examiner** Due to (or as e consequence of) Physician/Medical Examiner trovice, certificate be executed Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in death) Last attending physician end for use as the buriel-tran Due to (or as e consequence of) Box 68760 Due to (or as e consequence of): The law requires that the deeth Part II. Other significant conditions contributing to death but not resulting In the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? the 1 Yes 2 No 3 Probably 4 Unknown signed by det Division of Vital Records, à 2 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed peen ate hes 1 ☐ Yes 2 ☐ Ko 1 ☐ Yes 2 ☐ Ko this certificate Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No To 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Date of Injury (Month, Dey Year) 28b. Time of Injury 28d. Describe how Injury occurred 27. Menner of Deeth 28c. Injury at Work? Certification: I or Attending Petter death. After 5 Pending investigation Neturel 1 ☐ Yes 2 ☐ No 2 Accident Director: J 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide within 24 hours eff To the Funeral DI completely filled in Hospital Certifying Physicien: To the best of my knowledge, death occurred at the time, date and plece, end due to the ceuse(s) end manner as steted.

| Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner stated. edical 29a. Certifier 29d. Date signed (Month, Day, Yeer) 29c. License number 29b. Signeture end title of certifier 30. Name end address of person who completed cause of death (Item 23e) (Type, Print) Baffrierzizo 244 10

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32. Registrer's Signeture

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State of Maryland / Department of Health and Mental Hygiene 9

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Fox Alston /Medical 4e. Fecility Neme (If not institution, give street end number 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** If Under 1 Year Birthplace (State or Foreign Country) iel Security Number (In yrs. last birthday) **Funeral** Deys 1□ M 2▼F 90 Yrs. Director 230-30-3556 June 26, 1907 Virginia Usuel Residenca of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 □ No Director Maryland Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2095 Rock Rose Avenue Funeral 21211 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ (Mo If Yes, Give Yeer or Detes: Was Decedent of Hispanic Orlgin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: black Completed by 3 Widowed 4 □ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Housewife own home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Henry Fox Nellie Tinsley 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) unknown 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4X Donetion 5 ☐ Other (Specify) Signature of Funeral Service Licensee 22. Neme end Address of Fecility Ronald S Director State Anatomy Board, 655 W. Baltimore Street Baltimore, MD 21201 art1. Entar the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, hock, or heart failure. List only one cause on each line. Approximete Interval Betw Chronic Obstructive Exacerbation Immediate Ceuse (Finel diseese or condition resulting in deeth) ator Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Due to (or as e consequence of) Physician/Medical Due to (or es e consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 3 Probably 4 Wunknown 1 Yes 2 No by Completed 24a. Wes en eutopsy performed? 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 2 1 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 21 No 1 Inpatient 1 Yes Certification: To 2 ER/Outpetient 3 DOA 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 11 Naturel 2 Accident 5 Pending Investigation 1 Yes 2 No 3 Suicide 6 Could not be Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 11 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the ceuse(s) and manner es stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29e. Certifier 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 31. Dete filed (Month, Day, Yeer) 32. Registrer's Signeture State 011998 Registrar

**DHMH 16 Rev 6/95** 

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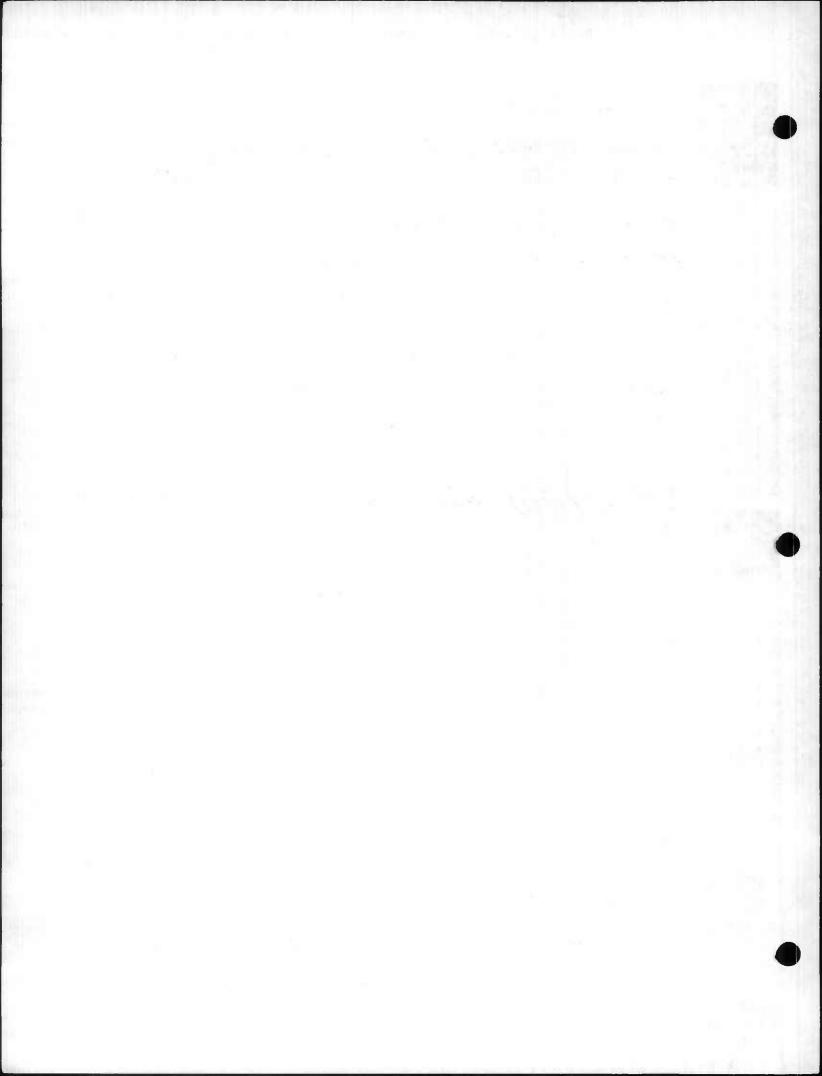
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To the Hospital or Attendil within 24 hours after death. To the Funeral Director: A

Attending Physician: The law requires that the death certificate be executed

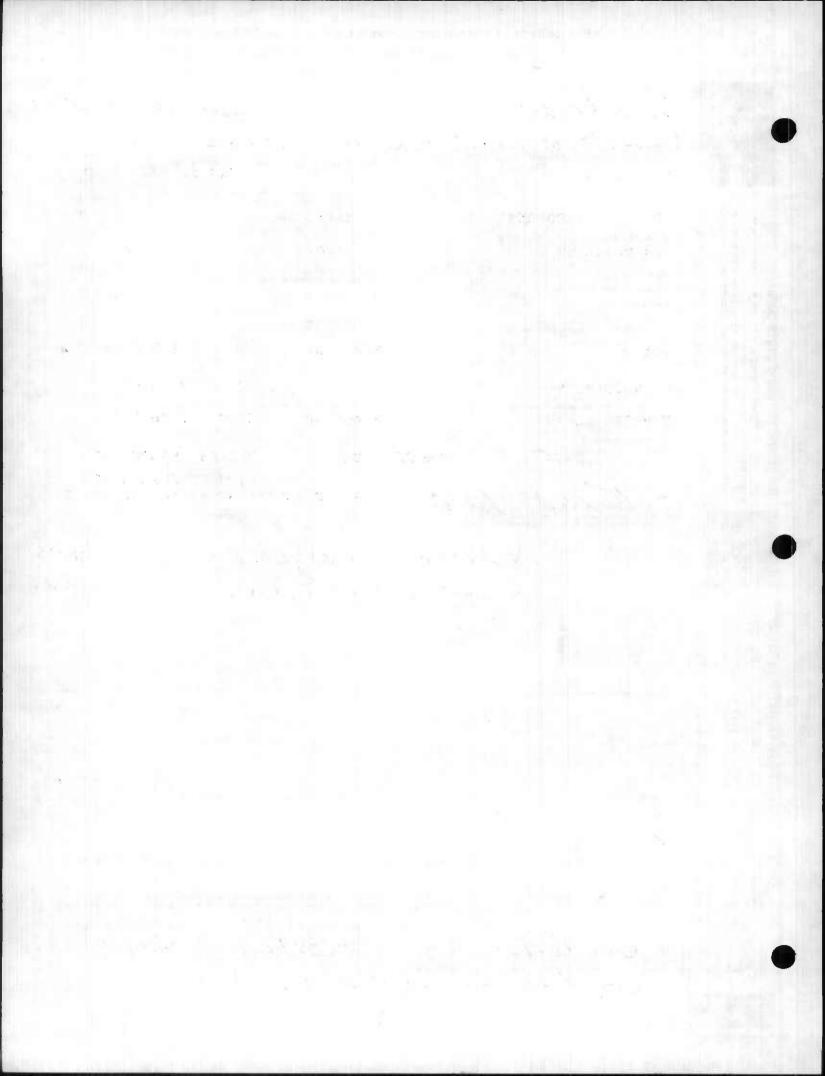
P.O. Box 68760,

Division of Vital Records,



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 20267

|   |   |   | Certifica  | te of Death   |   | Reg. No.                                |  |   |  |  |
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| - 0 0 m =   | 19a. Informent's Name/Relationship ( CARROLL BRYAN  | ** **   | 19b. Mailing Addres                                      | s (Street and Number or F   | Rural Routa Number                      |   |  | a)  |  |  |
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| Baltimo<br>permit. Pege<br>Department<br>Importent: If<br>any injury or<br>once.  | 21. Signature of Funeral Service Licer  |   | 22. Nama a   |   |   | FUNERAL HOME<br>BALTO, MD 21213         |  |   |  |  |
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| Examiner  | resulting in death)   | Dua to (c   | or as a consaquance of                                   | : acryou  | Lair                                    |   |  |   |  |  |
| ),<br>months  |   | a. Ventric  Dua to (c  b. Congest   | ive Hea  | rt Failu  | re                                      |   | Y  | ears  |  |  |
| Man Kant  | Saquantially list conditions,   |   |  |   |   |   |  |   |  |  |
| B E E   | Saquantially list conditions, if any, leading to immadiata ceuse. Enter Underlying Cause (Disaasa or injury |   |  |   |   |   |  |   |  |  |
| 68760<br>g physician<br>as the burn   | that Initiated avants<br>resulting in daath) Last   | Dua to (o   | or as a consaquance of)                                  |   |   |   |  |   |  |  |
| ¥ 5 5 2   |   | d   |  |   |   |   |  |   |  |  |
| death ce ettending of for use   | Pert II. Other significant conditions of  | ontributing to death but not res  | cause given in Part I.                                   | 23b. Did tobacco use contribute to the cause of                     |   |   |  |   |  |  |
| that the death or hed by the ettend or deteched for us  |   |   |  | 1 Yes 2 No 3 Probably 4   |   |   |  |   |  |  |
| II Records, P The law requires that sete has been signed to page 2 should be deter Completed by P   |   |   |  |   | 24a. Was                                | an autopsy<br>rmed?                     | avaliab  | utopsy findings<br>la prior to<br>tion of causa<br>h? |  |  |
| Vital Re- sician: The lav certilicate hes rector, page 2  |   |   |  |   | 10                                      | Yas 2 No                                | 1 ☐ Ya   | s 2 <b>X</b> No                                       |  |  |
| Vital Sicien: The certificete irector, pa   | 25. Was cesa rafarred to medical  |   |  | 26. Placa of Di   | aeth (Check only o                      | • |  | -   |  |  |
| - S 00  | axaminar?<br>1 Yas 2 No   | Hospital: 1 Inpatiant 2   | ER/Outpatiant 3 D  | OA Other: 4 Nursing   | Homa 5□ Rasi                            | dance 6 Oth                             | ar (Specify)   |   |  |  |
| g Physicer this neral di  | 27. Mannar of Death   | 28a. Data of Injury<br>(Month, Day Year)  | 28b. Tima of<br>Injury                                   | 28c. Injury at<br>Work?   | 28d. Dascribe                           | how Injury occurr                       | red  |   |  |  |
| DIVISION Of To the Hospital or Attending Phys within 24 hours effer death. To the Funeral Director: Affer this completely tilled in by the funeral di Medical Certification: To   | 1 Natural 5 Panding 2 Accidant investigation 3 Suicida 6 Could not b datarmined                             | 9 Discontinue Ath   | 1 ☐ Yes 2 ☐ No   | 28f. Location (<br>City or To                                       | Straat and Numb                         | er or Rural Ro                          | uta Number,  |   |  |  |
| De Hospital on 24 hours of he Funeral Dipletely Illed is edical Cel   | (Check only 2 Medical Exam  | ysician: To the best of my knoniner: On the basis of examine                                    | owledga, daath occurrac                                  | l at the time, date and place                                       |   |   |  |   |  |  |
| the thin 2 mplet  | one)  | and mannar stated.  |  |   |   |   |  |   |  |  |
| C N C S   | 29b. Signetura and title of certifier  Greg Ku  | -Kenn, M.   |  | POSG7Z  |   | 29d. Data signer                        | 198  | r <del>o</del> arj                                    |  |  |
| 2   | - 1/  | completed ceusa of daath (Itar  | m 23a) (Type, Print)                                     | Maryland  | Homix                                   | 1 (                                     |  | 1971  |  |  |
| Cont  | 31. Data filed (Month, Day, Year)   | #2, Registrar's Signs   |  | · MY JANCI  | 11075114                                |   |  |   |  |  |
| State   | 1111 0 1 1000   | guine, Devidsor   | Mandell  |   |   |   |  |   |  |  |



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middia, Last) 2. Data of Deeth Bednarek Month 1998 Genoweta June 26 4b. City, Town, or Location of Death 4c. County of Deat 4e Facility Neme (If not institution, give street and number) HO 301+21 Birthplaca (Stata or Foreign Soyntry) 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) Days 1□M 2 F 10d. Insida City Limits 10b. County 10c. City, Town or Location 1 Yas 2 No 10g. Citizan of Whet Country? 10e. Street and Number 13. Wes Decedant of Hispanic Origin? (Specify Yas or NoIf Yas, specify Cuben, Maxican, Puerto Rican, atc.) 12. Was Decedent Evar in U,S. Armed Forces? 1 Yas 2 No If Yas, Giva 11. Meritel Status ried 2 Married 4 □ Divorced 1 Never Married 1□ Yas 2No Specify: 3 Widowed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Collaga (1-4or 5+) 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) FRANCISZEK 19a. Informant's Name/Raiationship (Typa, Print) 19b. Mailing Addrass (Straet and Number or Rural Routa Number, City or Town, 20a. Mathod of Disposition Data Burial 2 Cramation 3 Removal from State Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of):

Physician /Medical Examiner

and

94

Division of Vital Records, P.O. Box 68760,

Physician

/Medical

Examiner

10a. Stete

Funeral Director

Completed by

Be

Examiner

Be Completed by Physician/Medical

Certification: To

Medicai

**Funeral** 

Director

montant: If item 27 is marked other than "naturel", or flems 23s or 28s-1 show any injury or other traumatic event, the Marical Examinat must be notified at

pamilt. Pages 1 and 2 should be filled within 72 hours after to permit of Health and Mental Hygiene.

Baltimore, Maryland 21215-0020

the Maryland

death with

if any, leading to immediate cause. Enter Underlying Cause (Disease or Irijury that indiated events resulting in death) Last

| Part II. Other elgnificant conditions co                          | ontributing to death but not re-                     | suiting in tha undarlyin | g causa givan In Pert I.        | 23b. Did tobacco usa co                               | ontributa to the cause of death  |
|---|--|--------------------------|---------------------------------|---|--|
|   |  |                          |                                 | 24a. Was an autopsy performad?                        | 24b. Wara autopsy findings<br>available prior to<br>completion of causa<br>of death? |
|   |  |                          |                                 | 1□ Yas 2ENo   | 1 Yas 2 No   |
| 25. Was casa ratarrad to madical                                  |  |                          | 26. Placa of D                  | aath (Check only ona)                                 |  |
| axaminar?   | Hospital: 1 Inpatiant 2                              | ☐ ER/Outpatiant 3☐       | DOA Othar: 4 Nursing            | Homa 5 ☐ Rasidanca 6 ☐ Ot                             | thar (Specify)   |
| 27. Manner of Death  1 Natural 5 Panding 2 Accident Invastigation |  | 28b. Time of<br>Injury   | 28c. Injury at Work? 1 Yas 2 No | 28d. Dascribe how injury occu                         | ırred  |
| 3 ☐ Suicida 8 ☐ Could not be datarmined                           | 28a. Placa of Injury - At h<br>building, atc. (Speci | noma, farm, straat, fac  | tory, offica                    | 28f. Location (Streat and Num<br>City or Town, Stata) | ber or Rural Routa Number,   |

29a. Cartifian

🚾 Certifying Phyeician: To tha bast of my knowledga, death occurred at tha tima, data and place, and dua to tha causa(s) and mennar as stated. 2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred et the time, date and place, end due to the causa(s) and manner stelled.

29b. Signatuy and/titjelje

29c. Licansa number

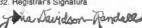
Baltimore MD 21287

29d. Data signad (Month, Day, Year)

ass of parson who completed causa of daath (itam 23a) (Type, Print) Blankson Voc

600 North 32. Registrar's Signatura

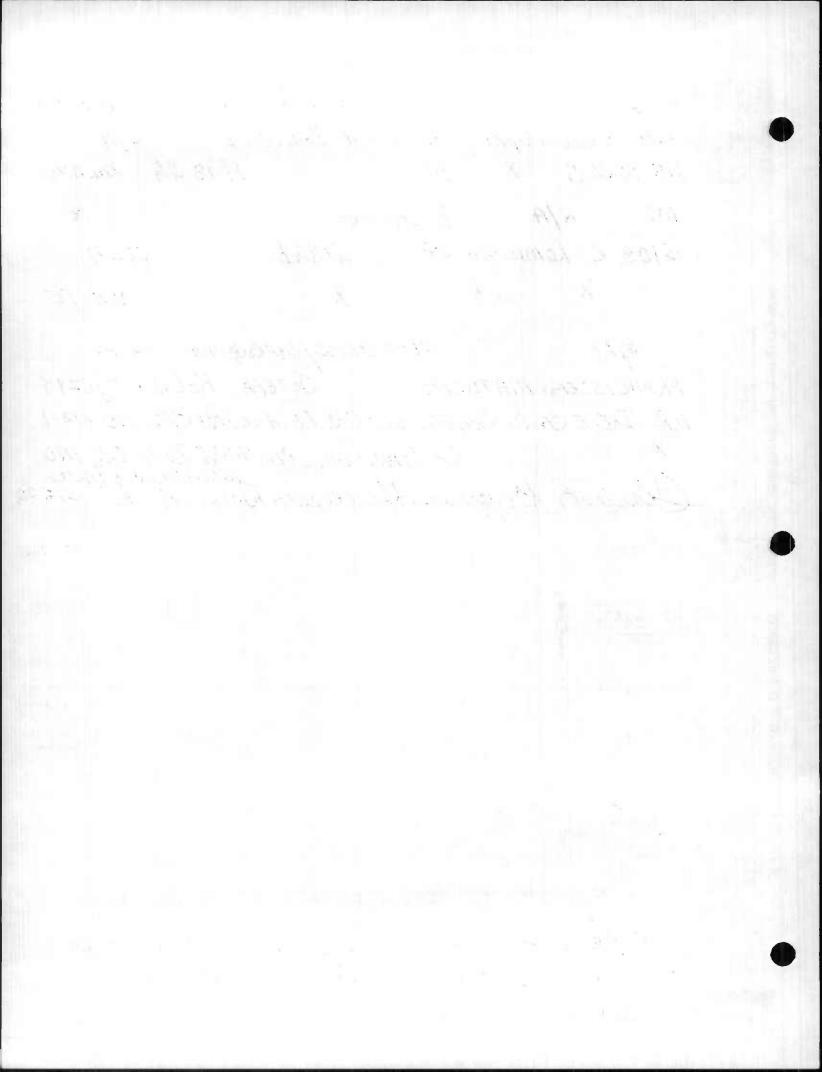
31. Data filad (Month, Day, Yaar) JUL 011998



State Registrar

To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifica

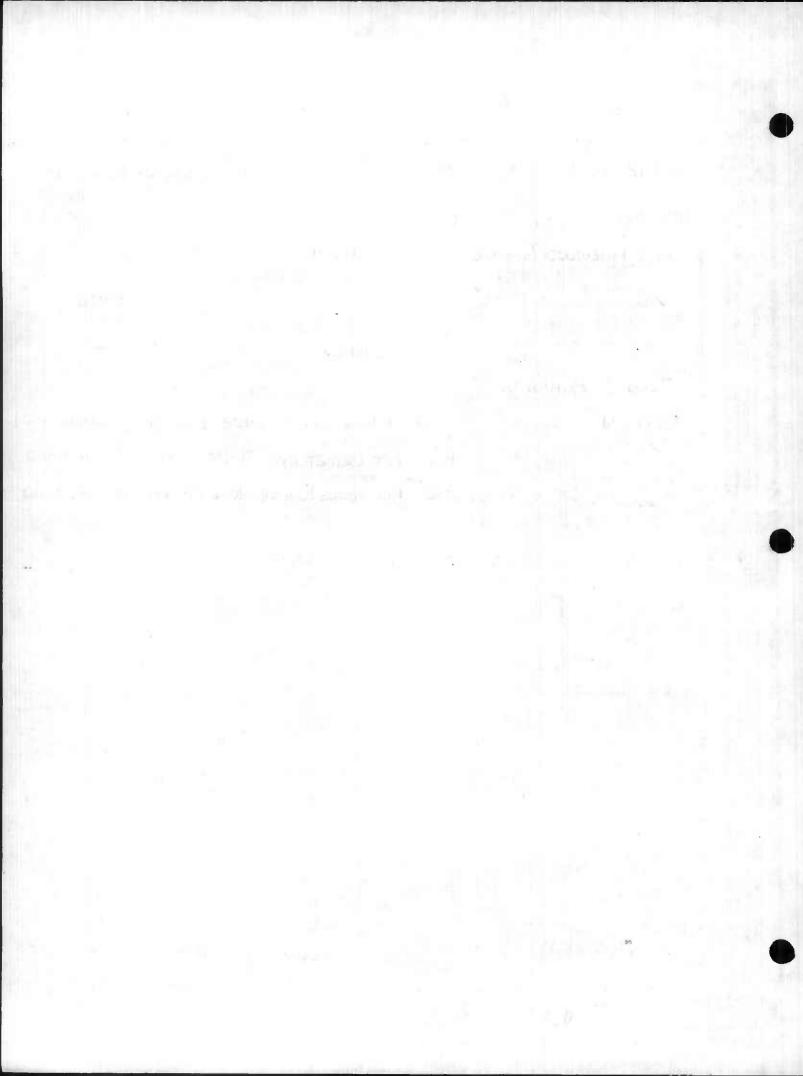


State of Maryland / Department of Health and Mental Hygiene 98 20269

Certificate of Death Reg. No.

|   |  |  |                      | Certifica                      | ate of                              | Death                                  |                                | R                                      | ng. No.   | bung                           | 0 2 0 3  |  |  |
|---|--|--|----------------------|--------------------------------|-------------------------------------|--|--------------------------------|--|---|--------------------------------|--|--|--|
| Di dista  | 1. Decedent's Nema (First, Middle,   | Last)  |                      |                                |                                     |  |                                | Data of Deat<br>Month                  | h<br>Day  | Year                           | 3. Time of Death   |  |  |
| Physician<br>/Medical   | LILLIAN  | Α.   |                      | B                              | ARRAI                               | NCO                                    |                                | JUNE                                   |   | 998                            | 4:30 PM  |  |  |
| Examiner  | 4a Facility Nama (If not institution,  | give street and number)  |                      |                                | 4                                   | b. City, To                            | wn, or Location                | on of Death                            | 4c. County  | of Death                       |  |  |  |
|   | SAINT JOSEPH   |  |                      |                                |                                     | rows                                   |                                |  | BALTI   |                                | E MARYLANI   |  |  |
| Funeral Director  | 5. Social Security Number 219-18-2893  | Sex 7. Age   | (In yrs. last birthe | Month:                         | ler 1 Year<br>s Deys                | If Under<br>Hours                      | Min. (                         | Date of Birth<br>Month, Dey,<br>DVEMBE | Year)   |                                | lace (State or Foreign<br>try)<br>RYLAND                                 |  |  |
| the notified at   | Usuel Residence of Decedent  10a. State 10b. County  |  | 10c. City, Town      | or Location                    |                                     |  |                                | 10d. Inside City Limits                |   |                                |  |  |  |
| or 28a-f sho<br>be notified at<br>Director  | MARYLAND   |  | BALTIN               |                                |                                     |  |                                |  |   |                                | 1 Nes 2 No   |  |  |
| 23a or 2<br>at be n   | 2412 PINEWOO   | D AVENUE   |                      |                                | 21214                               | 4                                      |                                |  | og. Citizen of V                                    | -                              | es Of America  |  |  |
| ural, or items 23e or 28e-f show<br>at Exampler must be notified at<br>ed by Funeral Director | 11. Marital Status  1 Never Merried 2 Married 3 Widowed 4 Divorced   | 12. Was Decedent E Armed Forces? 1 Yas 2 V If Yes, Give Yaar or Datas: | Ever in U,S.         |                                | edent of H<br>becify Cube<br>2 W No | ispanic Ori<br>in, Mexicar<br>Specify: | gin? (Specify<br>, Puerto Rica | Yes or No-<br>n, etc.)                 | Blac  | e - Americ<br>k, White,<br>WHI | atc.   |  |  |
| "natural".  | 15. Decedent's (Specify only highest   |  | 16a. D               | ecedent's Us<br>Give kind of v | uel Occup                           | ation                                  | t of working                   |  | 16b. Kind of Bu                                     | siness/Inc                     | dustry   |  |  |
| ont, the Medical  | Elamentary/Secondery (0-12)  | College (1-4or 5   | h) (+)               | ife. DO NOT                    | use ratired                         | 0                                      | i or working                   |  | Own H   | lome                           |  |  |  |
| event, me He<br>Be Compi  | 5  | AIN  | HC                   | omem                           | AKER                                |  | A. Manage (#2                  |  |   |                                |  |  |  |
| marked other than<br>imatic event, the M<br>To Be Comp  | JOHN J. BOI  | HANAN  |                      |                                |                                     |  |                                |  | Aaiden Surnem                                       | Θ)                             |  |  |  |
| tem 27 is marke<br>other traumatic<br>TO  | -  |  | 105.8                | dalling Adden                  | (Ctt                                |  | STRS                           |  | A N/LLIAMS e Number, City or Town, State, Zip Code) |                                |  |  |  |
| 2 4   | 199. Informant's Name/Reletionship   | LNER   | 24                   | 10 D.                          |                                     | /                                      | VENU                           |  |   |                                | RYLAND 21214   |  |  |
| tem 27<br>other tr  | 20a. Method of Disposition   | - LN CIN   | 20b. Place of D      | Disposition (N                 | lame of                             |  |                                |  | 20c. Location -                                     |                                |  |  |  |
| 7 01  | 1 ☐ Burial 2 ☐ Cremation 3<br>4 ☐ Donation 5 ☐ Other (Spe  |  | BALTIN               | cremetory or                   | 2                                   |  | 7/3                            |  |   |                                | MARYLAND   |  |  |
| nports<br>ny inju   | 21. Signature of Funeral Service Lic   | cenque   | 10                   | 22 Name                        | and Addres                          | ts of Facilit                          | y                              |  |   |                                | 0  |  |  |
| 188   | 12a7   | ( Z  | -5                   | HLTEN                          | BURG                                | FUNE                                   | RAL HO                         | ME, P.F                                | 1. 6009   | HAR                            | FORD ROAD  |  |  |
|   | 23s Part1. Enter the disease, or co<br>shock, or heart failure. List or  | implications that caused by one cause on each lin                      | the death. Do no     | t enter the mo                 | ode of dyin                         | g, such as                             | cardiac or res                 | piratory arm                           | out,  |                                | Approximate<br>Interval Between  |  |  |
| ledical<br>aminer<br>Examiner   | Immediate Cause (Final disease or condition resulting in death)  | ь  | RED THO              | nsequence o                    | 0:                                  | EURYS                                  | SM                             |  |   |                                |  |  |  |
| ng physicia<br>e as the bur<br>Medical  | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that intilated events resulting in death) Last   | c.   | Oue to (or as a cor  |                                |                                     |  |                                |  |   |                                |  |  |  |
| d by the attendir<br>elached for use<br>Physician/N   | Part II. Other significant conditions  | contributing to death bu   | t not resulting in t | he underlying                  | cause giv                           | en in Part f                           |                                | 23b. Did to                            | becco use cor                                       | ntribute to                    | the cause of death?  |  |  |
| detach<br>y Phy   |  |  |                      |                                |                                     |  |                                | 1 🗆 Y                                  | es 2□No   | 3 ☐ Prot                       | bably 4 Unknown  |  |  |
| page 2 should be d  | War In   |  |                      |                                |                                     |  |                                | 24a. Was a<br>perform                  |   | avi<br>co                      | ere autopsy findings<br>allable prior to<br>impletion of cause<br>death? |  |  |
| Page Mo   | The Later of the L |  |                      |                                |                                     |  |                                | t 🗆 Ye                                 | 15 2 (No  | 10                             | Tyes 201No   |  |  |
| ractor, pag<br>ractor, pag<br>be Co   | 25. Was case referred to medical examiner?   |  |                      |                                | -                                   | 26. Place                              | of Death (Cr                   | neck only on                           | a)  |                                |  |  |  |
| al ding   | 1 Yes 2 No   | Hospital: 1/2 Inpatier   | nt 2□ER/Outp         | ationt 30 t                    | OOA Oth                             | er: 4 Nu                               | ming Home                      | 5 ☐ Reside                             | nce 6 DOth  | er (Specif)                    | v)   |  |  |
|   | 27. Manner of Death  1   | 28a. Date of Injur<br>(Month, Day<br>ion                               | Year) 28b. Tin       |                                | 2flc Injur<br>Wor                   | yat<br>k?<br>Yes 2□                    | 10                             | Describe ho                            | w injury occurr                                     | red                            |  |  |  |
| al Director: After and in by the funeral certification:                                       | 3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)   |  |                      |                                |                                     |  |                                | Location (SI<br>City or Town           |   | er or Rura                     | al Routa Number,   |  |  |
| To the Funeral Di<br>completely filled in<br>Medical Cer                                      |  | Physician: To the best o   | examination and/     |                                |                                     |  |                                |  |   |                                |  |  |  |
| Med Med   | 29b. Signeture end title of certifier  | and mannar ste   | iou.                 | 2                              | 9c. Licens                          | e number                               | _                              | 2                                      | 9d. Data signe                                      | d (Month,                      | Day, Year)   |  |  |
| F 0   | I amada P  | milla.n  | 1.0                  |                                |                                     |  |                                |  | ne.28   |                                | 1998.  |  |  |
|   | 30. Name and address of person wh  |  |                      | vno Drint\                     | D4                                  | 1410                                   |                                | 411                                    | WE. YA  | 1                              | 1110   |  |  |
| 15  | JOGINDER P. 1  |  |                      |                                | ROA                                 | D, T                                   | OWSON                          | MARY                                   | LAND 2  | 2120                           | 4  |  |  |
| State   | 31. Data filed (Month, Pay Year)   | 32. Registra   | Gigoature            |                                | ,                                   |  |                                |  |   |                                |  |  |  |
| Registrar   | 3131 0   | 1999   | who David            | wa- Rand                       | 000                                 |  |                                |  |   |                                |  |  |  |

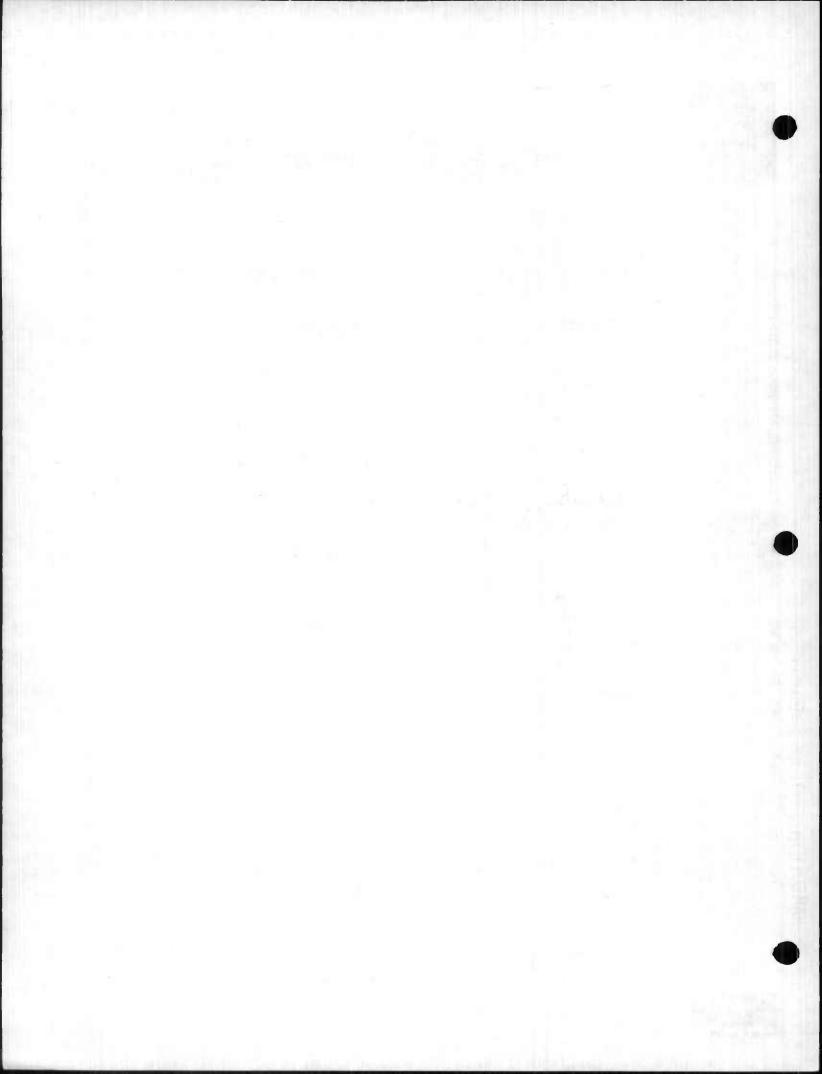
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 98 20270

Certificate of Death

|   |      |   |                                      |                                 | Cei                     | rtificate                                  | of i              | Death                      |                      |                                   | Reg. No.                    | 20 6                          | .0210  |
|---|------|---|--------------------------------------|---------------------------------|-------------------------|--|-------------------|----------------------------|----------------------|-----------------------------------|-----------------------------|-------------------------------|--|
| Dhaminia  | _    | 1. Decedent's Neme (First, Middle, Las  | t)                                   |                                 |                         |  |                   |                            |                      | 2. Dete of De                     | eeth<br>Dey                 | Yeer                          | 3. Time of Death   |
| Physician /Medical  | _    | HILDA A.  | BLAIR                                |                                 |                         |  |                   |                            |                      | June                              | 29                          | 1998                          | 17:30  |
| Examiner  |      | 4e. Fecility Neme (If not institution, give   |                                      | er)                             |                         |  |                   |                            |                      | ocation of Deet                   | h 4c. Co                    | ounty of Deeth                |  |
|   | Ļ    |   | spital                               |                                 |                         |  |                   | Balt                       |                      |                                   |                             |                               |  |
| Funerai   | 1    | 5. Social Security Number 6. Se   | x 7<br>□M 2 <b>∑</b> X               | Age (In yrs. lest               |                         | If Under 1<br>Months                       | Year<br>Deys      | If Under<br>Hours          | 24 Hrs.<br>Min.      | 8. Date of Bi                     | rth<br>ay, Year)            | 9. Birth                      | place (Stete or Foreig<br>intry)                                 |
| Director  | -    | 215-03-5960 " Usuel Residence of Decedent   |                                      | 86                              | Yrs.                    |  |                   |                            |                      | 7/15/                             | 1909                        | MA                            | RYLAND   |
| ž ==  | - 1- | 10e. State 10b. County  |                                      | 10c. City, To                   | own or Lo               | cation                                     |                   |                            |                      |                                   |                             |                               | 10d. Inside City Limits  |
| 28a-f shownout state of state |      | MD BALT   | IMORE                                |                                 |                         | CAT  | ON:               | SVILL                      | Ε                    |                                   |                             |                               | 1 ☐ Yes 2 ☐NO  |
| be nottred<br>Director  | 1    | 10e, Street and Number  |                                      |                                 |                         | 10f. Zlp C                                 |                   |                            |                      |                                   | 10a. Citize                 | n of Whet Cou                 | intry?   |
| al, or items 23a or 28a-f sho<br>Examiner must be notified at<br>by Funeral Director  |      | 709 MAIDEN CH   | OICE LAN                             | VE                              |                         |  |                   | 21 228                     |                      |                                   |                             | U.S.A                         |  |
| r Rems 234<br>other must<br>Funeral   |      | 11. Marital Status  | 12. Was Decede                       | nt Ever in U,S.                 | 13.                     | Was Decede                                 | nt of H           | ispanic Orl                | gin? (Sp             | ecify Yes or No<br>Rican, etc.)   | o- 14.                      | Race - Amer                   |  |
| or Re   |      | 1 Never Married 2 Married   | Armed Force 1 [] Yes 2] If Yes, Give |                                 |                         | ires, specii<br>1⊡ Yes 2∭                  |                   | Specify:                   | i, Puerio            | Hican, etc.)                      |                             | Bleck, White                  | , etc.   |
|   |      | 3XVidowed 4 □ Divorced  | Yeer or Dete                         | s:                              |                         | 10 105 22                                  | 71140             | Specify.                   |                      |                                   | 5,                          | pecify: WH                    | ITE  |
| ygiena. Net than "natural", It, the Medical Exa   |      | 15. Decedent's Edit<br>(Specify only highest gred   | ucation<br>de completed)             | 10                              | Se. Deced               | dent's Usuet<br>kind of work<br>DO NOT use | Occup<br>done     | ation<br>during mos        | t of work            | ing                               | 16b. Kind                   | of Business/li                | ndustry  |
| np.   |      | Elementery/Secondery (0-12)   | College (1-4d                        | or 5+)                          |                         |  |                   | 1)                         |                      |                                   | -                           |                               |  |
| S S S S S S S S S S S S S S S S S S S   |      | TU  |                                      |                                 | HOM                     | IEMAKEI                                    | ₹                 | 10 11-41                   | 4. 11.               | - 157 A B 41-4-18-                |                             | N HOME                        |  |
| d out   | í    | 17. Fether's Neme (First, Middle, Last)   |                                      |                                 |                         |  |                   |                            |                      | e (First, Middle                  |                             |                               |  |
| To Tatio  | 2    | CARL KETTLER  |                                      |                                 |                         |  |                   |                            | MALI                 |                                   | TERIC                       |                               |  |
| Department of Health and Mental Hyglens. Important: If item 27 is marked other than 'naturally injury or other traumatic event, the Manical once.  To Be Completed  |      | 19e. Informent's Neme/Reletionship (T. JEANNE McGOWA  |                                      |                                 |                         | IVY LI                                     |                   |                            |                      | al Route Numb<br>'ATONSV'         |                             |                               |  |
| ther ther   | -    | 20e. Method of Disposition  | II (DMOGI                            |                                 |                         | sition (Neme                               |                   | JE DI                      |                      | Date                              | •                           | tion - City or T              |  |
| 0, o  | 1    | 1 Burial 2XX remetion 3 🗆   |                                      | ite ceme                        | itery, crer             | metory or oth                              | er ple            |                            | 1_                   |                                   |                             |                               |  |
| rtant<br>Jury   | -    | 4 Donetion 5 Other (Specify,  |                                      | BALTC                           |                         | SH. CI                                     |                   |                            |                      | /1/98                             |                             |                               | MARYLAND   |
| any ir  |      | 21. Signature of Funerel Service Licens   |                                      | 1                               | 4                       | COO -                                      | MOUTE             | SS OI FECILI               | YWIT                 | ZKE FUN                           | VERAL                       | HOMES,                        | INC.   |
|   | -    | Tent I  | 7                                    | hik                             |                         | 630 EI                                     |                   |                            |                      |                                   |                             | E, MD                         |  |
|   |      | 23a. Peri1. Enter the disease, or comp<br>shock, or heart failure. List only of                             | ne eause on eech                     | sed the death. L<br>h line.     | o not ent               | er the mode                                | or ayır           | ig, such es                | cardiec              | or respiretory e                  | errest,                     |                               | Approximete<br>Interval Between<br>Onset and Death               |
| /sician<br>ledicai  |      | Immediate Cause (Final  | 4                                    | 1                               | 01                      | Τ.   | -                 | 4                          |                      |                                   |                             |                               | 2.   |
| aminer  | 1    | disease or condition resulting in deeth)  | е                                    | Hocare                          | xiai                    | Jn   | Ta                | CIII                       | 277                  |                                   |                             |                               | sdays.   |
| <u>ē</u>  |      |   | P                                    | Due to (or as                   | a consec                | quence of):                                |                   | hali                       | S 1/20               |                                   |                             |                               |  |
| ansit   |      | Sequestially list conditions  | b                                    | Due to (or es                   | e consec                | mence of).                                 | , (11)            | 5011                       | 3111                 |                                   |                             | 1                             |  |
| physician and is the buriel-transit   |      | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury | D                                    |                                 |                         |  | hea               | mhas                       | -16                  | Left                              | lec                         |                               |  |
| ysici<br>he bu  |      | Cause (Disease or Injury that Initieted events resulting in death) Lest                                     | C                                    | Due to (or as                   |                         |  |                   | 111 502                    |                      |                                   | )                           | 1                             |  |
| Med   |      | resulting in death) Lest  | P                                    | eri phe                         | Cal                     | Vas  | UU                | lar                        | di                   | seuco                             |                             |                               |  |
| 23 6  |      |   | d                                    | Pill                            | - 44                    |  |                   |                            | 0                    | , ,                               |                             | 1                             |  |
| detached for us   |      | Pert It. Other significant conditions co  | ntributing to death                  | h but not resultin              | g in the u              | nderlying car                              | ıse giv           | en in Part I               |                      | 23b. Did                          | tobacco us                  | a contribute                  | to the cause of death  |
| etach<br>Phy p  |      |   |                                      |                                 |                         |  |                   |                            |                      | 1□                                | Yes 2                       | No 3□Pr                       | obably 45 Unknow   |
| be d  |      |   |                                      |                                 |                         |  |                   |                            |                      |                                   |                             |                               |  |
| should the  |      |   |                                      |                                 |                         |  |                   |                            |                      | 24e. Wes                          | en eutopsy<br>ormed?        | 8                             | Vere eutopsy findings<br>vallable prior to<br>ompletion of cause |
| 5 c/ 0  |      |   |                                      |                                 |                         |  |                   |                            |                      |                                   |                             | ŏ                             | f death?   |
| s certificata hi<br>director, page<br>To Be Com   |      |   |                                      |                                 |                         |  |                   |                            |                      | 10                                | Yes 2 💢                     | No 1                          | ☐Yes 252No   |
| rector, page  |      | 25. Wes case referred to medical examiner?  |                                      |                                 |                         |  |                   |                            | of Dee               | th (Check only                    | one)                        |                               |  |
| 2 2 1   |      | 1 165 2 40  | Hospital: 1 💢 Inpa                   | atient 2 ER/                    | Outpetier               |  | -                 | 4 LINU                     | irsing He            | ome 5 Res                         |                             |                               | eify)  |
| After t<br>funera   |      | 27. Menner of Death 1 Months S ☐ Pending  | 28e. Dete of In<br>(Month, I         | njury 281<br>De <i>y Year)</i>  | Injury                  |  | c. Injur<br>Wor   |                            |                      | 28d. Describe                     | how injury                  | occurred                      |  |
| the f   |      | 2 Accident Investigation 3 Suicide 6 Could not be   |                                      |                                 |                         | М  |                   | Yes 2                      | No                   |                                   |                             |                               |  |
| is after death.  al Director: After t led in by the funera  Certification:  |      | 4 Homicide determined   | 28e. Pleca of building,              | Injury - At home etc. (Specify) | , farm, str             | reet, factory,                             | offica            |                            |                      | City or To                        | (Street end i<br>wn, Stete) | Vum <i>ber or H</i> u         | ral Route Number,  |
| S I S   | -    | 00 0 00 00 00 00 00 00 00 00 00 00 00 0   | 11                                   |                                 |                         |  |                   | C. Lever                   |                      |                                   |                             |                               |  |
| within 24 hours after deal To the Funeral Director: completely filled in by the Medical Certifical  |      | 29e. Certifier (Check only one) Certifying Phy 2 Medical Exam   | Iner: On the basis<br>end menner     | s of examinetion                | ige, deet!<br>end/or in | n occurred et<br>vestigetion, I            | the tir<br>n my o | ne, dete an<br>pinlon, des | d ptaca,<br>th occur | end due to the<br>red et the time | date end p                  | nd manner es<br>lece, end due | to the cause(s)  |
| Mex   |      | 29b. Signeture end title of cartifier   | end menner                           | Steled.                         |                         | 29c.                                       | Licens            | e number                   |                      |                                   | 29d. Date                   | signed (Month                 | ), Day, Year)  |
| 8 7 8   |      | b 11  | · 0                                  | NA                              |                         |  | -                 |                            | a                    |                                   |                             |                               |  |
| 15.   | -    | Hermingo  | zeda                                 | M.D.                            | -) (=                   |  | 71                | 087                        | 1 .                  |                                   | Jun                         | e, 29                         | ) 1748   |
| 0   | 1    | 30. Name and address of person who o  | O red                                |                                 | a) (Type,<br>IO         | Clint)                                     | 723               | 1 14.                      | 11 0                 | ct B                              | altin                       | nore 1                        | 40 2122  |
| State   | t    | 31. Date filed (Month, Dey, Year)   |                                      |                                 |                         |  | U 1               |                            |                      |                                   |                             |                               | 500  |
| Registrar   |      | .111 0 1 1998   | Su                                   | istrer's Signature              | or-Nan                  | ndable                                     |                   |                            |                      |                                   |                             |                               |  |
|   |      | MILL A T MAG  | 4.8                                  |                                 |                         |  |                   |                            |                      |                                   |                             |                               |  |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** LUVENIA /Medical 4e. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Balto

Balto

Bulto

If Under 1 Yeer | If Under 24 Hrs.

Months Deys | Hours | Min. Nem N.A. UNION HOSP 5. Social Security Number 8067 7. Age (In yrs. last birthday)

Yrs. 6. Se Birthplece (State or Foreign Country) 1□M 20 F Director Usual Residence of Decedent the Marylend r 28a-f show 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Balto Mal Yes 2□No Director 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours efter death with to Department of Healith and Mentel Hyglene.

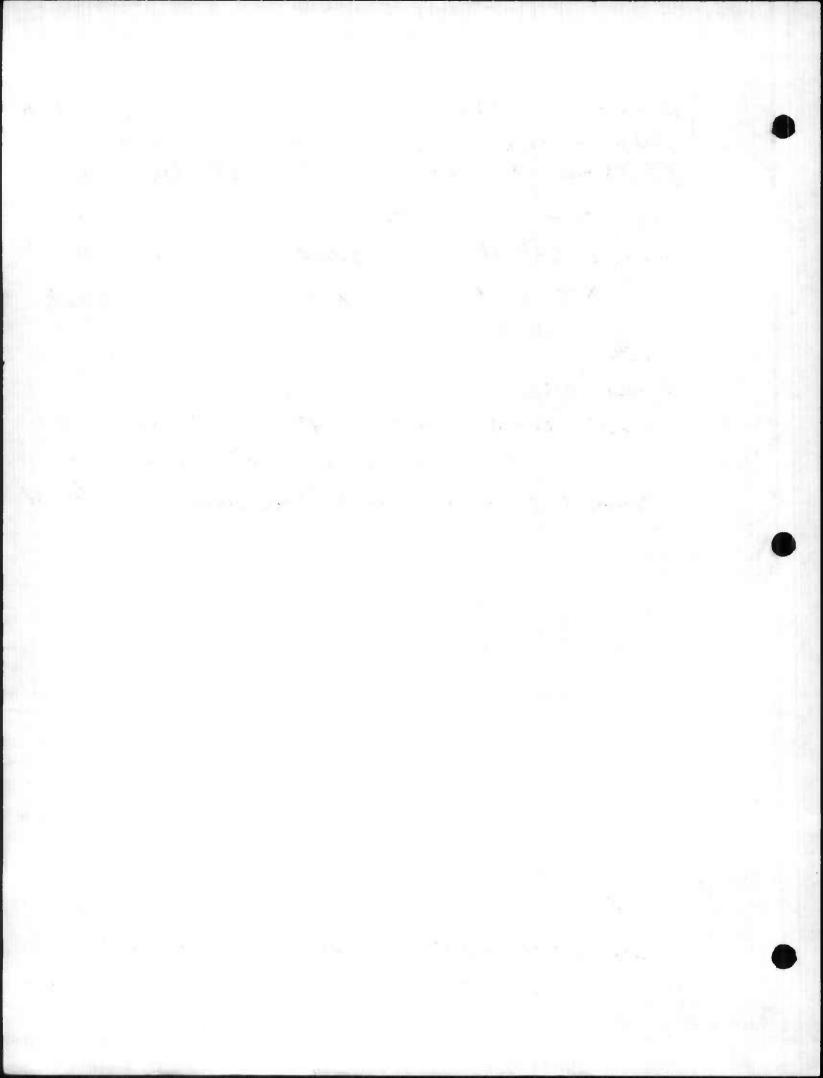
Department of Healith and Mentel Hyglene.

Department of Healith and Mentel Hyglene.

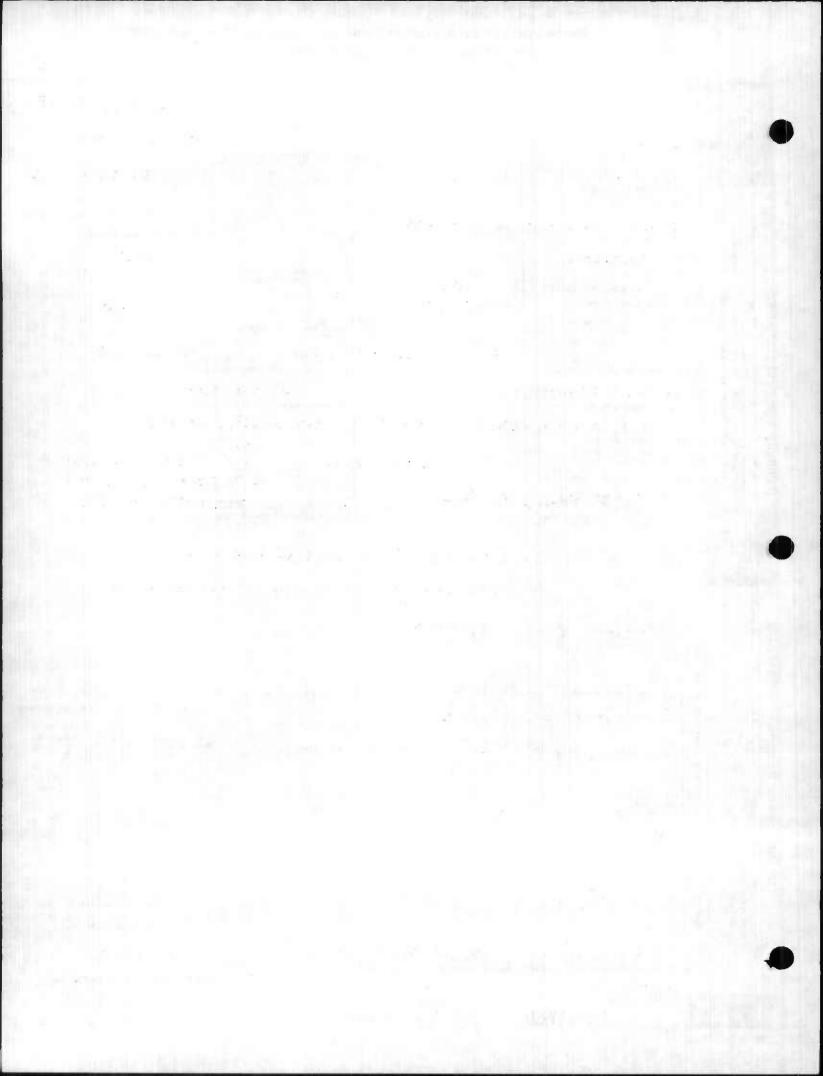
Saa or any Injury or other traumatic event, its Medical Engine matter. 4.5 428 21218 Funeral 12. Wes Decedent Ever In U.S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, epecify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritel Stetus 1 Never Merried 20 Married 1 ☐ Yes 2 No If Yes, Give Year or Detes: Blac Baltimore, Maryland 21215-0020 1□ Yes 2 No þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) nune 12. 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Clarence CHILDS Rose 19a. Informant's Neme/Reletionship (Type, Print) Balte. md 428 Kober 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Dete 6/30/98 Mariel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) AKEVION RM. 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility Enter the disease, or complications that caused to rheert feiture. List only one cause on each lin he deeth. Do not enter the mode of dying, such as cardiac or respiratory errest. **Physician** /Medical Immediate Cause (Finel disease or condition resulting in deeth) enosis years Examiner Examiner buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in death) Lest Due to (or as a consequence of): attending physician for use as the buriel Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by the Dilated 1 Yes 2 No 3 Probably 4 ☐ Unknown 100 þ 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes en autopsy performed? Completed has 1 Yes 25 No certificate To the Hospital or Attending Physician: within 24 hours effer deeth.

To the Funeral Director: After this certified 25. Wes case referred to medical examiner? 28. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient → EB/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 28e. Dete of Injury (Month, Dey Year) 27. Menger of Death 28h. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 ZiNatural 2 Accident 5 Pending 1 Yes 2 No investigetion 3 Suicide 6 Could not be 28e. Plece of Injury - At home, term, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) and manner stated. 29e. Certifier Medical (Check only one) 29b. Signature and title of cartifier 29c. License number 29d. Dete eigned (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 2323 Orleans ST, Baltimore, Knight 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State Ful Davidson JUL 0 1 1998 Registrar

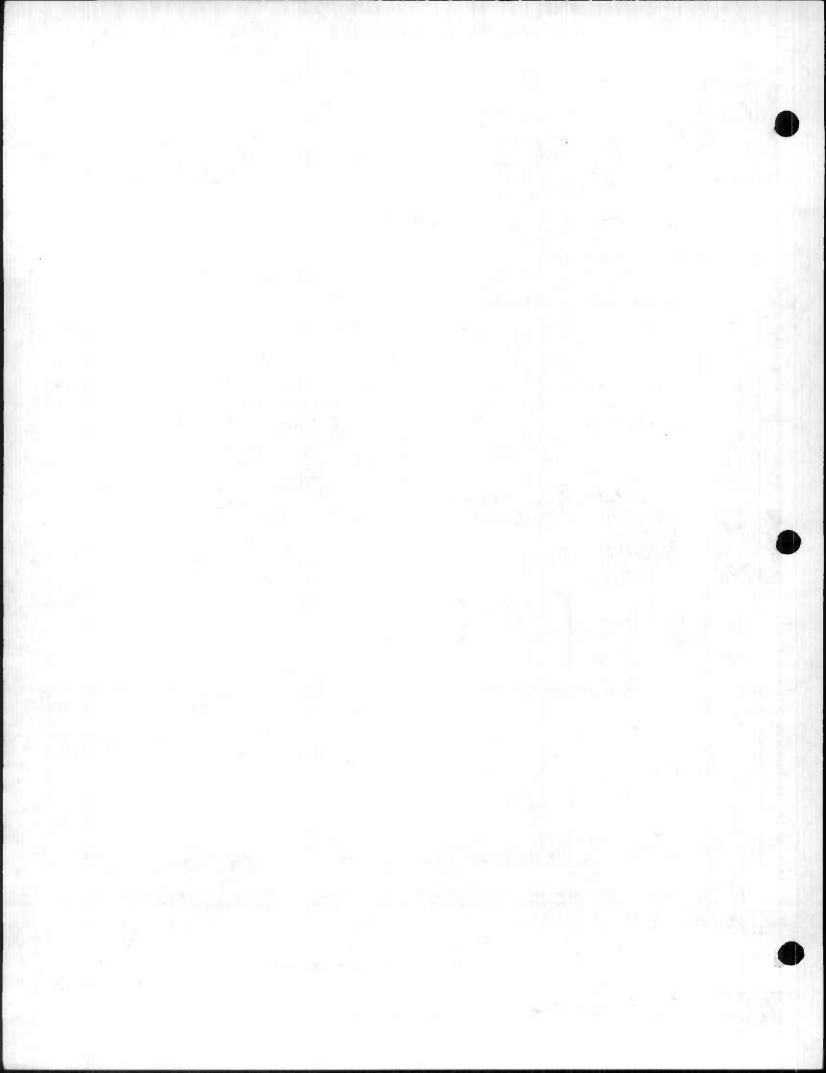


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Deeth 1. Decedent's Nama (First, Middle, Last) 2. Date of Death Month Year **Physician** 09:55 an John W. Blotzer 26 1998 June /Medical 4b. City, Town, or Location of Death 4a Facility Nema (If not Institution, give street and number) 4c. County of Death **Examiner** Baltimore Baltimore City University of Maryland Medical Systems If Undar 1 Yaar If Undar 24 Hrs. 5. Social Security Number 6. Sex 7. Aga (In yrs. lest birthday) Birthplaca (State or Foreign Country) 8. Data of Birth (Month, Dey, Yaer) **Funeral** 1⊠M 2□ F Montha Days Hours Min Mar 11 1920 Pennsylvania **Director** 172-14-8873 Usual Residence of Decedent the Marylenc 10c. City, Town or Location 10a. Stata 10b. County 10d. Inside City Limits is 1 and 2 should be filed within 72 hours effer death with the Manylen of Health and Mentel tyglens. If the 23 a rate of other than 7 are marked of the than "natural", or items 23s or 23s-f show other traumatic event, its Medical Exercises must be routined as 1 ☐ Yes 2 No Directo Maryland Baltimore Baltimore 10f. Zip Coda 10g. Citizen of What Country? 10e. Street end Number 21227 U.S.A. 5833 Heron Drive Funeral 12. Was Decedent Ever in U.S. Amed Forces? 1 18 Yes 2 □ No 7 / 01 / If Yes, Give 1941 Yaar or Datas: 07/31/1967 Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Bieck, White, etc. 1 Navar Marriad 2 Married Specify: White 1 ☐ Yes 2 ☑ No Specify: Baltimore, Maryland 21215-0020 þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Cotlege (1-4or 5+) Eiementery/Secondary (0-12) U.S.Army Colonel Government 18. Mother's Neme (First, Middle, Meiden Sumema) 17. Father's Nama (First, Middle, Last) Be Lawrence Blotzer Claire Fiscus 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) permit. Pages 1 and 2
Department of Health en.
Important: If item 27 is m.
any injury or other 5833 Heron Drive, Baltimore MD 21227 Helen Blotzer ( Wife ) 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20e. Method of Disposition 7/2/ 1 XBuriai 2 Cramation 3 Removal from State 1998 4 ☐ Donation 5 ☐ Other (Specify) Arlington, Virginia Arlington National 22. Name and Address of Facility Witzke Funeral Homes, Inc. 21. Signatura of Funaral Sarvice Licensee Robert 1630 Edmondson Ave Catonsville, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiec or respiratory errest, shock, or heart failure. List only or cause on each line. Approximete tntervat Between Onset and Deeth **Physician** /Medical immediate Cause (Final Probable Myocardial Infarction disease or condition resulting in death) **Examiner** Hemorrhage into abdominal rectal sheath Examiner attending physicien and for usa es the bunel-transit requires that the death certificate be executed Sequantially list conditions, if any, leading to Immediate cause. Enter Undarlying Cause (Disease or injury that initieted events resulting In death) Last Due to (or es e consequence of) Hypoxemia Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es a consequence of): usa es t signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown Heart Failure ð 24b. Were autopsy findings aveilable prior to complation of ceuse of death? 24e. Was en eutopsy performed? Completed Obstructive Pulmonary pege 2 s has 1 Yas 2 No 1 Yes 2 No certificate 25. Waa cese referred to medice examiner? Be 26. Piace of Deeth (Check only one) Hospital: 15 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yea 2 No this 28e. Date of Injury (Month, Dey Year) funeral 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Deeth 28b. Time of Aftar or Attending 1 Naturai 5 Pending efter death. 1 ☐ Yes 2 ☐ No investigation 2 Accident the 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Routa Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 3 4 Homicide pellil 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. 29e. Certifier within 24 hor To the Fune complately fi 2 Medical Examiner: On the besis of axamination and/or invastigation, in my opinion, death occurred at the time, data end place, end due to the cause(s) end menner stated. (Check only one) To the 29b. Signature and title of certifie 29d. Date signed (Month, Day, Year) 29c. License number 6.26.98 (0 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Pkwy #1102, Baltimore, MD 21218 Aneel Mandava, MD 1 E. University 31. Dete filed (Month, Dey, Yeer) 32. Registrer's Signature Julia Saijdon Rondoll JUL 0 1 1998 Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Day **Physician** Month June 27, Harry Blanquette 1998 10:30am A. /Medical 4e. Fecility Neme (If not institution, give street end numbar) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** Catonsville Baltimore Colonial Manor Nursing Home 5. Social Security Number 7. Age (In yrs. last birthdey) If Under 1 Yeer | if Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) **Funeral**  Birthpiece (Stete or Foraign Country) 1 M 2 F Days 215-10-8579 Yrs. Director Jan 21, 1917 Maryland Usuai Rasidenca of Decedent 10e. Stata 10b. County show 10c. City, Town or Location 10d. Inside City Limits r 28a-f show notified at Director 1 ☐ Yes 2X No Maryland Baltimore Catonsville 10e. Street end Number 10f. Zip Coda 10a. Citizen of Whet Country? items 23a or the Medical Examiner must be 4 McIntosh Court 21228 U.S.A. Funeral 12. Was Decadent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☑No If Yas, Give Year or Detas: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - American indian, Biack, White, etc. 11. Marital Status 1 Never Merried 2 Married "natural", or 1 ☐ Yes 2 🖾 No altimore. Maryland 21215-002 by 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 15. Decedent's Education 16a. Dacadent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry (Specify only highest grede completed) Fidelity and Deposit than Eiamentary/Secondary (0-12) College (1-4or 5+) Comptroller Of Treasury Banking 17. Fether's Name (First, Middle, Lest) 18. Mother's Nema (First, Middla, Maiden Sumeme) Be is marked of Katherine V. Rice Harry P. Blanquette 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) Department of Health as Important: If Item 27 is any Injury or other trau 407 Chalfonte Drive Catonsville, MD 21228 Joan M. Compher ( Niece ) 20a. Method of Disposition 20b. Pieca of Disposition (Neme of cemetary, cremetory or other piece) 20c. Location - City or Town, Stete 6/30/ 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Elkridge, MD Meadowridge Memorial 1998 21. Signetura of Funeral Servica Licensae 22. Neme and Address of Fecility Witzke Funeral Home, Inc. -18el 23a. Part1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart feilura. List only one cause on each lina. Physician /Medical Immediate Causa (Finel CARCINOMA OF THE COLON disaase or condition resulting in deeth) Examiner Due to (or as e consequanca of) Examiner The law requires that the death certificate be executed physician and s the burial-transit Sequentielly list conditions, if eny, leeding to immediete causa. Enter Undartying Ceusa (Diseese or injury that initieted events resulting in death) Lest Due to (or as e consequence of) Box 68760 Physician/Medicai Due to (or as e consequence of): P.O. 1 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown been signed b Records, by 24b. Wera eutopsy findings Completed 24a. Was en eutopsy evalleble prior to completion of causa of death? paga 2 certificata 1 Yes 2 No 1 □ Yes 2 □ No of Vital or Attending Physician: 25. Wes casa raferred to medical Be 26. Piaca of Deeth (Chack only ona) 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this Certification: 27. Manner of Deeth 28a. Deta of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Division 1 Natural 5 Pending investigation e Hospital or Attendi n 24 hours aftar death. le Funeral Director: A 2 Accident 1 Yes 2 No 6 Could not be 3 Suicide in by t 28e. Piaca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 15 Cartifying Phyaician: To the best of my knowledge, deeth occurred et the time, deta end pieca, end due to the ceuse(s) and menner es stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) end manner steted. Medicai 29a. Cartifier To the Hosp within 24 ho To the Fune completely fi 29b. Signetura and titla of certifier 29c. Licansa number 29d. Deta signed (Month, Day, Year) DAMAAN 30. Nema end address of person who completed causa of deeth (Itam 23a) (Type, Print) PREDERTIR RD, 000 SULTE 18, BALTO, MD 31. Dete filed (Month, Dey, Yaar) 32. Registrar's Signature State Julia Davidson Randall JUL 0 11998 Registrar



WILBERT BROWN

| ate of Maryland / Department of Health and Mental Hygie | ene    | 9 | 8 | 2 | 0 | 2      | 7 | L |
|---|--------|---|---|---|---|--------|---|---|
| Cartificate of Dooth                                    | g. No. |   |   |   |   | E-vall |   |   |

| **         | THOUNT  | יונם                | OWIV   |   | Certific                                       | cate                             | of Death  |   | Reg. No.                              | 2.0   | 6 14   |
|------------|---|---------------------|--|---|--|----------------------------------|---|---|---------------------------------------|---|--|
|            | Physici   |                     | 1. Decedent's Name (First, Middle, La  | MOPPLS  | BRI  | )(1)                             | $\cap$  | 2. Dete of Do<br>Month<br>JUNE          | 29, 199                               | Yeer  | Time of Death  1:22 AM                               |
|            | /Medic<br>Examir  |                     | 4a Facility Name (If not institution, giv  | e street end number)  | Orec   |                                  | 4b. City, Town, or<br>BALTIMO                                 | Location of Dee                         |                                       |   |  |
|            | Funeral<br>Director   |                     | 5. Sociel Security Number 6. S   | ex 7. Age (In yrs.  |  | Inder 1 Y                        | eys Hours Min   |   | 7/5/                                  | 9. Birthplece (<br>Country)                     | State or Foreign                                     |
|            | e Maryland  | ctor                | Usuel Residence of Decedent  10e. State  10b. County  N  | A 10c. City   | SA CII   | MO                               | RE  |   |                                       |   | side City Limits                                     |
|            | th with th  | al Dire             | 3527 JU  | neway   | 10   | f. Zip Co                        | 2/2/3   |   | 10g. Citizen of t                     | What Country?                                   |  |
| 020        | 72 hours after death with the Maryland<br>natural; or items 23s or 28s-f show<br>digst Examiner must be notified                            | by Funeral Director | 11. Maritel Stetus  1 Never Married 2 Merried  3 Widowed 4 Divorced  | 12. Wes Deceded Ever in U,<br>Armed Forces?<br>1   Yes 2   No<br>If Yes, Give<br>Yeer or Detes: | S. 13. Was E If Yes,                           |                                  | of Hispanic Orlgin? (!<br>Cuban, Mexican, Puel<br>No Specify: | Specify Yes or N<br>rto Rican, etc.)    | o- 14. Rec<br>Ble                     | ca - American Ind<br>ck, White, etc.<br>y: Blac | fien,  |
| 21215-0020 | C 40  | Completed           | 15. Decedent's Et<br>(Specify only highest gre<br>Elementery, coppdery (0-12)  |   | 16e. Decedent's<br>(Give kind of<br>life. DO N | Usuel O<br>of work d<br>OT use n | ccupetion<br>one during most of wo<br>etired)                 | orking                                  | 16b. Kind of B                        | Ser L   | lice   |
| Maryland   | should be filed within and Mentel Hygiene. merked other than imatic event, the M  | To Be C             | 17. Fether's Natine (First, Middle, Last)  | BROW  | n  | -,0                              | 18. Mother's Ne   | TY I                                    | ROW                                   |   |  |
|            | s 1 end 2 should by Health and IV item 27 is mer other traumal  |                     | 19a. Informant's Name/Reletionship (   | WISON   | 1928   | 3                                | reet and Number or F  | son s                                   | street.                               | State, Zip Code                                 | MD 2121  |
| Baltimore  | parmit. Pages 1 Department of H Important: If iter any injury or oth  |                     | 20e. Method of Disposition  1 ABuriel 2 Cremetion 3 C  4 Donation 5 Other (Specification)  | Removal from State  | Plece of Disposition permetery, cremetory      | RE (                             | Cometern  | 7/6/199                                 | 8 BAG                                 | City or Town, S                                 |  |
| Bal        | parmit. Pag<br>Department<br>Important: I<br>any injury o   |                     | 21. Signeture of Funeral Burvice Licer   | 11/2  | 22. Nan  | and A                            | ddress of Facility  Gilmi                                     | RE ST. 1                                | 4 PA<br>BALTO. A                      | 40212   | 17   |
|            | Physician   |                     | Pert1. Enter the disease, or com<br>shock, or heert feilure. List only   | plications that caused the deet<br>ope ceuse on each line.                                      | h. Do not enter the                            | mode of                          | f dying, such es cardia                                       | ac or respiretory                       | errest,                               | App   | roximete<br>vel Between<br>et end Deeth              |
|            | /Medical<br>Examiner  |                     | Immediate Ceuse (Finel diseese or condition resulting in death)  | e. Graha Due to (o  | or es e consequenc                             | a of):                           |   |   |                                       |   |  |
|            | ecuted<br>and<br>transit  | Examiner            | Sequentially list conditions,  | bDue to (o  | er es e consequenc                             | e of):                           |   |   |                                       |   |  |
| 68760,     | tificata be executed<br>ig physicien and<br>as the burial-transit   | edical E            | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Last | cDue to (or   | r es e consequenca                             | a of):                           |   |   |                                       |   |  |
| Box (      | death certified attending   | Physician/Medical   |  | d   |  |                                  |   |   |                                       |   |  |
| P.O.       | the the   | / Physi             | Pert II. Other significant conditions of   | ontributing to death but not res  | ulting in the underly                          | ring caus                        | se given In Pert I.   |   | i tobacco uea co<br>] Yee 2□ No       |   |  |
| Records,   | been shoul  | Completed by        |  |   |  |                                  |   |   | s en eutopsy<br>formed?               | eveilebl  | utopsy findings<br>e prior to<br>lion of cause<br>1? |
| Vital Re   | The ate h   |                     | 25. Wes case referred to medical   |   |  |                                  | 26 Place of Dr  | 1€<br>eath (Check only                  | Yes 2□No                              | 1 Yes   | 2 □ No   |
| of Vi      | S 50  | To Be               | exeminer?<br>1XXYes 2□ No  | Hospital: 1 ☐ Inpatient 2 ☐   | ER/Outpatient 3                                | □ DOA                            | Other   |   | sidence 6 Ott                         | her (Specify)                                   |  |
| ion o      | Attending Pt<br>ir death.<br>ector: After th<br>by the funeral  |                     | 27. Manner of Deeth 1 ☑Neturel 5 ☐ Pending 2 ☐ Accident investigation  | 28a. Date of Injury<br>(Month, Dey Year)  | 28b. Time of<br>Injury                         |                                  | Injury et<br>Work?<br>1  Yes 2 No                             | 28d. Describe                           | how injury occu                       | rred  |  |
| Division   | al or Atta<br>s aftar de<br>il Directo<br>ed in by th   | Certification:      | 3 ☐ Suicide 6 ☐ Could not b<br>4 ☐ Homicide determined   | 28e. Place of Injury - At he<br>building, etc. (Specify   | ome, farm, street, fa<br>y)                    | actory, of                       | ffice   |   | (Street end Num.<br>own, State)       | ber or Rurel Rou                                | ite Number,  |
|            | To the Hospital or Attanding Ph<br>within 24 hours after death.<br>To the Funeral Director: After th<br>completaly filled in by the funeral | edicai              | 29a. Certifier 1 Certifying Ph   | ysician: To the best of my kno-<br>ntner: On the basis of exemine<br>end manner steted.         | wledge, deeth occu<br>tion end/or investig     | urred et ti<br>ation, in         | he time, date end pled<br>my opinion, deeth occ               | e, end due to the<br>curred at the time | e ceuse(s) end m<br>, date and plece, | enner es stated,<br>end due to the              | cause(s)   |
|            | withi<br>To th  | M                   | 29b. Signeture end title of cartifier  | 94  |  | -                                | .C.M.E  |   | 29d. Dete signe<br>JUNE               | 30 , 19   |  |
|            | lin.  |                     | 30. Name end eddress of person who   | _ /   |  |                                  | t, Baltimo  | re, Mary                                | yland 21                              | 201   | q  |

State Registrar

MD NA CM pulmonait Teaching Don't Y 7010 Michigan and Total Large March The fact of the part of the field of the state of the sta

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Day **Physician** Philip E. Cole June 28 1998 11:32 AM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Fecility Name (If not institution, give street and number) Examiner Baltimore V.A. Hospital N/A Baltimore if Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dev. Year) **Funeral** 14 M 2□ F Months Days 216-36-5151 70 Director Mar. 19 1928 Georgia Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mentel Hygiene. Important: If Itam 27 is marked other than "naturel", or itema 23e or 28e-f ahow any Injury or other traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits 10a State 10h County 10c. City. Town or Location 1 ☐ Yes 2 No MD Baltimore Dundalk Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3801 Pirog Drive 21222 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: þ White 3 □ Widowed 4 □ Divorced Completed 18a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 8 Self Employed Truck Driver 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) Be William Cole Elizabeth Bishop 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Catherine Cole /wife 3801 Pirog Drive Baltimore, MD 21222 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State July 2 1 Burial 2 Cremation 3 Removal from State 1998 4 Donation 5 Other (Specify) Metro Crematory Catonsville, MD 21. Signature of Funeral Service Licensee 22. Connective Funeral Home of Dundalk Clt 7110 Sollers Point Rd 21222 23a. Part1. Enter the diseation or complications that ceused the death. To not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer feilure. List only one cause on eech line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final Refractory Shock disease or condition resulting in deeth) Examiner Due to (or as a consequence of): Examiner Aorta Bi-Iliac aneurysm Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): physical stress stress stress Multiple CVA Records, P.O. Box 68760 Physician/Medical The law requires that the death certificate Due to (or as a consequence of): Ischemic Cardiac Disease esn signed by the e 23b. Did tobacco use contribute to the cause of death? Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 3 ☐ Probably 4 H Unknown 1 TYee 2 No Renal insufficiency by 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Wes en autopsy Diabetes Mellitus s certificate has t director, page 2 s 1 ☐ Yes 2 No Hypertension 1 Tyes 2 No Division of Vital or Attending Physician: funeral director, 25. Was cese referred to medical Be 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To this 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending investigation 1 Naturai 1 ☐ Yes 2 ☐ No death. 2 Accident by the f 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 124 hours after die Funeral Direction States of Funeral Direction States of Filled In by 4 ☐ Homicide 29a. Certifier Ecrifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. edical To the Hosp within 24 hor To the Fune completely fi 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D47621 June 28, 1998 itano 30. Name and eddress of person who completed ceuse of death (Item 23a) (Type, Print)

22 Greene St.

Julia Davidson-Randalle

32. Registrar's Signature

Baltimore, MD 21201

**DHMH 16 Rev 6/95** 

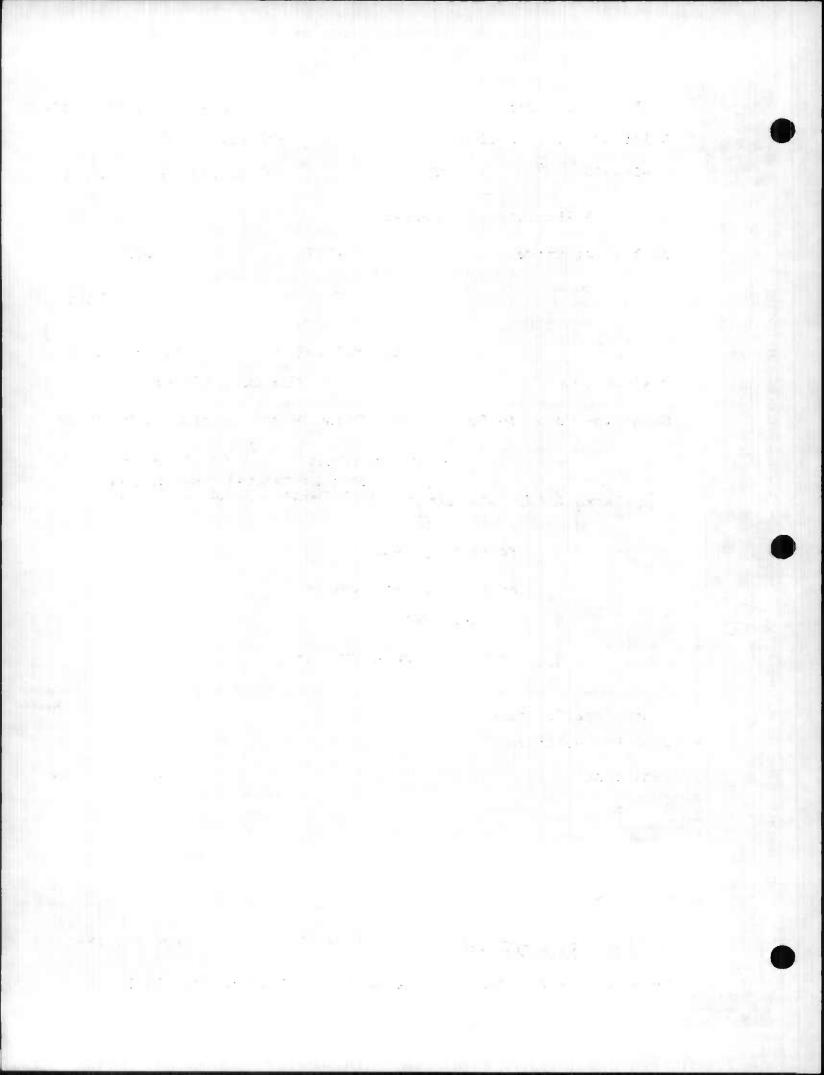
State

Registrar

Lena Napolitano, M.D.

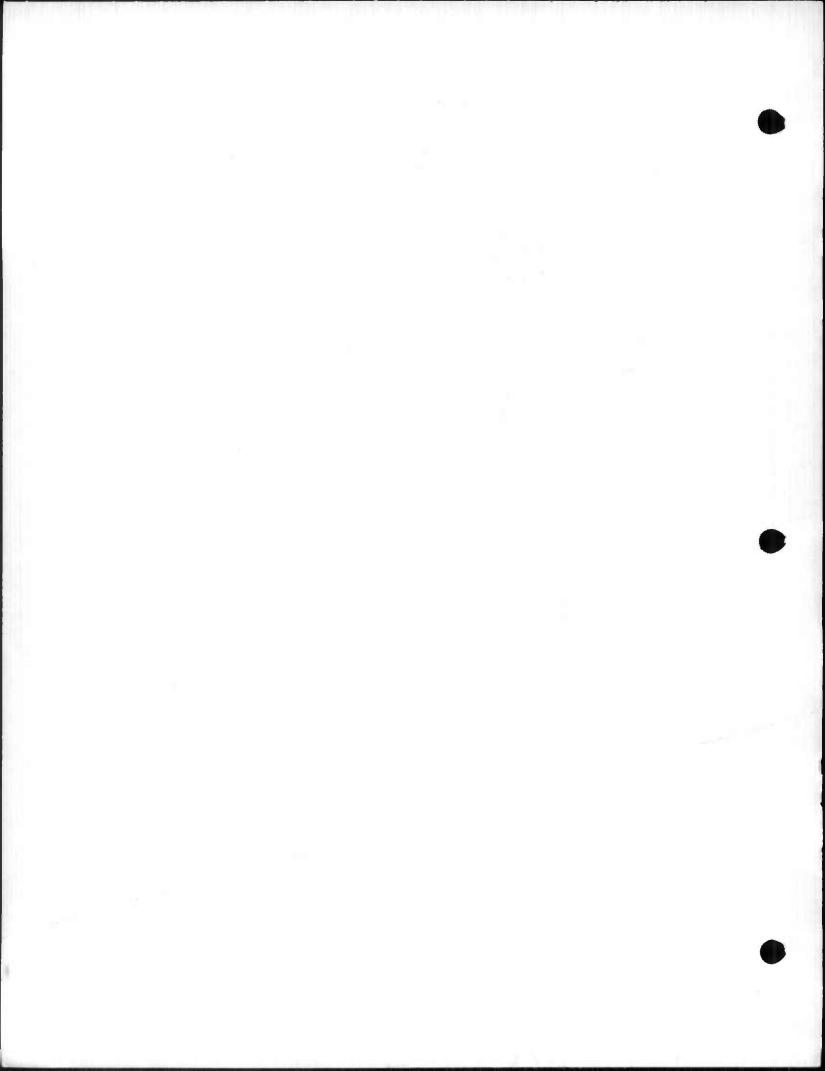
JUL 0 1 1998

31. Date filed (Month, Day, Year)



| CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR   | MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | TO THE FUNCTION. After this certaintate has been signed by the attending physician and completely lifed in by the funetal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | eau cenincae de executed within 24 hours ariet death. Page 6 may be retained by the hospital or attending physician.  | the same of the same same and the same same and the same than the same than the same same and the same same same same same same same sam |
|---|---|---|---|--|
| TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION | IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or or   | TO THE FUNERALL UNECLUAR, After this certificate has been signed by the ariending physician and completely tilled in by the tilbe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.   | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician. |  |

|               | 1 - FOR<br>STATE<br>REGISTRAR  | STATE OF A   |                     |                                | MENT OF                      |              |               | MENTAL HYGIEI                                     |                |           |  |   |
|---------------|--|--|---------------------|--------------------------------|------------------------------|--------------|---------------|---|----------------|-----------|--|---|
|               | 1. DECEDENT'S NAME (First, MICE<br>FRANKLIN NATH   |  | TON                 |                                |                              |              |               | 2. DATE OF DEATH                                  | DAY            | YEAR      | 3. TIME OF DEATN                           |   |
|               | 4. SOCIAL SECURITY NUMBER  | 5. SEX   | 8. AGE (In yrs. las | at birthday)                   | IF UNDER 1 YEAR              | IF UNDE      | R 24 HRS.     | JUNE 27,  | 1998           | a RIGITI  | 11:55AM  IPLACE (State or Foreign          | М |
|               | 213-10-4800  | 1 💢 M 2 🗆 F  | 86                  |                                | MONTHS DAYS                  |              | -             | (Month, Day, Year)<br>03/14/191                   | 2              | Count     | (Y)  |   |
|               | 9a. FACILITY NAME (If not institut   | tion, give street and number)  |                     |                                | 9b. CITY, TOW                | N OR LOCAT   | TION OF DEA   |   | _              | MAK:      | LAND                                       |   |
| E I           | FREDERICK VILI   | LA NURSING HO  | ME                  |                                | CATON                        | SVILL        | E             |   |                | TIMO      |  |   |
| 5             | RESIDENCE OF DECED   |  |                     |                                |                              |              |               |   |                |           |  | _ |
| DIRECTOR      |  | . COUNTY   |                     |                                | TOWN OR LOC                  |              |               |   |                |           | 10d. INSIDE CITY<br>LIMITS?                |   |
|               | MD I   | BALTIMORE  |                     | WES                            | T EDMO                       |              |               |   |                |           | 1 - YES 2 NO                               |   |
| FUNERAL       | 17   |  |                     |                                |                              | 10f. ZIP COL |               |   | 10g. CITI      |           | VHAT COUNTRY?                              |   |
| N N           | 5418 CHANNING  |  |                     |                                |                              | 212          |               |   |                | U,        | S.A.                                       |   |
|               | 1 Never Married 2 Man  |  | YES 2 T             | NO<br>NO                       |                              |              |               | IC ORIGIN? (Specify Ye<br>i, Puerto Rican, etc.)  | s or No—       | 14. RACI  | E — Americen Indian,<br>k, White, etc.     |   |
| ВУ            | 3 ₩Idowed 4 Divorced   | IF YES, GIVE W   | MR OR DATES         |                                | 1 D Y                        | ES 2 XNO     | Specify:      |   |                | Speci     | "y: WHITE                                  |   |
| 유             | 15. DECEDE   | NT'S EDUCATION   | 16a. DE             | CEDENT'S L                     | ISUAL OCCUPA                 | TION         |               | 16b. KIND OF BU                                   | ISINESS/IND    | USTRY     |  | _ |
| H             | (Specify only high   | heal grade completed)  College (1-4 or 5 +   | (G                  | ive kind of wo<br>. Do NOT use | ork done during<br>retired.) | most of work | ing           |   |                |           |  |   |
| P P           | 7  |  |                     | EAMFI                          | TTER                         |              |               | STEAME  | TTTEF          | RS UI     | NION                                       |   |
| COMPLETED     | 17. FATHER'S NAME (First, Middle,  |  |                     |                                |                              |              |               | AE (First, Middle, Malder                         | Surname)       |           | 7/   |   |
| BE (          | FRANKLIN OWEN  | N CATTERTON  |                     |                                |                              | AN           | NIE E         | E. PORTER   |                |           |  |   |
| 0             | 19a. INFORMANT'S NAME (Type/F  | •  |                     | b. MAILING                     | ADDRESS (Street              | t and Numbe  | er or Rural A | oute Number, City or Tox                          | vn, State, Zip | Code)     |  |   |
| P             | FRANKLIN J. (  | CATTERTON/SON  | 1                   | 306 B                          | ROOKME                       | ADOW         | DR.           | BALTIMORE   | , MD           | 2128      | 36   |   |
|               | 20a. METHOD OF DISPOSITION 1 N Burial 2 □ Cremation 3  |  | cemetery, cre       | matory or oth                  | F DISPOSITION                |              |               |   | CATION —       |           |  |   |
| 1.8           | 4 Donation 5 Other (Spe<br>21. SIGNATURE OF PURERAL SE   |  | MEADO               | WRÍDG                          | E MEMO                       |              |               | 7/2/9B EI   | KRIDO          | E, M      | MD   |   |
|               | The state of the s | MACE LICENSEE  |                     |                                | 5TERL                        | AND ADDRI    | SHTON         | TUNERAL   | HOME.          | INC       | 7.   |   |
|               | Antien   |  |                     |                                |                              |              |               | AVE. CATO   |                |           |  |   |
| ()            | 23 PARY L Educ the disease   | ses, or complications that fellure. List only one cau  | caused the de       | ath. Do no                     | ot enter the n               | node of dy   | lng, such     | se cerdiec or resp                                | iratory am     | est,      | Approximata                                |   |
|               | IMMEDIATE CAUSE (Finel disease or condition resulting in death)  | ·  |                     | nces                           | :                            |              |               |   |                |           | Interval Betwee                            |   |
| CERTIFICATION | Sequentially list conditions   |  | OR AS A CONSEC      | DUENCE OF                      |                              |              |               |   |                |           |  |   |
| SA            | if sny, leading to immediate<br>cause. Enter UNDERLYING  | •  |                     |                                |                              |              |               |   |                |           | İ  |   |
| Ē             | CAUSE (Disease or Injury that Initiated eventa   | DUE TO   | OR AS A CONSEC      | DUENCE OF)                     |                              |              |               | ·   |                |           | 1  |   |
| ᇤ             | resulting in death) LAST   | d  |                     |                                |                              |              |               |   |                |           |  |   |
|               | PART II. Other significent c   | onditions contributing to  | death but not r     | esulting in                    | the underly                  | 20.00000     | alves la F    | Part I. 24a, WAS AN                               |                | 1         |  |   |
| MEDICAL       |  | on an area of the second secon | deeth but hot i     | eauting in                     | the underly                  | ng ceuse     | given in F    | PERFO   | RMED?          | 24b.      | WERE AUTOPSY FINDING<br>AVAILABLE PRIOR TO |   |
|               |  |  |                     |                                |                              |              |               | 1 YES :   | NO             |           | OF DEATH?                                  |   |
| Σ             | DID TOPACCO LICE   | CONTRIBUTE TO CAL  | ICE OF DEA          | T11 \( \tag{F}                 |                              |              |               |   |                |           | 1 TYES 2 NO                                |   |
| PHYSICIAN:    | DID TOBACCO USE  |  |                     | -                              | (Check only on               |              | CERTAIN       | M   |                | Ь.        |  | _ |
| 20            | EXAMINER?  1  YES 2 NO   | HOSPITAL:  |                     |                                | QTHER:                       |              |               |   |                |           |  | _ |
| ¥             | 27. MANNER OF DEATN  | 1   Inpatient 2   26s. DATE OF   |                     | 28b. TIME                      |                              | me 5 R       |               | Other (Specify)                                   |                |           |  |   |
|               | 1 Natural 5 Pend   | (Month, Da   |                     | INJU                           | RY V                         | YES 2        | - 1           | 26d. DEŞCRIBE NOW                                 | INJURY OCC     | UHED      |  |   |
| BY            | 2 Accident Inves 3 Suicide 6 Coul  | 28e. PLACE OF  | INJURY — AI ho      | me, ferm, atr                  |                              |              |               | 26f. LOCATION (Street                             | and Number     | or Rumi R | oute Number                                |   |
| 臣             |  | mined building,  | etc. (Specify)      |                                |                              |              |               | City or Town, State,                              |                |           | out turnes,                                |   |
| Ä             | 29a. CERTIFIER CERTIFYIN   | IG PHYSICIAN: To the best of   | mu knowledon do     | ath assumed                    | et the the                   |              |               |   |                |           |  | _ |
| COMPLETED     | (Check only one) 2 MEDICAL   | EXAMINER: On the bests of ax   | amination and/or i  | nvestigation,                  | in my opinion,               | death occu   | red at the ti | o the cause(a) and me<br>lime, data and placa, ar | nner as state  | cause(s   | and menner sa stated.                      |   |
| BE (          | 296. SIGNATURE AND TITLE OF  | 11 12 -  |                     |                                |                              | 29c, LIC     | ENSE NUME     | BER   | 29d. DATE      | 1         | (Month, Day, Year)                         |   |
| 2             | Transment MV   | Mir MD   |                     |                                |                              | 1            | 141           | 6 r S   | 16             | 129       | 98   |   |
|               | 30. NAME AND ADDRESS OF PER  |  | v                   | 127) (Type, F                  | -                            | 200          | Re            | inkstown  | MD             |           |  |   |
|               | 31. DATE PICED (Month, Day, Year)  | 32. REGISTRAI  |                     | 100                            |                              |              |               |   |                | -         |  |   |
|               | <u>JUL 0 1 1998</u>  | Julia David  | son-liangle         | 90_                            |                              |              |               |   |                |           |  |   |



| 98-3680-510 |  |
|-------------|--|
| MYON        |  |

| 98-3680-5<br>MYON  | 10 Please   | Type or Prin<br>State of Ma   | ryland / D            | Эера                             | rtment of  | Hea                       | Ith and M                                    |                                 |                           | egible                               | 20                              | 277                                    |
|--|---|---|-----------------------|----------------------------------|--|---------------------------|--|---------------------------------|---------------------------|--------------------------------------|---------------------------------|--|
| CHO  |   |   |                       | Cer                              | tificate o   | f De                      | ath  |                                 | Reg. No.                  |                                      |                                 | G 11                                   |
| Physiciar  | Decedent's Name (First, Middle, Le  | est)  |                       |                                  |  |                           |  | 2. Date of De<br>Month          | Day                       | Yea                                  | r                               | ime of Death                           |
| /Medica  | Myon Kyu Cho  | us attend and number)   |                       |                                  |  | Ah Ci                     | ty Town or L                                 | JUNE ocation of Deat            | 26                        | , 1998<br>County of De               |                                 | ):45P.M                                |
| Examine  | 4a Facility Name (If not institution, git<br>UNION MEMORIAL HO  |   |                       |                                  |  |                           | BALTIMO                                      |                                 | 40. (                     | Journey of Di                        | 961(1)                          |  |
| Samuel .   |   |   | (In yrs. last birt    | thday)                           | If Under 1 Yes   | ar If t                   | Jndar 24 Hrs.                                | 8. Date of Bir<br>(Month, Da    | th                        | 9. 6                                 | Birthplaca (S                   | State or Foreign                       |
| Funeral<br>Director  |   | 1 <b>ॅ</b> M 2□F  |                       | Yrs.                             | Months Day   | /s Ho                     | ours Min.                                    | Jan 22                          | 1930                      | ) Ko                                 | country)                        |  |
| pund and   | 10a. State 10b. County  |   | 10c. City, Town       | n or Lo                          | cation   |                           |  |                                 |                           |                                      | 10d. Ins                        | side City Limits                       |
| vin the Maryla<br>t or 28s-f show<br>be notified at  | Maryland Howard   |   | Colum                 | bia                              |  |                           |  |                                 |                           |                                      | 10                              | Yes 2No                                |
| or 28s-fa  | 10e. Street and Number  |   |                       |                                  | 10f. Zip Code  | 9                         |  |                                 | 10g. Citiz                | en of What                           | Country?                        |  |
|  |   | Apt 102   |                       |                                  | 21045  |                           |  | - 41                            | U.S                       | .A.                                  |                                 |  |
|  | 3 ☐ Widowed 4 ☐ Divorced  | 12. Was Decedant E<br>Armed Forces?<br>1 Yas 2 AN<br>If Yes, Give<br>Year or Dates: | Ever in U,S.<br>Io    |                                  | Vas Decedent of<br>Yes, specify C  |                           | nic Origin? (Sp<br>exican, Puerto<br>pecify: | ecify Yes or No<br>Rican, etc.) |                           | 4. Race - Al<br>Bleck, W<br>Specify: |                                 | ian,                                   |
| D-C Tho  | 15. Decedent's E  |   | 16a.                  | Deced                            | lent's Usual Occ   | cupation                  | a most of work                               | ina                             |                           | d of Busine                          | ss/Industry                     |  |
| Ind 21215-0 be filed within 72 hp tal rhygens event, the Medical.  | Elementary/Secondary (0-12)   | College (1-4or 5  |                       |                                  | kind of work do<br>OO NOT use ret  | ired)                     | g most or work                               | in g                            |                           | 's Ho                                |                                 |  |
| Name of the last   | 5 42 Cab de Name (Cas Alidea de la  | 4   | Cı                    | usto                             | odian  | 10                        | Stathada Nam                                 | e (First, Middle                |                           | ersit                                | У                               |  |
| and the file of the other of th |   | "   |                       |                                  |  |                           | ui Sool                                      |                                 | , Maideri C               | ourname)                             |                                 |  |
| Lyia<br>d Ment<br>d Ment<br>marks<br>marks   | Ki Joon Cho  19a. Informant's Name/Relationship   | (Tumo Brint)  | 106                   | Mailin                           | g Address (Stre  |                           |  |                                 | er City or                | Town State                           | a Zin Code                      | )                                      |
| Baltimore, M permit. Pages 1 and 2 Department of Health a Important; if New 37 is any injury or other tra price.   | Jung Ja Cho ( W  20a. Method of Disposition  1 ⊠ Buriai 2 □ Cremation 3 I  4 □ Donation 5 □ Other (Speci                                | (fy)  | 20b. Placa of cemeter | Dispon<br>ry, crem<br>lawr<br>22 | Tamar D<br>sition (Name of<br>natory or other)<br>Memor:<br>Name and Add | olace)<br>ial<br>dress of | Facility Wit:                                | 7-1-98<br>zke Fun               | 20c. Loc<br>Marri<br>eral | ottsv<br>Homes                       | or Town, Si<br>rille,<br>s, Inc | MD                                     |
| Physician<br>/Medical<br>Examiner  | 23a, Pert1. Entar the disease, or conshock, or heart failure. List only immediate Cause (Final disease or condition resulting in death) | a lili an ns that caused one cause on each lin                                      | tha daath. Do rie.    | Conseq                           | er the mode of o   | dylng, su                 | ich as cardiac                               | or respiretory a                | rrest,                    |                                      | Appr<br>Inten<br>Onse           | oximate<br>val Between<br>at and Death |
|  | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events       | C   | Due to (or as a c     |                                  |  |                           |  |                                 |                           |                                      |                                 |  |
| BOX<br>ath cent  | resulting In death) Last  | d   |                       |                                  |  |                           |  |                                 |                           |                                      |                                 |  |
| d by the deteched  |   | contributing to death bu  | ut not resulting in   | n the ur                         | nderlying cause  | given In                  | Part I.                                      |                                 |                           | uae contrib<br>□ No 3 □              |                                 | 4 Unknow                               |
| require been should  |   |   |                       |                                  |  |                           |  |                                 | an eutop<br>omed?         | sy 24                                | availeble                       | on of causa                            |
| Z 2 4 8 Z  |   |   |                       |                                  |  |                           |  | 1 🗆                             | Yas 20                    | No                                   | 1 🗆 Yes                         | 2□ No                                  |
| Vital iclan: Th certificate rector, pa   | 25. Was case rafarred to medical  |   |                       |                                  |  | 26                        | . Place of Dea                               | th (Check only                  |                           |                                      |                                 |  |
| - 5 00   | 1 N Yes 2 No  | Hospital:   | nt 2 XER/Ou           | utpatien                         | t 3 DOA  | Other:                    | Nursing H                                    | ome 5 Res                       | idenca 6                  | Other (5                             | Specify)                        |  |
| ng Ph<br>fter th<br>uneral   |   | 28a. Date of Injur<br>(Month, De)   | Year) 28b. 7          | Time of<br>Injury                | 28c. II  | njury at<br>Nork?         |  | 28d. Describe                   | how Injury                | y occurred                           |                                 |  |

edical Certification

To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end placa, end due to the ceuse(s) and menner as steled.

Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manger stated.

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

29b. Signature en title of certifier

1 Accidant

3 ☐ Sulcide 4 ☐ Homicide

29a. Certifier (Check only one)

29c. Licensa number

29d. Data signed (Month, Day, Year)

5 Pending Investigation

6 Could not be determined

O.C.M.E.

1 Yes 2 No

JUNE 27, 1998

28t. Location (Street and Number or Rural Route Number, City or Town, Stete)

cause of death (Item 23a) (Type, Print) 30. Nama and

111 Penn Street, Baltimore, Maryland 21201

State Registrar

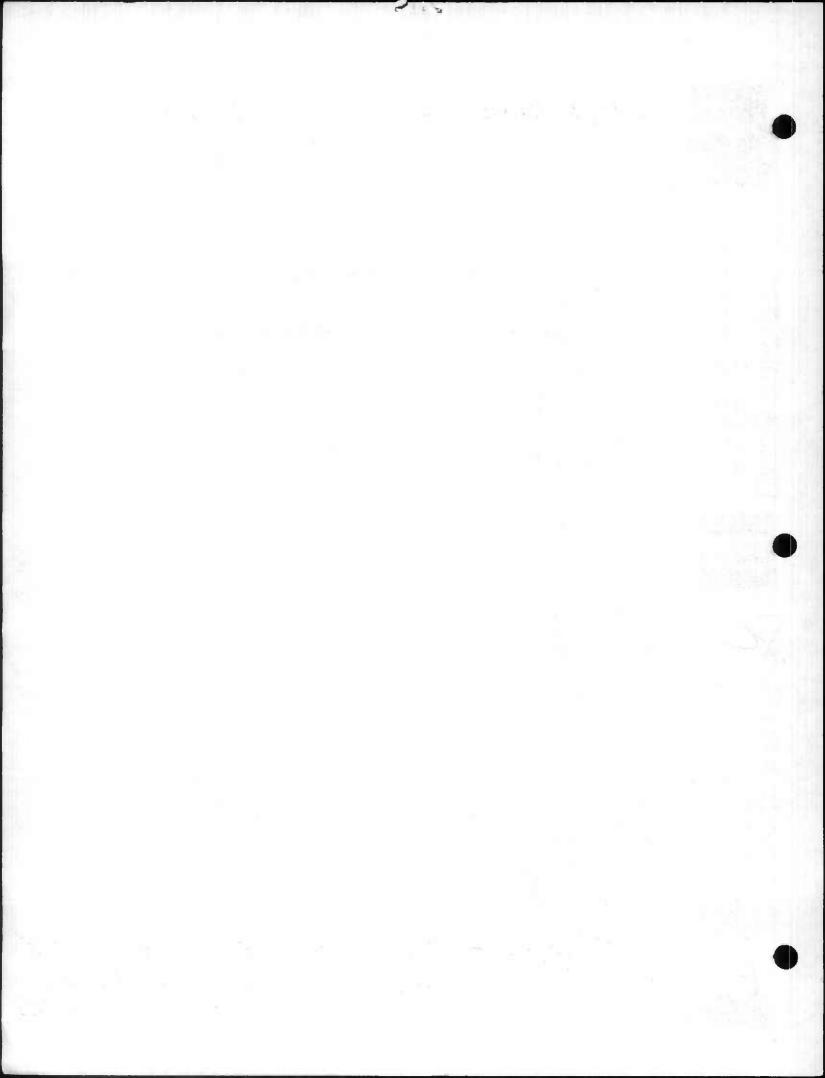
32. Registrar's Signature

31. Data fila (Mornh, Day, Year)

10 800 E

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|                   |   |                  | Decedent's Nama (First, Mid  |   | maryian<br>   |                                 | rtificate of   | Death  |                                       | Reg. No.                             | 8 20278  |
|-------------------|---|------------------|--|---|---|---------------------------------|--|--|---------------------------------------|--------------------------------------|--|
|                   | Physici<br>/Medi  | cal              | NancyT   | Cann  | aroz  | ZI                              |  | 41 Oh T.   | 2. Data of D<br>Month                 | 2 27                                 | 3. Time of Death 1500  |
|                   | Examir  | ner              | 4a. Facility Nama (If not/institut   |   | 1             |                                 |  | 4b. City, Town, or                                   | Location of Dea                       |                                      |  |
|                   | Funeral<br>Director   |                  | Fioward County Ge<br>5. Social Sacurity Numbar<br>058-09-4518  | neral Hospita<br>6. Sax<br>1日M XXF                  | al<br>7. Aga <i>(In yrs.)</i><br>84                 | last birthday)<br>Yrs.          | If Undar 1 Yaar<br>Months Days                               | Columbia If Undar 24 Hrs Hours Min.                  |                                       |                                      | 9. Birthplaca (Stata or Foreign Country)  New York                                   |
|                   | Maryland<br>H show  | tor              | Usual Rasidanca of Dacedant  10a. Stata 10b. Coun  Maryland Howard   | · ·   |   | y, Town or Lo<br>Columbia       |  |  | •                                     |                                      | 10d. Insida City Limits 1 ☐ Yas 2 D No   |
|                   | th with the<br>23a or 28a   | Funeral Director | 10e. Street and Number<br>5775 Cedar Lane  |   |   |                                 | 10f. Zip Code<br>2104  | 14   |                                       | 10g. Citizan of V<br>USA             | What Country?  |
| 020               | 72 hours effer death with the Maryland<br>*natural', or items 23a or 28a-f show<br>idical Examinet man be notified at | þ                | 11. Marital Status  1 Navar Married 2 Ma  3 Widowad 4 Divorce  | arried 1 ☐ Yas                                      | va  |                                 | Was Decedant of I<br>I Yas, specify Cub                      | Hispanic Origin? (S<br>an, Maxican, Puar<br>Specify: | pecify Yas or N<br>to Rican, atc.)    |                                      | e - American Indian,<br>ck, Whita, atc.<br>/: White                                  |
| 21215-0020        | within<br>ene.<br>then  | Completed        | 15. Decedi<br>(Specify only high<br>Elamantary/Secondary (0-12   | ant's Education<br>least grada completed) Collega ( |   | (Giva                           | lant's Usual Occup<br>kind of work dona<br>DO NOT usa retire | Pation<br>during most of wo<br>d)                    | rking                                 | 16b. Kind of Bu                      | usinass/industry   |
| Maryland 2        | 2 should be filled<br>and Mentel Hygi<br>is marked other<br>aumatic event, It   | To Be C          | 17. Father's Nama (First, Middle<br>Alfonso Castelli   | ı, Last)  |   | I                               |  |  | ma (First, Middle<br>ne Cardil        | a, Maidan Suman                      | na)  |
|                   | CENL  |                  | 19a. Informant's Name/Raiation<br>Josephine Ann Po   |   |   | 5113                            | Lynngate E   | and Number or Ri                                     |                                       |                                      |  |
| Baltimore,        | 8 2 T Y   |                  | 20a. Mathod of Disposition  1 ₩ Burlal 2 □ Cramation  4 □ Donation 5 □ Other   | 3 GRamoval from (Specify)                           | Stata   | laca of Disposamatary, cran     | sition (Nama of<br>natory or other pla<br>metery             | _  | Data<br>1y, 1 199                     |                                      | City or Town, Stata  |
| Balt              | permit. Peg<br>Department<br>Important: I<br>any injury o   |                  | 21. Signature of Funarai Sarvic  | e Licensee  | MO05  |                                 | . Nama and Addra   | S  |                                       | eral Home,<br>Lity, Maryl            |  |
| 4                 | Physician<br>/Medical<br>Examiner   | er               | Fart1. Enter the disease, nock, or heart failure.  Immediate Cause (Final disease or condition resulting in death)   | s complications that call only one cause on a       | 56  | Do not enta                     | 15   | ng, such as cardia                                   | c or raspiratory (                    | arrest,                              | Approximate Infarval Between Onset and Death  Week                                   |
| × 68760,          | Se as the bunal-transit   | Medical Examiner | Sequantially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Disease or injury that initiated evants rasulting In death) Last | c   |   | r as a consequ                  |  |  |                                       |                                      | aweers   |
| Box               | esth certific<br>ettending p  | clan             |  |   |   |                                 |  |  |                                       |                                      |  |
| , P.O.            | that the dended by the  | by Physician/M   | Part II. Other algnificant condit  | ions contributing to de                             | ath but not rasu                                    | ulting in tha ur                | ndarlying causa gi   | van In Part I.                                       |                                       | Yes 2 no                             | ntributa to the cause of death?  3 Probably 4 Unknown                                |
| of Vital Records, | e law requires that the death certl<br>has been signed by the ettending<br>pe 2 should be detached for use a          | Completed b      |  |   |   |                                 |  |  | 24a. Was                              | s an autopsy<br>ormed?               | 24b. Ware autopsy findings<br>availabla prior to<br>complation of cause<br>of death? |
| =                 | The ate h   | Сош              |  |   |   |                                 |  |  | 10                                    | Yas 20 No                            | 1 Yas 20 No  |
| Vita              | Physician: The this certificate ral director, page  | Be               | 25. Was casa rafarred to medic axaminar?   | al Hospital:  |   |                                 | 011  | 28. Placa of De                                      |                                       |                                      |  |
|                   | ding Phys<br>h.<br>After this<br>funeral di   | tion: To         | 1 Yas 2 No  27. Manpar of Death 1 Naturai 5 Pand 2 Accident Invas  | 28a. Data   | _   | 28b. Tima of<br>Injury          | 28c. Inju  | 4 U Nursing F  |                                       | Idance 6 Oth<br>how injury occurr    |  |
| 5                 | al or Attandi<br>s efter death<br>il Director: A<br>ed in by the f  | Certification:   | 3 ☐ Suicida 6 ☐ Could  | mined 28a. Placa                                    | of Injury - At ho<br>ing, atc. (Specify             | oma, farm, stre                 | eat, factory, office   |  | 28f. Location<br>City or To           | (Street and Numb<br>own, Stata)      | er or Rural Routa Number,  |
|                   | To the Hospital or At within 24 hours effer or To the Funeral Direct completely filled in by                          | edicai           | one) 2 Medica  | and man   | best of my know<br>asls of axaminati<br>nar stated. | wiedga, daath<br>ion and/or Inv | astigation, in my o  | opinion, daath occu                                  | , and dua to tha<br>irred at tha tima | cause(s) and ma<br>, data and piace, | nnar as stated.<br>and dua to tha causa(s)   |
|                   | To the within 2 To the comple   | M                | 29b. Signatura and titia of cogin  | VIZ-  | - M.  | n. D.                           | 29c. Licens  | 5077   | 8                                     | Data signed UNC                      | d (Month, Day, Year)<br>28, 1998   |
|                   | Sta   | te               | 30, Nama and address of person  11. On C /-  31. Data filed (Month, Day, Yea   | Price li  | 1055 Z  | IHE                             | Patu   | xent p   | Kury                                  | Colun                                | nbiA, MD   |
|                   | Registr   |                  | O mm.  | 11998   | guia Da   | vidson-1                        | andell   |  |                                       |                                      | 2102   |



DONNA CALLOWAY

### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

| State of Maryland / Department of Health and Mental Hygiene                | 98 | 20270  |
|--|----|--------|
| PART I, PART II, 27 PER MEO FILM G761 7-14-9 Certificate of Death Reg. No. |    | 1-0-13 |

| T | 1 | CIAIS | >:    | #   | 23  |   |
|---|---|-------|-------|-----|-----|---|
|   |   |       |       |     |     |   |
|   |   | DI    | 22.00 | ni. | iar | · |
|   |   | PI    | ıy:   | siç | ıaı | ı |
|   |   | 1     | M     | edi | ca  | I |
|   |   | E     | хa    | mi  | ne  | r |
|   |   |       |       |     |     |   |

1. Decedent's Name (First, Middle, Last) DONNA MARIA CALLOWAY 2. Dete of Death Month

8. Date of Birth (Month, Day, Year)

12/11/60

3 Time of Death

Birthplace (State or Foreign Country)

4a Facility Name (If not Institution, give street and number) ROSEWOOD STATE HOSPITAL

JUNE 25 4b. City, Town, or Location of Deeth

OWINGS MILLS

If Under 1 Year | If Under 24 Hrs.

Days

1998 080.1AM 4c. County of Death

MARYLAND

BALTIMORE COUNTY

Year

**Funeral** 

**Director** with the Meryland r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at ä r death Funeral permit. Peges 1 end 2 should be filed within 72 hours effer to Depertment of Health end Mental Hygiene. Important: If item 27 is marked other than "naturel", or there any injury or other traumatic event, the Modical Examination. py Completed

2

Examiner

Physician/Medicai

à

Completed

Be

2

Certification:

edical

Baltimore, Maryland 21215-0020

**Physician** /Medical

Examiner

attending physicien end for use es the buriel-transit

by the a

been signal

irector, pege 2 s

After this funeral

• Funeral Directors of Funeral efter

within 24 hox To the Fune completely fi

director,

2 signed b

The lew requires that the death certificate be executed

P.O. Box 68760

Records,

Division of Vital

Physician:

or Attending

the Hospital

death. Director: A 5. Social Security Number 212-78-4782 Usual Residence of Decedent 10a. State MD 10e. Street and Number 2832 QUARRY HEIGHTS WAY

10b. County BALTIMORE

6. Sex

1 M 2 F

10c. City, Town or Location PIKESVILLE 10f. Zip Code

10d. Inside City Limits 1 ☐ Yes 2 ☐ No 10g. Citizen of What Country?

U.S.

11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates:

7. Age (In yrs. last birthday)

37

Yrs.

21209 Was Decedent of Hispenic Origin? (Specify Yes or No if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 10

14. Race - American Indian, Black, White, etc. Specify: BLACK

15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) -016a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) DISABLED

16b. Kind of Business/Industry

17. Father's Neme (First, Middle, Last)

-0-

N/A 18. Mother's Neme (First, Middle, Meiden Sumeme)

RICHARD CALLOWAY

19e. Informant's Name/Reletionship (Type, Print)

BRENDA MIDGET 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

BRENDA REDDING (MOTHER)

20b. Placa of Disposition (Name of cemetery, crematory or other place)

2832 QUARRY HEIGHTS WAY-PIKESVILLE, MD21209 20c. Location - City or Town, Stete

20a. Method of Disposition 1X Burial 2 ☐ Cremation 3 ☐ Removal from State

Date DRUID RIDGE CEMETERY 7/1/98 BALTIMORE, MD

4 ☐ Donation 5 ☐ Other (Specify)

22. Name and Address of Facility 184

ELIZABETH L. PHILLIPS 1721-27 N. MONROE ST.-BALTO., 21217

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line.

SEIZURE DISORDER

Approximate Intervel Between Onset and Death

Immediate Cause (Final disease or condition resulting In death)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

| 6. | -   |        | _  |   |             |      |
|----|-----|--------|----|---|-------------|------|
|    | Due | to (or | es | a | consequence | of): |
|    |     |        |    |   |             |      |
|    |     |        |    |   |             |      |

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

ectar

Due to (or as a consequence of)

Due to (or as a consequence of)

23b. Did tobacco use contribute to the cause of death?

MENTAL RETARDATION QUADRIPLEGIA

24a. Wes an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

1 Yee 2 No 3 Probably 4 Unknown

1/Yes 2 No 26. Place of Death (Check only one)

1 Nes 2□ No

25. Wes case referred to medical exeminer? 1⊠ Yes 2 No

5 Pending Investigation 6 Could not be determined

1 N Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury

28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury at Work? 1 □ Yes 2 □ No

28d. Describe how Injury occurred

29a. Certifier (Check only

27. Manner of Death

1 X Natural

2 Accident

3 ☐ Suicide

4 ☐ Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end placa, and due to the cause(s) and manner as etated 2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, deeth occurred at the time, date end plece, and due to the cause(s) end manner stated.

29b. Signature and title of certifier

29d. Date signed (Month, Day, Year)

1. Chula no

O.C.M.E.

JUNE 26, 1998

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

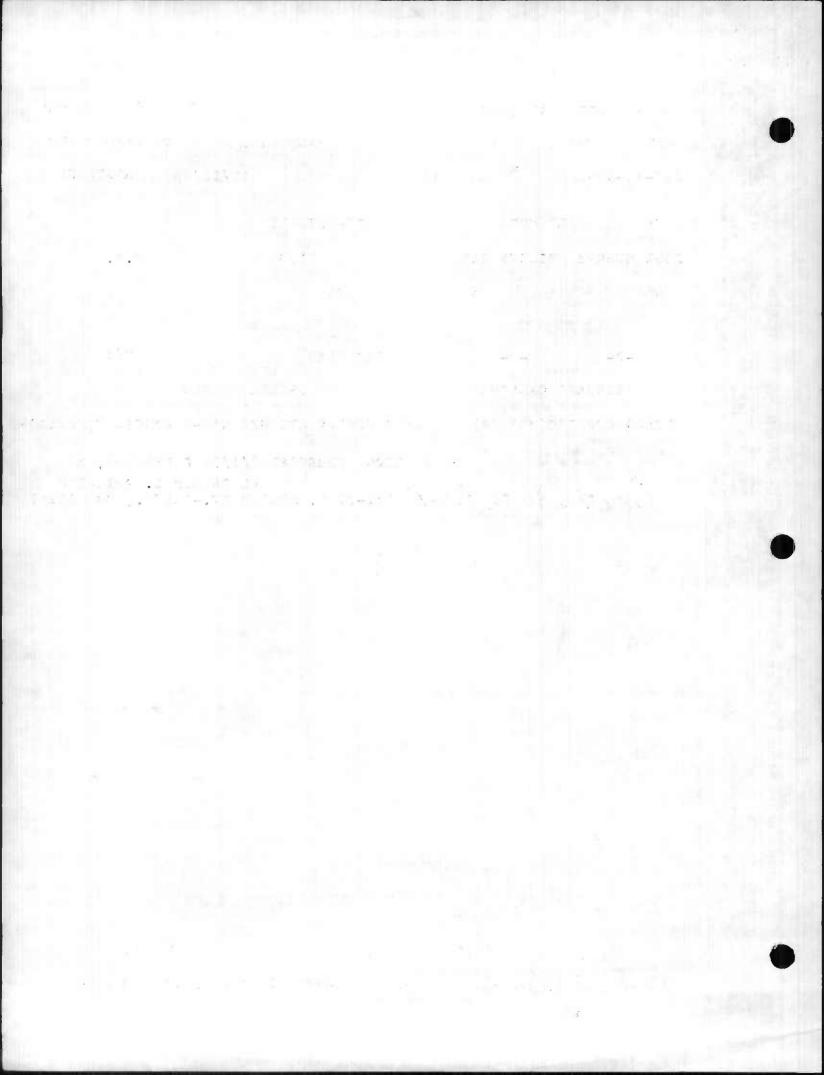
30. Name and eddress of person who completed ceuse of death (Item 23a) (Type, Print) Chute

Hospitel:

J せいかいま 31. Date filed (Month, Day, Year) 111 Penn Street, Baltimore, Maryland 21201

State Registrar

(M) 111 P 0



State of Maryland / Department of Health and Mental Hygienen Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Physician Month WILLIAM 3:00 pm 1998 CHEVALIER JUNE /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** HOWARD COUNTY GENERAL HOSPITAL COLVMBIA HOWARD 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (in yrs. iest birthdey) 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 1₽M 2□ F 77 220-74-9596 Yrs. 31, 1921 Maryland Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2K No Director Howard Columbia Maryland 10e. Street end Number 10f. Zip Code 21044 10g. Citizen of What Country? 6334 Cedar Lane U.S.A. Funeral 12. Wes Decedent Ever in U.S.
Armed Forces? unknown
1 Yes 2 No Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11 Meritel Stetus 1 Never Merried 2 Married If Yes, Give Yeer or Detes: 1 ☐ Yes 2 ☐ No Specify: Specify: à White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be unknown unknown 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Marietta Hemphill/sister 19 Best Lane, Palm Coast, Florida 32137 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 Donetion 5 ☑Other (Specify)in state 22. Nome end Address of Fecility State Anatomy Board, 655 W. Baltimore Street Funeral Service Ronald S. Wade Director Kelle Baltimore, Maryland 21201 or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, List only one cause on each line. Approximete Intervel Between Onset and Deeth fmmedlet Cause (Finel ASPIRATION PNOUMONIA, RECURRENT disease or condition resulting in deeth) WEZICS Due to (or es a consequence of) Examiner OBSTRUGINE PULMONARY MISERSE CHRONIC YEARS Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) GASTRO ESOPHAGEAR YEARS 0185ASE REPLUX Physician/Medical Due to (or es e consequence of) WEEKS MAZ NUTRITION Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the causs of death? 1 Yes 2 No 3 Probably 4 1 Unknown GASTIN INTESTINAL É 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? 1 Yes 2 No 1 Yes 2 No Be 25. Wes case referred to medical 28. Piece of Deeth (Check only one) Hospitel: 1 Impatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 2 ER/Outpetient 3 DOA 28a. Dete of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 1 Cortifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end plece, end due to the cause(s) end menner steted. edical 29e. Certifier 29b. Signeture and the of certifier 29c. License number 29d. Dete signed (Month, Day, Year) udraw au 042892 JUNE 21 1998

COLUMNSIA

NO 21044

PATONENT PLLINY # 200

State Registrar

FRANCIS

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, tra Medical Examiner must be notified at

with the Meryland

deeth

filed within 72 hours efter

permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "na any injury or other traumatic away.

Physician /Medical

Examiner

ettending physician and for use as the buriel-transit

signed by the eld be detached for

page 2

certificate

After this funeral

To the Hospital or Attandit within 24 hours after death.

To the Funeral Director: At completely filled in by the fu

Maryland 21215-0020

Baltimore,

Box 68760

P.O. I

Records,

Division of Vital

Attending

death.

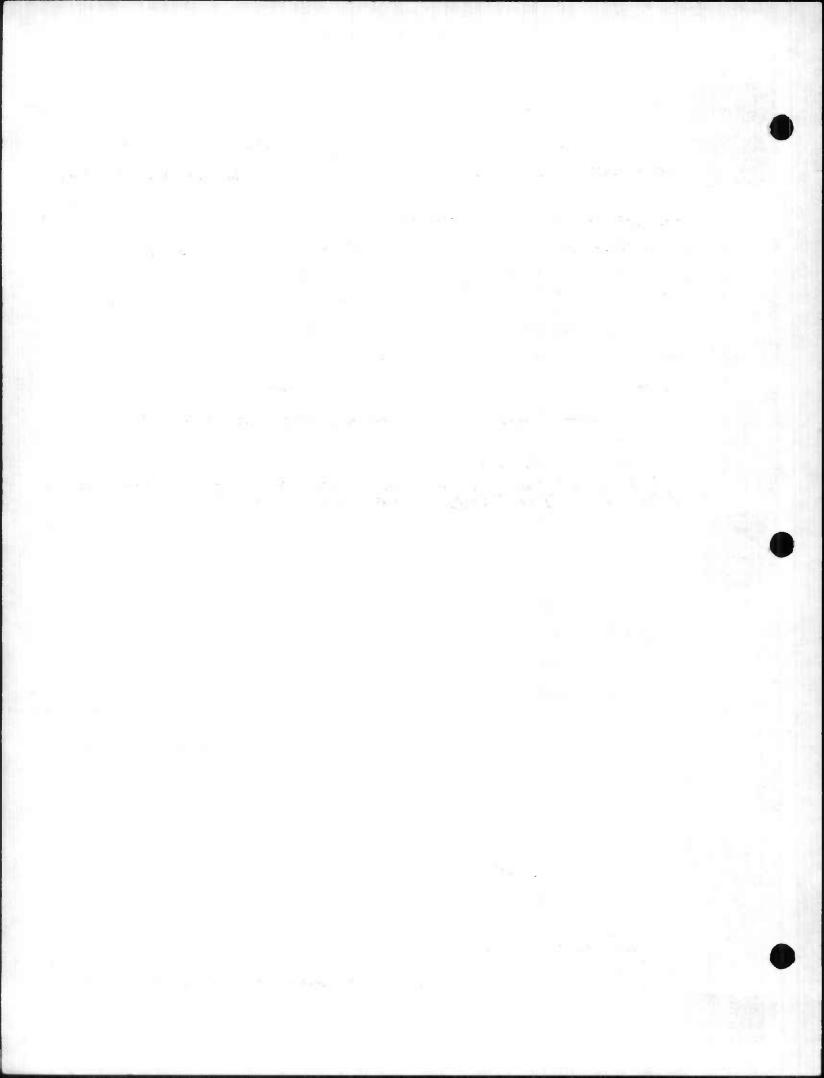
31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture 011998 Mandell Aulia Davidson

10724

117728

30. Neme end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

CHUIDIAN

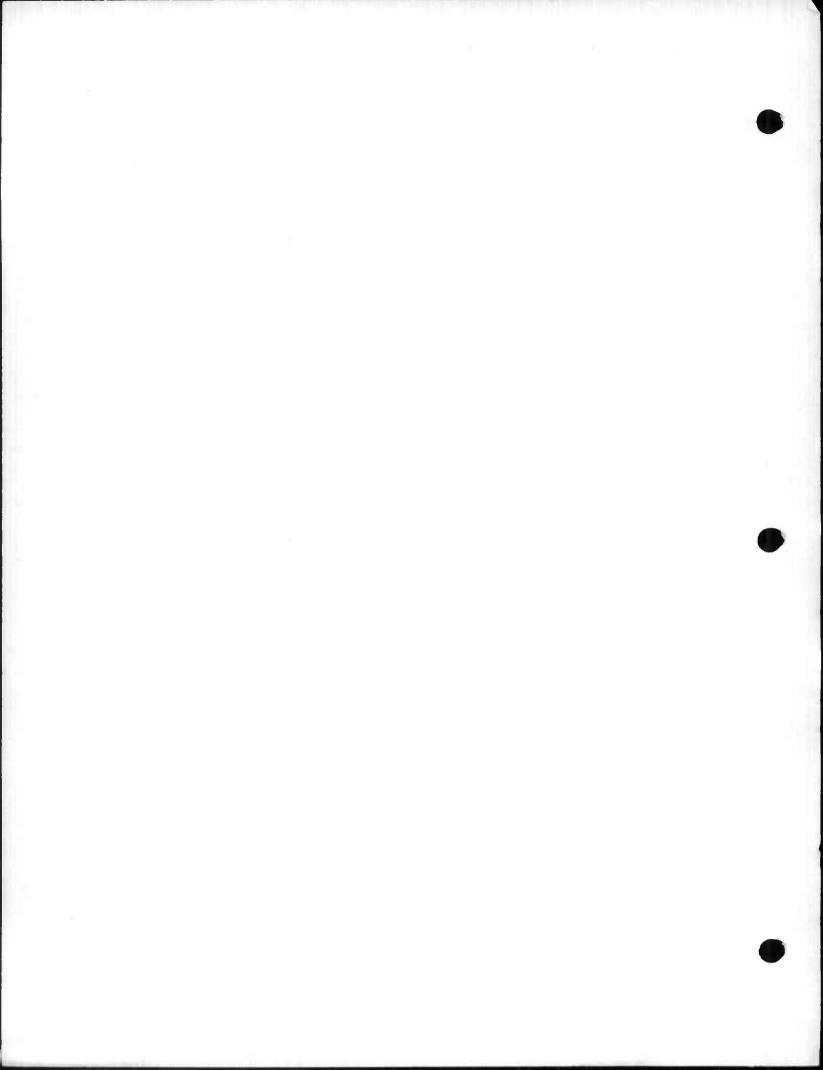


DIVISION OF VITAL RECORDS, P.O. BOX 68760

| TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician. | ) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1, 2, 3 should | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |  |
|---|--|--|---|--|
| TO THE HOSPITAL O   | TO THE FUNERAL D   | be filed within 72 ho  | IMPORTANT: If It  |  |

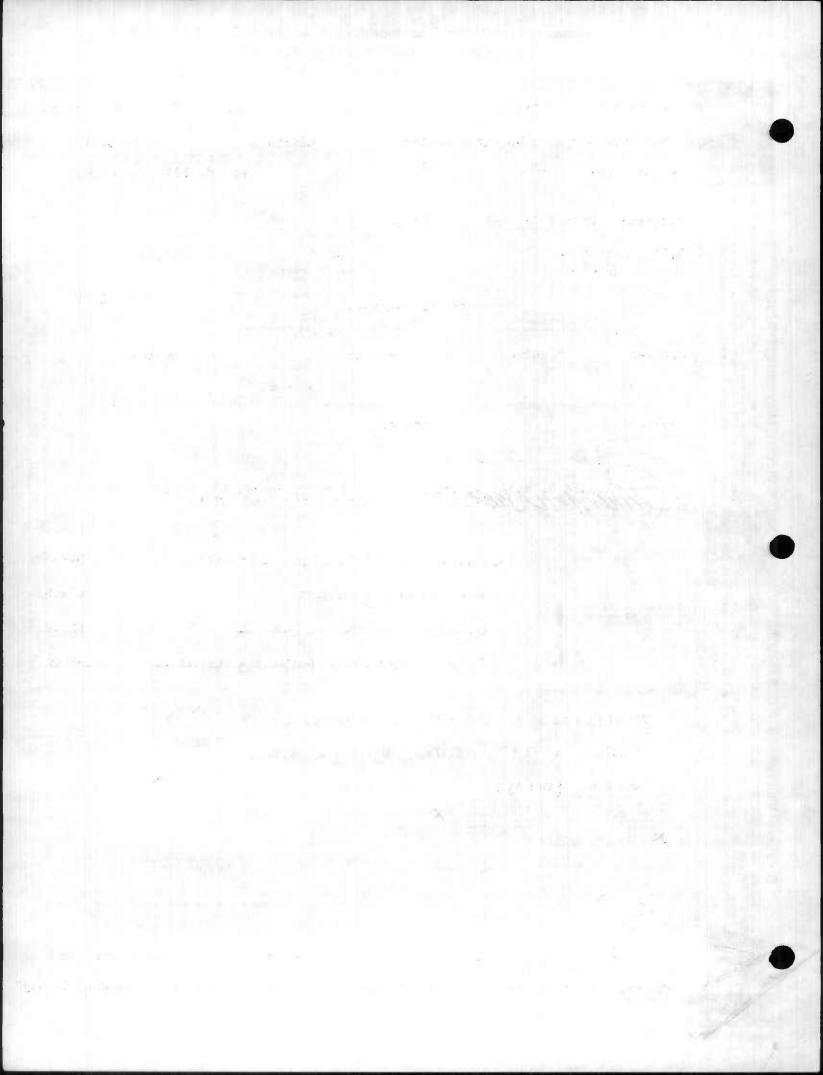
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

|               | REGISTRAR  |  | CERTIFIC                        | CATE OF                       | DEATH                                   | REG. NO                                    | ),                 |  |  |
|---------------|--|--|---------------------------------|-------------------------------|---|--|--------------------|--|--|
|               | 1. DECEDENT'S NAME (First, Middle, Last)                   |  |                                 |                               |   | 2. DATE OF DEATH                           |                    | 3. TIME OF DEATH                                 |  |
|               | LAURA VIRGINIA   | DELLAMONICA                                  |                                 |                               |   |  | 7, 1998            |  |  |
|               | 4. SOCIAL SECURITY NUMBER                                  |  | In yrs. last birthday)          | IF UNDER 1 YEAR               | IF UNDER 24 HRS.                        | 7. DATE OF BIRTH                           |                    | HRTHPLACE (State or Foreign                      |  |
|               | 220 07 7840  | L.C.   |                                 | ONTHS DAYS                    | HOURS MIN.                              | (Month, Day, Year)                         | C                  | Country)   |  |
|               | 220-07-7849  9a. FACILITY NAME (If not institution, give   | A  | 3                               |                               |   | APRIL 16,                                  |                    |  |  |
| l ~           |  | THE COLONIA COLONIA                          |                                 | 96. CITY, TOWN                | OR LOCATION OF DE                       | EATH                                       | 9c. COUNTY         | OF DEATH   |  |
| DIRECTOR      | LAURELWOOD CARE CENTER ELKTON CECIL                        |  |                                 |                               |   |  |                    |  |  |
| 5             | HESIDENCE OF DECEDENT                                      |  |                                 |                               |   |  |                    |  |  |
| E .           |  |  | 10c. CITY,                      | TOWN OR LOCA                  | TION                                    |  |                    | 10d. INSIDE CITY<br>LIMITS?                      |  |
|               |  | ARUNDEL                                      | ANNA                            | POLIS                         |   |  |                    | 1 TYES 2 NO                                      |  |
| 4             | 10e. STREET AND NUMBER                                     |  |                                 | 10                            | f. ZIP CODE                             |  | 10g. CITIZEN       | OF WHAT COUNTRY?                                 |  |
| FUNERAL       | 590 WILDFLOWER   | GLADE  |                                 | 2                             | 1401                                    |  | U.S.A.             |  |  |
| 5             | 11. MARITAL STATUS   | 12. WAS DECEDENT EVER IN                     | U.S. ARMED                      |                               | _ 10 =                                  | NC ORIGIN? (Specify Ye                     |                    | RACE — American Indian.                          |  |
|               | 1 Never Married 2 Married                                  | FORCES? 1 YES                                | 2 NO                            | if yes, s                     | ecify Cuban, Maxica<br>3 2 X NO Specify | n, Puerto Rican, atc.)                     | 1 1                | Black, White, atc.                               |  |
| BY            | 3 ₩ Widowed 4 □ Divorced                                   |  |                                 | 1                             | Z X NO Specify                          | <i>y.</i>                                  | 1 '                | Specify: WHITE                                   |  |
| COMPLETED     | 15. DECEDENT'S EDU   | ICATION                                      | 16a. DECEDENT'S U               | SUAL OCCUPATI                 | ON                                      | 16b. KIND OF BU                            | SINESS/INDUST      | RY   |  |
|               | (Specify only highest grade<br>Elementary/Secondary (0-12) | completed) College (1-4 or 5+)               | (Give kind of wor               | rk done during m<br>retired.) | ost of working                          |  |                    | .,   |  |
| 7             | 1.2  | N/A  |                                 |                               |   | AUTOMOR                                    | T. D. D            | TUDOG  |  |
|               | 17. FATHER'S NAME (First, Middle, Last)                    | N/A  | BOOKKEEPE                       | LK                            |   | AUTOMOB                                    |                    | INESS  |  |
|               |  |  |                                 |                               | LAW DO NOT THE                          | ME (First, Middle, Malden                  | Surname)           |  |  |
| 出             | HERBERT B. LOUDE   | NSLAGER                                      |                                 |                               |   | E E. HINES                                 |                    |  |  |
| 2             | 19a. INFORMANT'S NAME (Type/Print) JUNE HOULNE-NIEC        | E .  | 19b. MAILING A                  | DDRESS (Street                | and Number or Rural I                   | Route Number, City or Tow                  | n, State, Zip Code | 9)   |  |
|               | JUNE HOULKE-NIEC   | E .  | 590 WII                         | DFLOWE                        | R GLADE                                 | ANNAPLOIS                                  | , MARYL            | AND 21401  |  |
|               | 20a. METHOD OF DISPOSITION                                 | 206  | PLACE AND DATE OF               | DISPOSITION (N                | ame of                                  | DATE 20c. LC                               | CATION City        | or Town, State                                   |  |
|               | 1 Burial 2 Cremation 3 Ran                                 | noval from State                             | etery, crematory or othe OLIVET | CEMETE                        | QΨ                                      |  |                    |  |  |
|               | 21. SIGNATURE OF FUNERAL SERVICE LI                        |  | · OBIVEI                        |                               |   | O/ JO   BAL                                | I IMORE,           | MARYLAND   |  |
|               | 0  | -  |                                 | and thomas a                  | ND ADDRESS OF FA                        | SINGLE'                                    | TON FUN            | ERAL HOME, P.A                                   |  |
|               | - puel   | Trande                                       |                                 | 1 SEC                         | OND AVE.,                               | SW GLEN                                    | BURNIE,            | MARYLAND   |  |
|               | 3. PART . Enter the diseeses, pr                           | complications that ceused                    | the deeth. Do not               | t enter the mo                | de of dying, such                       | h es cardiac pr reap                       | iratpry arrest.    | Approximsta                                      |  |
|               | snock, or heart failure.                                   | List Dniy Dne ceusa Dn e                     | ach line.                       |                               |   |  |                    | intarvai Between                                 |  |
| 1 1           | iMMEDIATE CAUSE (Final disease or condition                | 71   | 2 / 1                           | C                             |   |  |                    | Onset and Death                                  |  |
|               | resulting in dasth)  | a. DEHYDA                                    | CONSEQUENCE OF:                 |                               | vasculas Ac                             | cident                                     |                    | I WEEK.  |  |
|               |  |  |                                 |                               |   |  |                    |  |  |
| CERTIFICATION | Sequentisity list conditions,                              | b. due to Hyper                              | tension<br>consequence of:      |                               |   |  |                    |  |  |
| F             | if sny, leeding to immediate cause. Enter UNDERLYING       |  | CONSEQUENCE OF):                |                               |   |  |                    |  |  |
| <u> </u>      | CAUSE (Disease or injury                                   | <ul> <li>Dehydration</li> </ul>              |                                 |                               |   |  |                    |  |  |
| 늗             | that initiated events                                      | DUE TO (OR AS A                              | CONSEQUENCE OF):                |                               |   |  |                    |  |  |
| 111           | resulting in death) LAST                                   | d  |                                 |                               |   |  |                    |  |  |
|               | DART II Other circlificant condition                       |  |                                 |                               |   |  |                    |  |  |
| EDICAL        | PART ii. Other significant condition                       | ne contributing to deeth be                  | ut not reaulting in             | the underlyin                 | g ceuse given in                        | Part i. 24a. WAS AN<br>PERFOR              |                    | 24b. WERE AUTOPSY FINDINGS<br>AVAILABLE PRIOR TO |  |
|               | THITERTENSIO   | N, CEREBI                                    | COMSCUE                         | AR A                          | CEL DENT                                | 1   YES 2                                  | DENO               | COMPLETION OF CAUSE<br>OF DEATH?                 |  |
|               |  |  |                                 |                               |   |  | 7                  |  |  |
| Σ             | DID TOBACCO USE CONT                                       | RIBLITE TO CAUSE O                           | E DEATH YES                     | T NO F                        | UNCERTAIN                               |  |                    | 1 TYES 2 NO                                      |  |
| PHYSICIAN:    | 25. WAS CASE REFERRED TO MEDICAL                           |  | 26. PLACE OF DEATH              |                               | JOINCERIAII                             | 101  |                    |  |  |
| S             | EXAMINER?  | HOSPITAL:                                    | (                               | THER:                         |   |  |                    |  |  |
| \<br>≥        | 27. MANNER OF DEATH  | 1   Inpatient 2   ER/Outp                    |                                 |                               | e 5 🗆 Rasidenca                         |  |                    |  |  |
| 급             | 1 Natural 5 Pending  | (Month, Day, Year)                           | 26b. TIME (                     |                               | URY AT<br>PRK?                          | 28d. DESCRIBE HOW I                        | NJURY OCCURE       | D  |  |
| B             | 2 Accident Investigation                                   |  |                                 | M 1 🗆                         | YES 2 NO                                |  |                    |  |  |
| ED            | 3 Suicide 8 Could not be                                   | 28a. PLACE OF INJURY<br>building, atc. (Spec | — At home, term, stre           | et, factory, offic            |   | 26t. LOCATION (Street City or Town, State) | and Number or Ru   | iral Route Number,                               |  |
| 1             | 4 Homicide detarmined                                      |  | .,,                             |                               |   | Only or lown, State)                       |                    |  |  |
| COMPLET       | 29a. CERTIFIER 1 CERTIFYING PHYS                           | ICIAN: To the heat of our bound              | odno dosti :                    | ed about                      |   |  |                    |  |  |
| MP            |  | ICIAN: To the best of my knowl               |                                 |                               |   |  |                    |  |  |
| 8             | A MEDICAL EXAMINI  | ER: On the basis of examination              | end/or investigation,           | in my opinion, o              | eath occured at the                     | time, data and place, an                   | d due to the cau   | se(s) and manner as stated.                      |  |
| ш             | 29b. SIGNATURE AND TITLE OF CENTURE                        | / hall to                                    | 1                               |                               | 29c. LICENSE NUM                        | IBER                                       | 29d. DATE SIG      | NED (Mogth, Day, Year)                           |  |
| 8             | V.   | Mellety                                      | april                           |                               | D4534                                   | 4  | D6/2               | 0/90   |  |
| 임             | 30. NAME AND ADDRESS OF PERSON WH                          | O COMPLETED CAUSE OF DEA                     | ATH (ITEM 27) (Type, Pr         | rint)                         |   |  | 10/2               | 7110   |  |
|               | SURESH DHANTA  | UI MD CRAIG                                  | 701.)41 0                       | 012 0                         | 20 000                                  | AULUE                                      | 1-2-0              | 0.3  |  |
| ı             | 31. DATE FILED (Month, Day, Year)                          | 132 BEGISTBAD'S SIGNI                        | TUDE                            | UMD, 17                       | LU, MER                                 | KYVILLE,                                   | 17021              | 405  |  |
|               | .101 0 1 1998  | Julia Davidso                                | 77                              |                               |   | ,  |                    |  |  |
|               |  | - I CMAHA JAMAHA                             | A CARROLA VIV                   |                               |   |  |                    |  |  |



# Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|                       | Decedent's Name (First, Middle, Last)  | Certificate of   | 2. Dete of Month   | Reg. No. Deeth                                       | 3. Time of Death  |  |  |
|-----------------------|--|--|--|--|---|--|--|
| sician                | Frederick Dunmyer  |  | June   | 22 199   |   |  |  |
| edical<br>miner       | 4a Facility Neme (If not institution, give street and number)  |  | 4b. City, Town, or Location of De  |  |   |  |  |
|                       | Southern Maryland Hospital Cent  | er   | Clinton  | Prince   | George's  |  |  |
| al<br>or              | 377-42-0091  | birthdey) If Under 1 Year<br>Months Deys   | Hours Min. (Month,   |  | inhplace (State or Fore<br>Country)<br>yland                                      |  |  |
|                       | Usuel Residence of Decedent  10e. Stete 10b. County 10c. City, To  | own or Location  |  |  | 10d. Inside City Limi   |  |  |
| ctor                  | Maryland Prince George's C1  | inton  |  |  | 1 ☐ Yes 2 💢 N   |  |  |
| Directo               | 10e. Streef and Number   | · 10f. Zip Code  |  | 10g. Citizen of What 0                               | Country?  |  |  |
|                       | 9211 Stuart Lane   | 207  |  | U.S.A.   |   |  |  |
| by Funeral            | 11. Marifal Sfatusunknown  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Was Decedenf Ever In U,S. Armed Forces?  1 Yes, 2 No It Yes, Give Yeer or Delesunknown | 1□ Yes 2□ No   | Hispanic Origin? (Specify Yes or<br>en, Mexican, Puerto Rican, efc.)<br>Specify: | Bleck, Wi  | nerican fndian,<br>nite, etc.<br>black  |  |  |
|                       |  | unknown Se. Decedent's Usual Occu  | pation   | 16b. Kind of Busines                                 | s/Industry  |  |  |
| Completed             | (Specify only highest grade completed)  Elementery/Secondery (0-12)  Unknown  Unknown  | Se. Decedent's Usual Occu<br>(Give kind of work done<br>life. DO NOT use retire<br>unknown | auring most of working<br>ad)  | unknown  |   |  |  |
| ŏ                     | 17. Fether's Name (First, Middle, Last)  | dikilowii  | 18. Mother's Neme (First, Mid  |  |   |  |  |
| To Be                 | unknown  |  | unknown  |  |   |  |  |
| -                     | 19e. Informent's Neme/Reletionship (Type, Print)   | 9b. Meiling Address (Stree   | t end Number or Rurel Route Nu   | mber, City or Town, Stete                            | , Zip Code)   |  |  |
|                       | unknown  | nknown   |  |  |   |  |  |
|                       | 20e Method of Disposition 20b. Plece   | of Disposition (Neme of<br>tery, cremetory or other ple                                    | Dete   | 20c. Location - City of                              | or Town, Stete  |  |  |
|                       | 21. Signature of Fureral Service Licensee  Ronald S Wade Director  | Baltimore  | tomy Board, 655<br>, Maryland 212  | .01  | more St.  |  |  |
| or or                 |  | Malti Infan  |  |  | Interval Between Onset and Death  |  |  |
| Examine               | Sequentially list conditions  b. Conditions  Due to or es  | e consequence of):   | tea  |  | Minates   |  |  |
| edical Ex             | Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events  Due to (or es.)                     | Type II  |  | Seese  |   |  |  |
|                       | resulting in deeth) Last   | obstructive  | palmenay ds  | Paro   | Yours   |  |  |
| SICIA                 | Pert II. Other significant conditions confributing to deeth but not resulting  | In the underlying cause gi   | iven in Pert I. 23b. I   | Old tobacco use contribu                             | ite to the cause of de  |  |  |
| y Physician/M         |  | carosis è contractore i atriphies,   |  |  |   |  |  |
| Completed by Physic   | maltiple docabiti, centra  | e dyskhage   | 249. V   | Ves en eutopsy enformed?                             | b. Were eutopsy finding<br>aveilable prior to<br>completion of cause<br>of death? |  |  |
| E OC                  | A-Tabe feedings,   |  | 1  | ☐ Yes 200 No   | 1 Yes 2 No  |  |  |
| Be                    | 25. Wes case referred to medical examiner?   |  | 26. Piece of Deeth (Check or   | nly one)   |   |  |  |
| 2                     | 1 ☐ Yes ZE No Hospitel: 1 ☐ Inpatient 2 EE// 27. Menner of Deeth 1 Neturel 5 ☐ Pending (Month, Day Year) 28t   | rry 28b. Time of lnjury et Work? 28d. Describe how Injury occurre                          |  |  |   |  |  |
| edical Certification: | 2 Accident investigation 3 Sulcide 6 Could not be determined 28e. Pleca of fnjury - At home, building, etc. (Specify)  | M 1  | Yes 2 No 28f. Location City or   | on (Street and Number or<br>Town, Stete)             | et and Number or Rurel Route Number,<br>Stete)                                    |  |  |
| lical C               | 29a. Certifier (Check only one)  Cartifying Physician: To the best of my knowled 2 Medical Examiner: On the best of exemination and manner stated.                     | lge, deeth occurred at the f<br>end/or investigation, in my                                | ime, dete end plece, end due to<br>opinion, deeth occurred et the tir            | the ceuse(s) and menner<br>ne, date end pleca, end c | as stated.<br>lue to the cause(s)   |  |  |
| Me                    | 29b. Signafure and fifle of cartifier  | 29c. Licen   | se number  | 29d. Dete signed (Mo                                 | onth, Dey, Year)  |  |  |
|                       | Dotes as win up  | D-   | -12884   | Jane   | 24 /98  |  |  |
|                       | 30. Neme end eddress of person who completed cause of deeth (Item 23)  | e) (Type, Print)   |  |  |   |  |  |
| State                 | PETER W: YIM M.D. 1900 old<br>31. Dete filed (Month, Dey, Year) 32. Registrer's Signature  | Branch ave   | . Suite 101. 5   | linton, no   | yland 20  |  |  |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) **Physician** EMILY CAROLYN FOSTER June 30, 1998 4c. County of Death 1998 10:20 AM \* /Medical 4b. City, Town, or Location of Deeth 4a Facility Neme (If not institution, give street and number) Examiner Carrol1 Westminster 641 Oak Tree Rd. If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months 1 □ M 2 🔀 F Yrs. Director 219-18-1137 76 Usuei Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 ☑ No Directo Westminster Md. Carroll 4 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code than "natural", or items 23s or the Medical Examiner must be r IISA 21157 Funeral 641 Oak Tree Rd. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Maritai Stetus Bleck, White, etc. 1 ☐ Yes 2 🔀 No if Yes, Give Yeer or Detes: 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: à White 3 ☑ Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working iife. DO NOT use retired) 16b. Kind of Business/Industry filed within 72 Elementery/Secondery (0-12) College (1-4or 5+) Hecht Company 12 Credit Manager 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) 2 should be and Mental Emily Irene Waters Edward Becker 10 Austin 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) is 1 and 2 s of Health an Hem 27 is r 106 Castletown #301 Timonium, Md. 21093 Helen M. Becker/sister 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State Pages 1 1 ☑Burial 2 ☐ Cremation 3 ☐ Removal from Stete 4 □ Donetion 5 □ Other (Specify) 7/2/98 Marriottsville, Md. Crestlawn Cemetery 22. Name and Address of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medical immediate Ceuse (Finel disease or condition resulting in deeth) **Examiner** Physician/Medical Examiner certificate be axecuted physician end the buriel-transit Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in deeth) Lest 0 Box 68760. Due to (or es e consequence of): 98 use. signed by the a 23b. Did tobacco use contribute to the cause of death? Pert ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings aveilable prior to Completed 24e. Wes en eutopsy performed? completion of cause of death? page 2 certificata has 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Other: 4 □ Nursing Home 5 N Residence 6 □ Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this 28a. Dete of injury (Month, Dey Year) uneral 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of 28c. injury at Work? 1 Naturei 5 Pending s efter death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 - Homicide Hospital 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, end due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end manner stated. edicai 29e. Certifier completaly (Check only one) To the within 2 29d. Date signed (Month, Day, Year) 29b. Signeture end title of cartifier 29c, License number 30. Name and eddress of person who completed cause of deeth (item 23e) (Type, Print) 1363 N. MAINST, P.O. BOX 857 m1) ANSURIYA

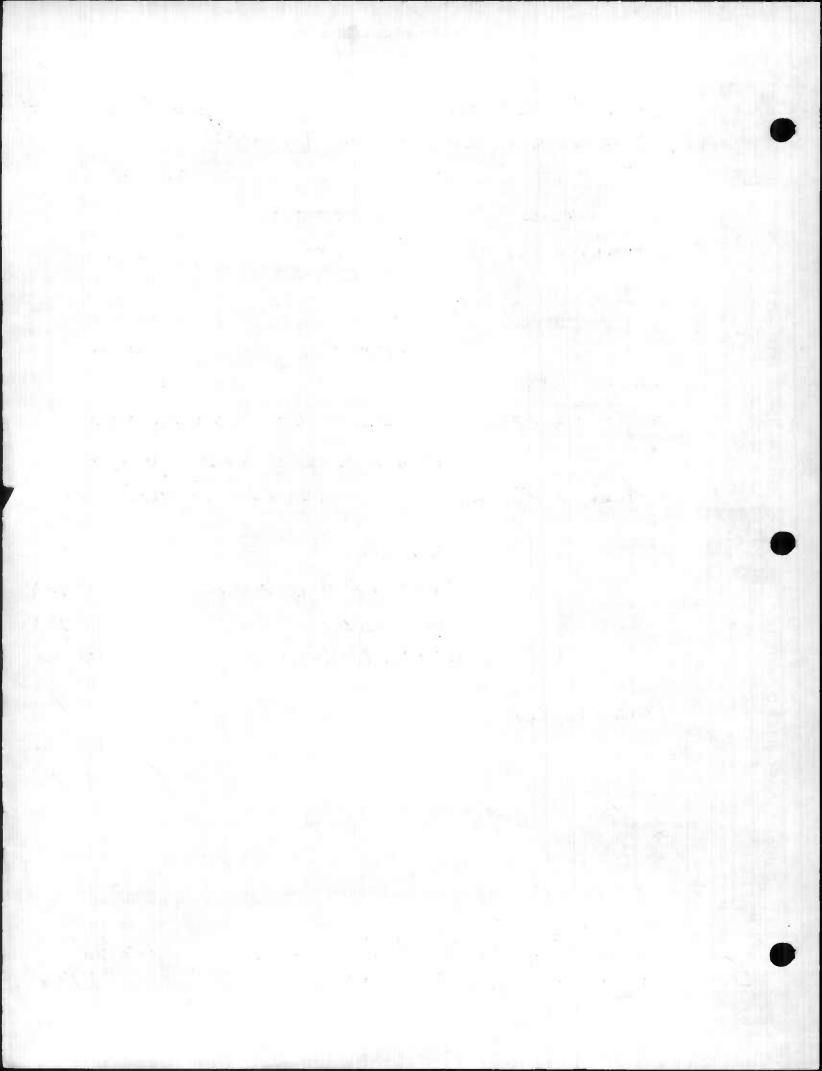
32. Registrars Signature

State Registrar A to the stage of the stage

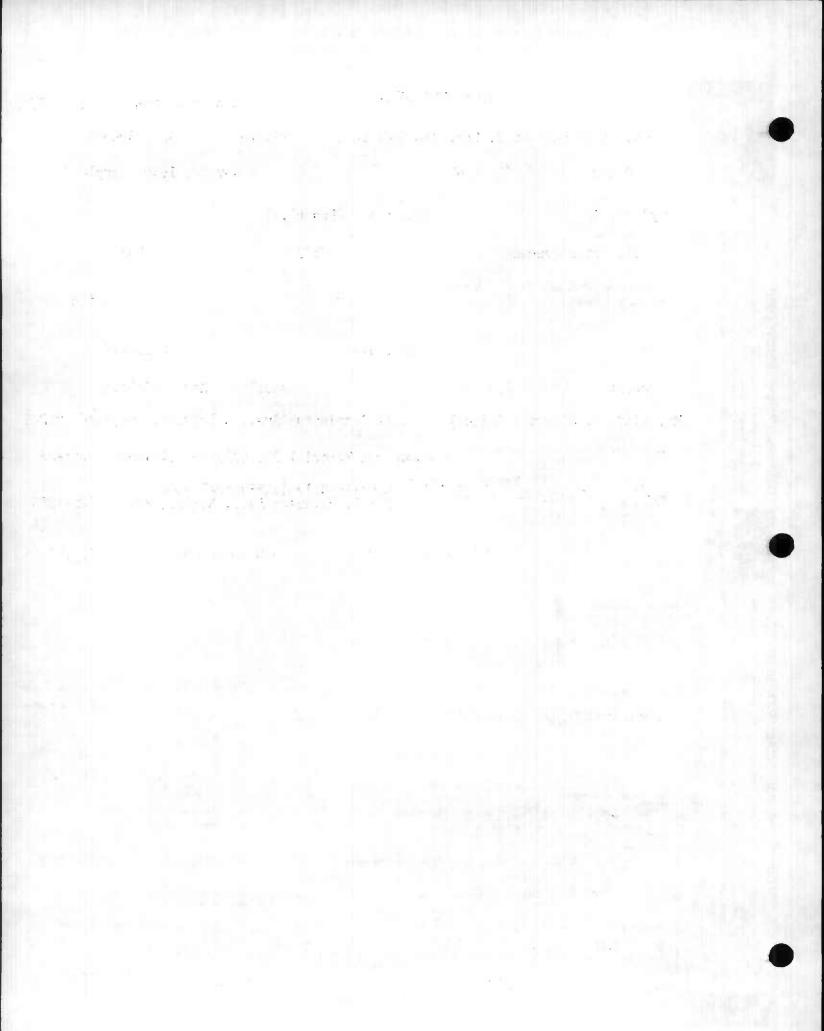
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) **Physician** /Medical 4c. County of Death City, Town, or Loca Facility Name (If not institution, give straet and number) Examiner Mary Tem If Undar 1 Yaar f Under 24 Hrs. 7. Age (In yrs. last birthday) Social Security Number 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1 M 2 F Months Days Hours 84 725-01-2652 **Director** 12/8/1913 VIRGINIA Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or flams 23s or 28s-f short traumetic event, the Medical Examines must be notified at MD BALTIMORE 1 Yas 200 No CATONSVILLE Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3 BRISTOL HILL COURT 21228 U.S.A. Funeral 1 and 2 should be filed within 72 hours after death. Health and Mental Hygiena. em 27 is marked other than "natural", or items 23. 12. Was Decedenf Ever In U,S. Armed Forces? ₩ Yes, 2 □ No If Yes, Give Year or Dates₩₩II Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarlcan Indian. Black, White, etc. 1 ☐ Yes 2 No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highest grada completed) Elamantary/Secondary (0-12) College (1-4or 5+) MANAGEMENT RAILROAD 18. Mother's Name (First, Middle, Malden Surnama) 17. Fathar's Name (First, Middla, Last) SAMUEL COX FORTNER ELLA (GOODMAN) 19a. Informant's Nama/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) permit. Pages 1 and 2 Department of Health a important: If item 27 is MYRTLE FORTNER (WIFE) 3 BRISTOL HILL COURT CATONSVILLE, MD 21228 other altimore, 20b. Placa of Disposition (Name of cemetary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 Cremation 3 Ramoval from State any injury or 4 ☐ Donation 5 ☐ Other (Specify) MEADOWRIDGE CEMETERY 7/3/98 ELKRIDGE, MD 22. Nama and Address of Facility WITZKE FUNERAL HOME, INC. 21. Signature of Funaral Sarvice Licensea 1630 EDMONDSON AVE CATONSVILLE, MD 21228 Lemmer 0 23a. Part1. Enter the disaase, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition rasulting in daath) 3 months Examiner Dua to (or as a consequence of): Artery Discase Examiner pronaru physician and s the burial-transit the death certificate be axecuted Sequentially list conditions, if any, laading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last Dua to (or as a conseque nca of): Box 68760, r tensin Physician/Medical Duedo (or as a consequence of): use as t betes Wellitu for 23b. Did tobacco use contribute to the cause of death? P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 5 rosta þ 24b. Were autopsy findings available prior to completion of cause of daath? 24a. Was an autopsy performed? Completed peeu page 2 s has 2 No certificate 1 ☐ Yes 2 No Division of Vital 25. Was casa rafarrad to medical examiner? Be 26. Placa of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Impatient 2 ☐ ER/Outpatient 3 ☐ DOA this s 28a. Date of Injury (Month, Day Year) funeral 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Aftar ! Certification: 5 Pending Invastigation Natural after death. 1 Yes 2 No 2 Accident 6 Could not be datermined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office bullding, etc. (Specify) filled in by 4 Homicide 8 Hospital H hours 29a. Certifie 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, data and placa, and due to the cause(s) and mannar as stated. edical lah 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and planner stated. (Check only one) Within 2 To the 8 29b. Signature and title of 23a) (Type, Print) VA, 225. Gr Mbc

State Registrar 31. Date filad (Month, Day, Year)

0 1 1998



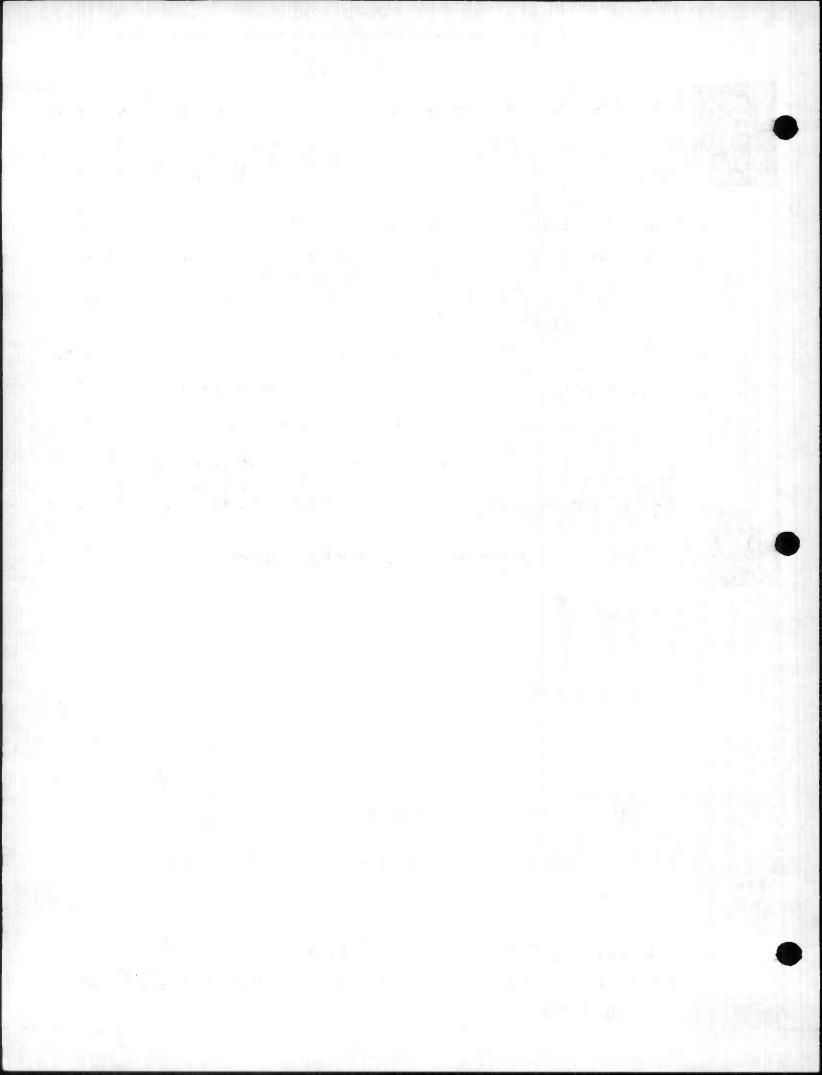
|  |  | Certificate of Death  | Reg. No.  |  |
|--|--|---|---|--|
| hysician<br>/Medical   | Decedant's Neme (First, Middle, Last)     ELLEN MAY  |   | June 26, 1998   | year 3. Time of Deeth 5:30 A.M.  |
| niner  | 4e Fecility Neme (If not institution, give street and number) Genesis Eldercare Nurs. CtrHami  | nonds Lane Baltimo  |   | of Death<br>Arundel  |
| eral<br>tor  | 5. Social Security Number 6. Sex 1   | rthdey) If Under 1 Year If Under 24 Hr.  Yrs. Months Deys Hours Min   |   | 9. Birthpiece (State or Foreign<br>Country)<br>Maryland                              |
| rector   |  | m or Location<br>timore (Brooklyn)  |   | 10d. Inside City Limits 1 ☑ Yes 2 ☐ No   |
| Olrec  | 10e. Street and Number   | 10f. Zip Code   | 10g. Citizen of V   | Vhet Country?  |
| <u>a</u>   | 513 Arsan Avenue   | US  | USA   |  |
| by Funeral Director  | 11. Maritel Stetus  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced  12. Wes Decedent Ever In U,S. Armed Forces?  1 □ Yes 2 ☑ No If Yas, Giva Year or Dates: | 13. Wes Decedent of Hispanic OrIgin? ( If Yes, specify Cuban, Mexican, Pue  1 ☐ Yes 2 ☒ No Specify:                         | Specify Yes or No-<br>rto Ricen, etc.)  14. Reco<br>Blec  Specify | e - Americen Indien,<br>ik, White, etc.  |
| 20   |  | Decedent's Usual Occupation   | 16b. Kind of Bu   | usiness/Industry   |
| Be Completed   | (Specify only highest grede completed)  Flementery/Secondary (0-12)  College (1-4or 5+)  | (Give kind of work done during most of we life. DO NOT use retired)  Homemaker  | House   |  |
| To Be C  | 17. Fathar's Neme (First, Middle, Last)  Robert Lee Johnson  | 18. Mother's Ne   | eme (First, Middle, Maiden Surnam<br>1yn Mary Gal                 | briel  |
|  | 19e. Informant's Name/Raiationship (Type, Print)  Ms. Rinda M. Milewski (niece)  | b. Mailing Addrass <i>(Street and Number or F</i><br>4012 Pennington Ave  |   |  |
| •  | 20a. Method of Disposition 2 Democratic State 20b. Piece cement  | of Disposition (Neme of har, cremetory or other place) Dwridge Memorial Pk.   | Deta 20c. Location -  | City or Town, State  |
| a la la la la la la la la la la la la la   | Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Causa (Disaasa or injury  | McCully-Polyniak 237 E. Patapsco A not enter the mode of dying, such as cardii  HEAD AND consequence of):  consequence of): | ve., Balto., Md.<br>ac or respiretory errest,                     | 21225-1856 Approximate Interval Between Onset end Death                              |
|  | Pert II. Other significant conditions contributing to death but not resulting  | in the underlying cause givan in Part I.  | 23b. Did tobacco use co   | ntributa to the cause of death?  |
| by Physic  | INCECTED SACRAL  | DECUBITUS   | 1 ☐ Yes 2 ☐ No  | 3 Probably 4 ☐ Unknown   |
| Completed by Physicia  |  |   | 24e. Wes en autopsy performed?                                    | 24b. Were eutopsy findings<br>available prior to<br>completion of cause<br>of death? |
| To Be Comp   |  |   | 1□ Yes 2 DM   | 1 ☐ Yes 2 No   |
| O  | 25. Was case rafarred to medical   | 26. Place of D  | eath (Check only ona)   |  |
| To Be  | exeminer?  1 Yes 2 Hospitel: 1 Inpatient 2 ER/C  | outpatient 3 DOA Other: 4 Nursing   | Home 5 ☐ Residence 6 ☐ Oth  | ner (Specify)  |
|  | 1 Anatural 5 Panding (Month, Day Year) 2 Accident investigation  | Tima of Injury at Work?  M 1 Yes 2 No   | 28d. Dascribe how Injury occur                                    |  |
| in by the  | 3 ☐ Suicide 6 ☐ Could not be datamined 28e. Pleca of Injury - At home, building, etc. (Specify)  | arm, street, fectory, office  | 28f. Location (Street and Numb<br>City or Town, State)            | or murar moute number,   |
| Cert   |  |   | ce, and due to the causa(s) and me                                |  |
| edical Cert  | 29a. Certifier (Check only one)  1 Cartifying Physician: To the best of my knowledge 2 Medical Examiner: On the basis of examination end mannar steted.              | a, daath occurred et tha time, dete end pie<br>nd/or investigation, in my opinion, daath oc                                 | curred et tha time, dete end place,                               | enner as stated.<br>and dua to the ceuse(s)  |
| completely filled in by the funeral Medical Certification:   | (Check only 2 Medical Examiner: On the basis of examinetion e  | 29c. License number  D 21776  | 29d. Dete signe   | and dua to the ceuse(s) ad (Month, Day, Year) 29 1998                                |
| Within 24 hours are foath.  To the Funeric Director: A completaly filled in by the factor A completaly filled in by the factor A completaly filled in by the factor A completaly filled in by the factor A completaly filled in the factor A complet | (Check only one)  2 Medical Examiner: On the basis of examinetion e end mennar steled.   | 29c. License number  D 21776  | curred et tha time, dete end place,  29d. Dete signe              | and dua to the ceuse(s) ad (Month, Day, Year) 29 1998                                |



State of Maryland / Department of Health and Mental Hygiene

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First Middle Last) 2. Data of Death **Physician** Month MARY **GUBOSH** JUNE 30 1998 2:15 AM /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Berlin Nursing & Rehabilitation Center Berlin Worcester If Undar 1 Yaar Months Days if Undar 24 Hrs 5. Social Sacurity Number 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 F 191-01-9902 81 Director Dec 3, 1916 Usual Rasidance of Dacedant Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. insida City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Modral Examiner must be notified at 28a-f shov MD Baltimore Dundalk Director 1 ☐ Yas 2 No the 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 3403 Sollers Point Rd 21222 USA by Funeral death 12. Was Dacadant Evar in U.S. Armad Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. filed within 72 hours efter 1 ☐ Yas 2 🛣 No If Yas, Giva Yaar or Datas: 1 □ Navar Marriad 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: White 3 XWidowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) Secretary Federal Government 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) . Peges 1 and 2 should be filt ment of Health end Mental Hy ant: If Item 27 Is marked oth jury or other traumatic event Be Appolonia Minar Joseph Shodi 19a. Informant's Name/Ralationship (Typa, Print) Daughter 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 8179 Park Haven Rd Baltimore, MD 21222 /Grand-Gloria Heinle 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata July 2 1 Burial 2 □ Cramation 3 □ Ramoval from Stata Department of important: If eny Injury or Sacred Heart of Jesus 1998 Baltimore, MD 4 ☐ Donation 5 ☐ Othar (Specify) <sup>22</sup> Name and Address of Facility Connelly Funeral Home of Dundalk 21. Signatura of Funarai Sarvica Licansas 7110 Sollers Point Rd Approximata Intarvel P 23a. Part1. Enter the disease or complications that caused the death/ on not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner ENOSCIENETIC and Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or Injury that initiated evants resulting in death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760 HUPERTENSION Physician/Medicai The law requires that the death certificate Dua to (or as a consequence of): signed by the eld be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown p 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate 2 No 1 Yas 2 No Attending Physician: funeral director, 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 ☐ Yas X No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mannar of Death 1 Natural 28b Time of 28a. Data of Injury (Month, Day Year) 28d. Describe how Injury occurred 28c. Injury at Work? After 5 Panding Invastigation 1 ☐ Yas 2 ☐ No death 2 Accidant after death Director: A d in by the f 3 Suicida 6 Could not be detarmined 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Mospital of within 24 hours of To the Funeral D completely filled it edical Certifying Phyalclan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Certifying Phyalclan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.

| Medical Examiner: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian one) 29b. Signature and title of certifier 29c. License numbe 29d. Date signed (Month, Day, Year) 30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) EDWIN CASTANEDA, MD 9714 HEALTHWAY DRIVE, BERLIN, MD 21811

**DHMH 16 Rev 6/95** 

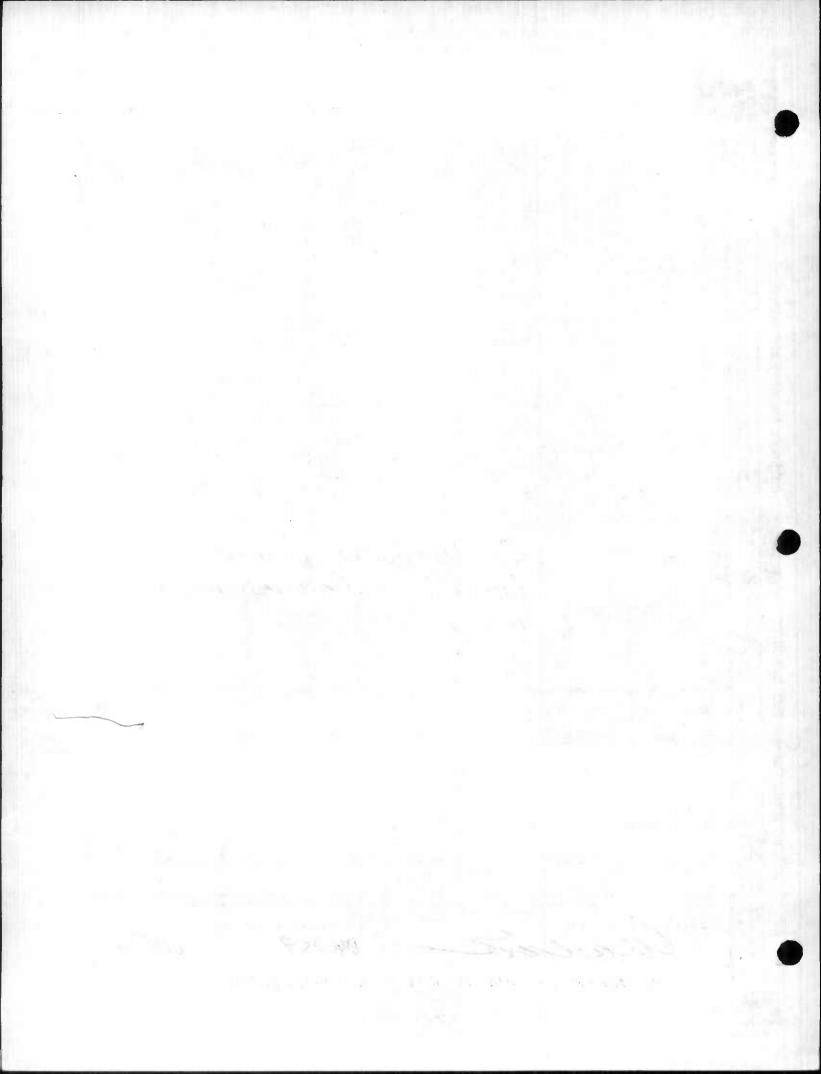
State

Registrar

31. Data filed (Month, Day, Year) JUL 011998

32. Registrar's Signatura

whia Davidson-Randall



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#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

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GRAZIANO

| State of Maryland / Department of Health a             | na Mentai Hygiene | 00 | 20000            |
|--|-------------------|----|------------------|
| ITEMS: 23 part I, 27 ,28a-f per MED G- 761 7/6/98 wdr. | Reg. No.          | 20 | 20288            |
| 1. Decedent's Neme (First, Middle, Last)               | 2. Dete of Death  | V  | 3. Time of Deeth |

**Phys** /Me Exan

3:53P.M.

**Funer** 

Directo

items 23s

permit. Peges 1 and 2 should be filed within 72 hours efter death Department of Health end Mental Hygiene. Important: If Item 27 Is marked other than "natural", or Items 23 Baltimore, Maryland 21215-0020

**Physicia** /Medica Examine

The law requires that the death certificate be executed Records, P.O. Box 68760, physician cete has been signed by the etter page 2 should be deteched for certificate has Division of Vital funeral

To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifice completely filled in by

Be

Certification: To

Medical

|  |   | m <i>ber)</i>   |  |  |                 | 40. Ony, 1                             | OHII, OI E                   | ocation of Dee                      | 40                 | . County  | y of Deeth   |   |
|--|---|---|--|--|-----------------|--|------------------------------|-------------------------------------|--------------------|-----------|--------------|---|
| 801 SOUTHERN A   |   |   |  | T W11. 4   |                 |  |                              | EIGHTS                              |                    |           |              | ORGES   |
| 5. Sociel Security Number  | 6. Sex<br>18 M 2 F  | 7. Age (In yrs.                                       |  | If Under 1<br>  Months                                   |                 | Hours                                  | r 24 Hrs.<br>Min.            | 8. Dete of B (Month, D              | irth<br>Dey, Yeer, |           |              | plece (Stete or ntry)                                   |
| 135-44-9924  | .X  | 44  | Yrs.   |  |                 |  |                              | Sept.1                              | 4,19               | 53_       | New .        | Jersey  |
| Usual Residence of Decedent  10e. State 10b. Count   |   | 100 09  | y, Town or Le                                      | nestion  |                 |  |                              |                                     |                    |           | Т.           | 10d Inside Olle   |
|  | ıy  | 100. 01   | y, rown or L                                       | ocation  |                 |  |                              |                                     |                    |           |              | 10d. Inside City<br>1 ☑ Yes                             |
| Virginia n/a   |   | Ale   | exandr   | ia   |                 |  |                              |                                     |                    |           |              | X Tes   |
| 10e. Street and Number   |   |   |  | 10f. Zip (   | ode             |  |                              |                                     | 10g. Ci            | tizen of  | What Cou     | ntry?   |
| 3110 Elmwood I   | )rive   |   |  | 223  | 02              |  |                              |                                     | Uni                | ted       | Stat         | es  |
| 11. Meritei Status   | 12. Wes Dece  | edent Ever in U                                       | S. 13.   |  |                 | lispanic O                             | rigin? (S                    | pecify Yes or No Rican, etc.)       |                    | 14. Rad   | ce - Americ  | can Indien,   |
| 1 Never Married 2 ☐ Ma   | Armed Fo  | 2 No  |  |  |                 |  |                              | Hican, etc.)                        |                    |           | ck, White,   |   |
| 3 ☐ Widowed 4 ☐ Divorce  | od Year or D  | ve<br>letes:  |  | 1 ☐ Yes 2  | XI No           | Specify                                | /:                           |                                     |                    | Specif    | ty: W        | hite  |
| 15. Decede   | ent's Education   |   | 16e. Dece  | dent's Usuel   | Occup           | petion                                 |                              |                                     | 16b. F             | (ind of B | Business/In  | dustry  |
| (Specify only high   | est grade completed)  |   | (Give  | b kind of work   | done            | during mo<br>d)                        | st of won                    | king                                | -                  |           |              |   |
| Etementery/Secondery (0-12)  | College (   | 1-4or 5+)   |  | penter   |                 |  |                              |                                     | Kim                | mars      | y Com        | nanv  |
| 17. Fether's Neme (First, Middle   |   |   | Cui  | Pencer   |                 | 18. Moth                               | ner's Nan                    | ne (First, Middl                    |                    |           |              | parry   |
|  |   |   |  |  |                 | **                                     | 1 1                          |                                     |                    |           |              |   |
| Samuel Grazian   |   |   | T  |  |                 |  |                              | . Payne                             |                    |           |              | . 0. 4.1  |
| 19e. Informant's Name/Reletion   |   | 1   |  |  |                 |  |                              | ral Route Num                       |                    |           |              |   |
| Nicholas Grazi   | lano - brot   |   |  |  |                 |  | e, A                         | lexandr                             | 7                  |           | 2230         |   |
| 20e. Method of Disposition<br>1   Burial 2 □ Cremetion   |   | 20b. F  | Plece of Disponentery, cre                         | osition (Nemi  | B Of            |  | 1                            | Dete                                | 20c. L             | ocation   | - City or To | own, Stete  |
|  |   | State   | emetery, cre                                       | metory or oth  | er ple          | ce)                                    |                              |                                     |                    |           |              |   |
| 4 Donetion 5 □ Other (   | (Specify)   | Stele   | Comfo  | rt Cen   | ete             | ery                                    |                              | 7/2/98                              | Ale                | exan      | dria,        | VA  |
| 4 Donetion 5 Other (21. Signature of Funerel Service   | (Specify) e Licensee  | Mt.   | Comfo  | rt Cen<br>2. Name end<br>500 We                          | Addre           | ery<br>ess of Fecil<br>Brade           | Ev<br>dock                   | erly-Wh<br>Road A                   | eatl<br>lexa       | ey l      | Funer        | al Home<br>A 22302                                      |
| 4 Donetion 5 □ Other (   | (Specify) e Licensee  | Mt.   | Comfo  | rt Cen<br>2. Name end<br>500 We                          | Addre           | ery<br>ess of Fecil<br>Brade           | Ev<br>dock                   | erly-Wh<br>Road A                   | eatl<br>lexa       | ey l      | Funer        | al Home   |
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| 23a. Flart. Enter the disease, shock, or heart failure. Lift disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events   | e Licensee  r complications that control only one cause on e  eNARCO  b  c  | At .  Caused A deet ach line.  TIC INTO)  Due to (c   | Comfo  2  1  h. Do not en  (ICATION  or es e conse | 2. Name end 500 We ster the mode quence of): quence of): | Addrest of dyla | ery<br>ess of Feci<br>Bradeng, such es | lity EV<br>dock<br>s cardiac | erly-Wh<br>Road A<br>or respiretory | deat1              | ey l      | Funeria, V   | al Home A 22302 Approximate Interval Betw Onset and De  |
| 21. Signature of Funerel Service 23. Part 1. Enter the disease, shock, or heert failure. Lift disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest         | e Licensee  r complications that control only one cause on e  eNARCO  b  c  | At .  Caused A deet ach line.  TIC INTO)  Due to (c   | Comfo  2  1  h. Do not en  (ICATION  or es e conse | 2. Name end 500 We ster the mode quence of): quence of): | Addrest of dyla | ery<br>ess of Feci<br>Bradeng, such es | lity EV<br>dock<br>s cardiac | erly-Wh Road A or respiretory       | deat1              | ey landr  | Funeria, V   | al Home A 22302 Approximate Interval Betwo Onset and De |
| 21. Signature of Funerel Service 23. Part 1. Enter the disease, shock, or heert failure. Lift disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest         | e Licensee  r complications that control only one cause on e  eNARCO  b  c  | At .  Caused A deet ach line.  TIC INTO)  Due to (c   | Comfo  2  1  h. Do not en  (ICATION  or es e conse | 2. Name end 500 We ster the mode quence of): quence of): | Addrest of dyla | ery<br>ess of Feci<br>Bradeng, such es | lity EV<br>dock<br>s cardiac | erly-Wh Road A or respiretory       | d tobacce Yes      | ey landr  | Funeria, V   | al Home A 22302 Approximate Interval Betwo Onset and De |

4b. Were eutopsy findings avelleble prior to completion of cause of deeth? 1XYes 2□ No 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 MOther (Specify) SCENE YYes 2□ No 1 Inpatient 2 ER/Outpetient 3 DOA 27. Manner of Deeth 28e. Date of Injury Foundfonth, Dey Year) 06/26/98 28c. Injury et Work? 28b. Time of P 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Naturei UNKNOWN 1 Yes 2 Accident 281. Location (Street and Number or Rurel Route Number, City or Town, Stete) McDonald's Restayrant 801 Southern Av. Forest Hights., P. G., 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building left. (Specify) Parking lot/in auto 4 Homicide 29a. Certifier (Check only one)

O.C.M.E.

29b. Signature and title of or

1 Certifying Phyalclan: To the best of my knowledge, deeth occurred et the time, dete and place, end due to the ceuse(s) end menner as stated.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and dua to the ceuse(s) end menner stated. 29d. Dete signed (Month, Day, Year) 29c. License number

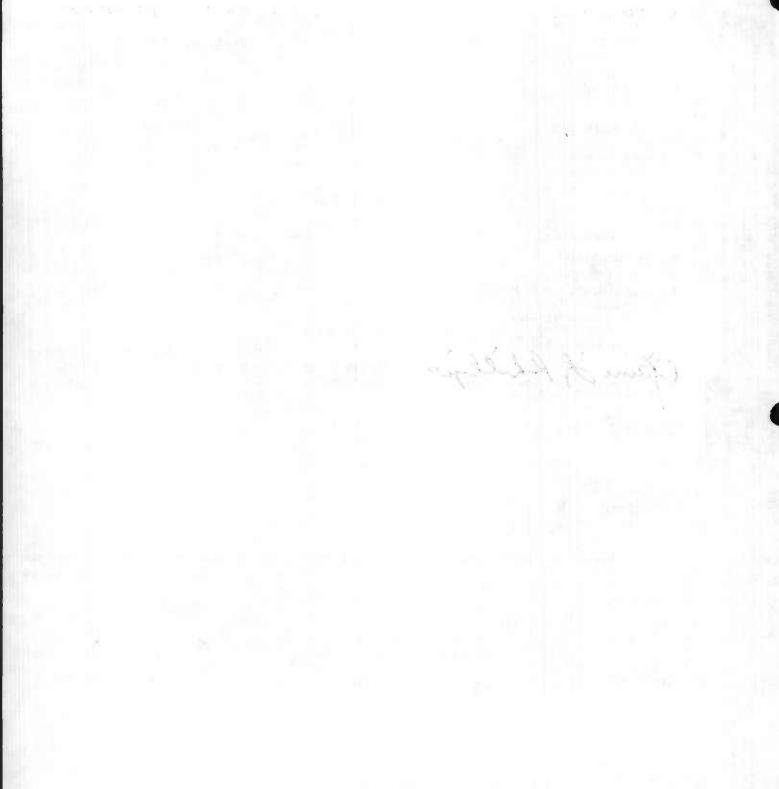
cause of beeth (Item 23e) (Type, Print) 30. Name and a

111 Penn Street, Baltimore, Maryland 21201

JUNE 27, 1998

State Registrar 31. Dete filed (Month, Day, Year) 011998

32. Registrer's Signeture Die Davidon

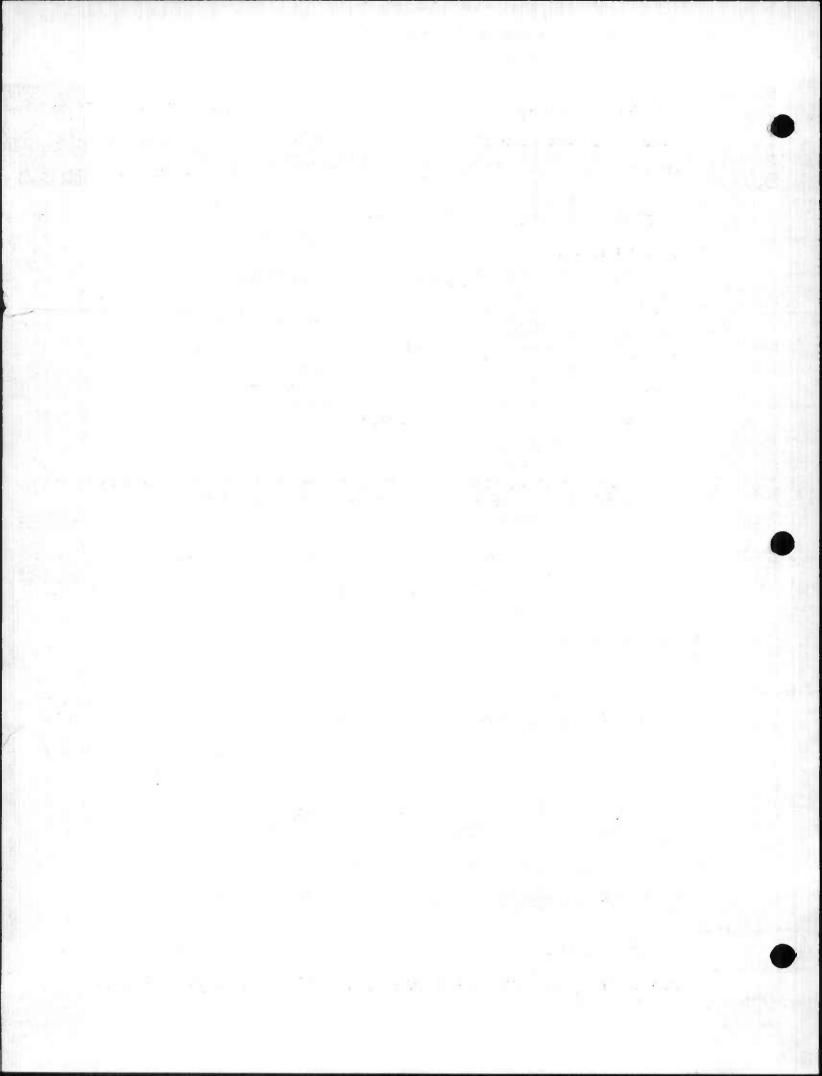


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Deeth <sup>Dey</sup> 1998 **Physician** Month James Gray June 17, 10:45 PM /Medical 4b. City, Town, or Location of Death 4e. Fecility Neme (If not Institution, give street end number) 4c. County of Deeth Examiner Medlantic Manor atLayhill Silver Spring Montgomery | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | Feb. 13, 1906 5. Sociei Security Number 6 Sex 7. Age (In yrs. lest birthdey) 9. Birthplace (State or Foreign Country)
D. C. **Funeral** 1₽M 2□F 92 577-10-8812 Yrs. Director Usuel Residence of Decedent the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic avant, the Medical Examiner must be notified at Maryland Silver Spring Montgomery 1 ☐ Yes 2 XNo Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2601 Belpre Road 20906 U.S.A. Funeral 12. Wes Decedent Ever in U,S.
Armed Forces? unknown
1 □ Yes 2 □ No
If Yes, Give
Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, White, etc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiena Important: If flam 27 is marked other than any injury or other traumatic avanta. Elementery/Secondery (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) unknown unknown 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) unknown unknown 20b. Place of Disposition (Name of cametery, crametory or other place) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removei from Stete 4 □ Donation 5 □ Other (Specify) in state Rohald 22. Name end Address of Fecility State Anatomy Board, 655 W. Baltimore Street Director Baltimore, Maryland 21201 Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart feilure. List only one cause on each line. **Physician** Prostate Cancer /Medical Immediate Cause (Fine disease or condition resulting in deeth) Examiner Ri man I or Attanding Physician: The law requires that the death certificate be executed after deeth.

Director: After this certificate hes been signed by the attending physician end in by the funcated director, page 2 should be deteched for use as the burlie-transit Sequentially list conditions, if any, teeding to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Calorie Imbalance 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ρ 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. injury et Work? 28d. Describe how injury occurred 28b. Time of 1 Naturei 2 Accident 5 Pending 1 Yes 2 No investigetion 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide To the Hospital or / within 24 hours after To the Funeral Dire completely filled in b Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner as stated.

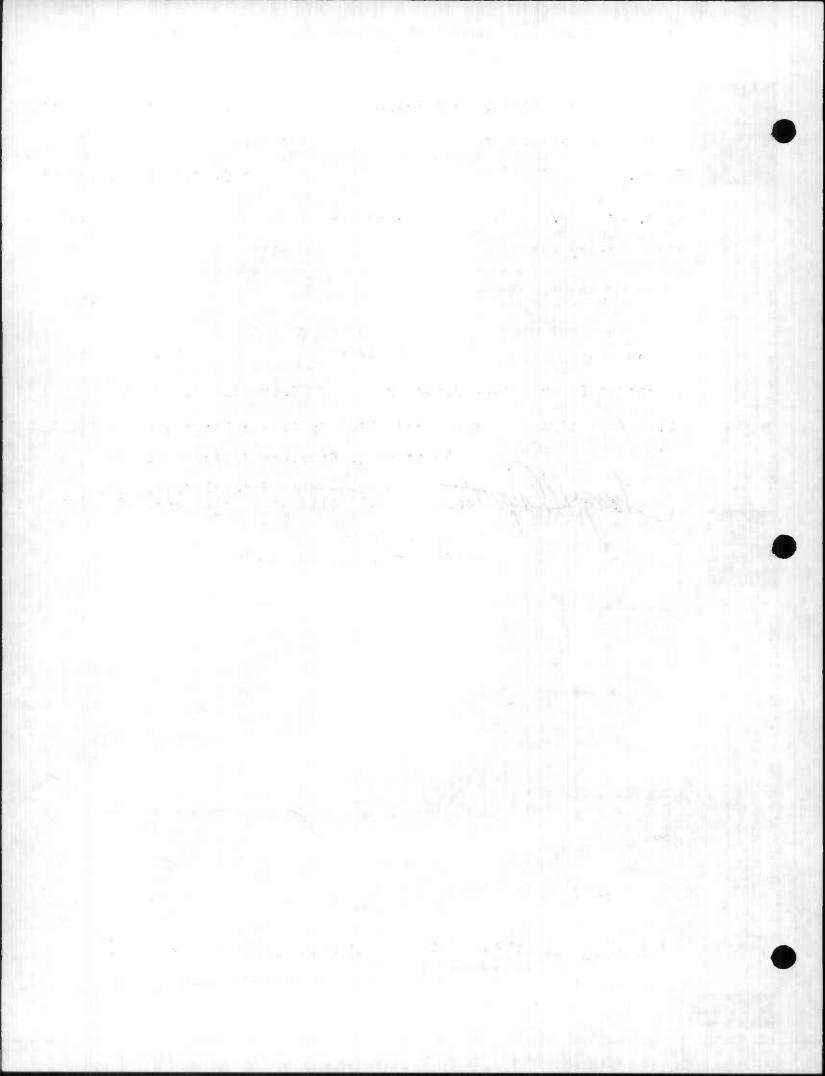
Madicat Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29e. Certifier Medicai 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D30111 any w. me For 30. Name and address of berson who completed cause of deeth (Item 23e) (Type, Print) Dr Beltsville Md 20705. 1757 Jones Mi) 11305 Pitsea 32. Registrer's Signeture State Julia Davidson-Randalle Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) Month **Physician** 30, Edgar William Hampshire June 1998 PM /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Facility Neme (If not institution, give street end number) Examiner Manor Care- Roland Park Baltimore If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1**X** M 2□ F 7 9 Yrs. 2,1918 **Director** 217-01-4587 Aug. Maryland Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits T is marked other than "natural", or frams 23a or 28a-f ahow treumstic event, the Medical Examiner must be notified at NOWes 2□No Maryland N/A Baltimore Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3732 Hickory Avenue 21211 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11 Marital Status permit. Pages 1 and 2 should be filed within 72 hours effer of Department of Haelth and Mental Hygiena. Important: If Item 27 is marked other than "natural", or item any Injury or other traumatic event, the Wedgell Essen Black, White, etc. 1 Yes 2 No If Yes, Give Yeer or Dates: 1□ Never Married 2□ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by white 3 Widowed 4 N Divorced Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Plasterer Construction unknown 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) George Edgar Nelson Hampshire Catherine M. Lippert 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3732 Hickory Avenue Baltimore, MD 21211
so of Disposition (Name of Date 20c. Location - City or Town, State Elva Yamartino Sister 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 1 X Burial 2 Cremation 3 Removal from State Druid Ridge Cemetery 7/3/98 Pikesville, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Emeral Service Lice 22. Name and Address of Facility Burgee-Henss Funeral Home, P.A. 3631 Falls Road Baltimore, MD 21211 or complication, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Fit all disease or condition resulting in death) Examiner Due to (or as a consequence of) Physician/Medical Examiner ettending physician end for use es the burial-trensit certificata be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760, Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 12 10s 2 No 3 Probably 4 Unknown signed t þ Division of Vital Records, 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed has page 2 certificate or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Yes 2 No Other: Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this uneral 28d. Describe how Injury occurred 27 Manner of Death 28a. Date of Injury (Month, Day Year) 28h Time of 28c. fnjury at Work? Certification: Matural 5 Pending investigation s efter death. 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide Hospital 24 hours 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical completaly (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. within 2 To the 29d. Date signed (Month, Dey, Year) 29b. Signature and little of certifier 29c. License number 98 30. Name and address of gorson who completed cause of death (Item 23a) (Type, Print) FALLS ROAD BALTIMORE, MARYLAND 21211 FAY 3730 MD 31. Date filled (Month, Dey, Year) 32. Registral's Signalors

ha Davidson-Randell

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item 1 Per PHY Film G761 7-1-98 rja Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Charlotte Claire Heller 4c. County of Death (0 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street end number CARROLL COUNTY GENERAL WESTMINSTER CARROLL If Under 1 Year 7. Age (In yrs. last birthdey) 5. Social Security Number 9. Birthplace (State or Foreign Months Days Hours 1□M 2ØF Yrs. 216-28-5204 MARYLAND 67 JULY 1, 1930 Usual Residence of Deceden 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No MARYLAND CARROLL WESTMINSTER 10e Street and Numbe 10f. Zip Code 10g. Citizen of What Country? 2206 CHEROKEE DRIVE 21157 U .S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ŽŽNo If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Bace - American Indien Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: Specify: WHITE 3 ☐ Widowed 4 X Divorced 15. Decedent's Education (Specify only highest grade completed) 16a, Decedent's Usual Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) HOUSEWIFE 10 NA OWN HOME 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) DONALD PRENDERGAST CLARA J. B. **ALEXANDER** 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) KATHLEEN C. PRESTON (DAUGHTER) 2206 CHEROKEE DRIVE, WESTMINSTER, MD. 21157 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1X Burial 2 Cremation 3 Removal from State GLEN HAVEN MEMORIAL PARK 6/29/98 GLEN BURNIE, MD. 4 Donation 5 Dother (Specify) 22. Name and Address of Facility SINGLETON FUNERAL HOME, PA. 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. ise, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, b. List only one cause on each line. Approximate Interval Between Onset and Deeth NEWMONIA Immediate Cause /Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 2X No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to 24a. Was an autopsy performed? to completion of cause of death? imiled 1 TYes 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 popatient 2 ER/Outpatient 3 DOA 27. Manner of Death 1 Death 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Yes 2 No

Examiner hysician end the burial-transit The law requires that the death certificate be exec Box 68760, physician Physician/Medical usa as P.O. 0 Division of Vital Records, Completed or Attending Physician: Be

**Physician** 

/Medical

Examiner

Director

Funeral

à

Completed

O

**Funeral** 

Director

item 27 is marked other than "naturel", or fems 23e or 28a-f show other treumetic svent, the Medical Examiner must be notified at

0

2 should be filled within 72 hours after n and Mental Hygiena. Is marked other than "naturel", or ite

permit. Pages 1 and 2 sh Department of Health and Important: If Itam 27 is m eny injury or other treum page.

Physician

/Medical

Examiner

altimore, Maryland 21215-0020

with the Marylend

death

Certification: To 2 Accident 3 ☐ Suicide 4 Homicide

29a. Certifie

24 hours efter death. within 2

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated. (Check only one) 29b. Signature and title of certifier

6 Could not be determined

29c. License number 29264 29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

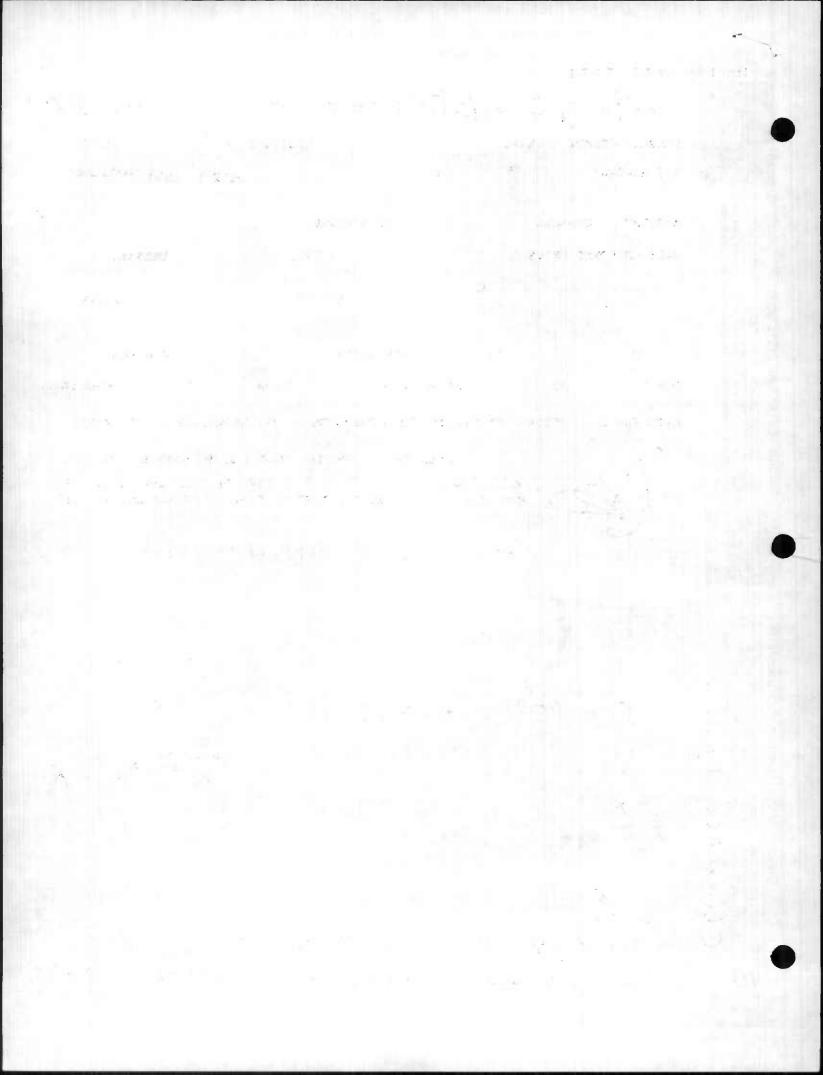
31. Date filed (Month, Day, Year) JUL 011998

WASHINGTON HTS. WESTONINSTED NO 21157 217 32 Registrar's Signature Julia Davidson

Registrar

Hospital

To the



WRC 98-3675-510 JACK A.

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 98 20292

| ARKIN   |  |  |                                  | Ce  | rtificate  | of Dea                        | ath                             |                                       | Reg. No.                          | 100                         |   |
|---|--|--|----------------------------------|---|--|-------------------------------|---------------------------------|---------------------------------------|-----------------------------------|-----------------------------|---|
| Physiciar<br>/Medica  |  |  | ns Jr.                           |   | 1  |                               |                                 | 2. Date of De<br>Month<br>JUNE        |                                   | Year                        | 3. Time of Death 7:20 PM.   |
| Examine   | An Profite Bloom His and Innale Alma                                       |  | 4b. Ci                           |   | ocation of Deet                                  | 37                            |                                 |                                       |                                   |                             |   |
| Funeral<br>Director   | 213-30-5643A   | Sex<br>1XM 2□F                         | 7. Age (In yrs. le<br>63         | st birthday)<br>Yrs.                                | If Under 1 Y<br>Months D                         |                               | nder 24 Hrs.<br>ours Min.       | 8. Date of Bi<br>(Month, Do<br>August | 20, 1934                          | 9. Birthpl<br>Count<br>Mary | ace (State or Foreign<br>try)<br>/ land                                 |
| 2 *   | Usual Residence of Decedent  10a. State 10b. County                        |  | 10c City                         | Town or Lo  | ncetion  |                               |                                 |                                       |                                   | 10                          | Od. Inside City Limits  |
| the Maryla<br>28a-f sho<br>notified at  | 36   | ie                                     | Too. Oily,                       |   | ltimore  |                               |                                 |                                       |                                   |                             | 1 Mayes 2 No  |
| <b>€ 88 2</b>   |  | reet                                   |                                  |   | 10f. Zip Co                                      |                               | 1230                            |                                       | 10g. Citizen of V                 | S.A.                        | ry?   |
| d 2 should be filed within 72 hours after death vith and Mental Hygiene. 7 is marked other than "natural", or itema 23 traumatic event, the Medical Examiner must | 3 ☐ Widowed 4 ☐ Divorced   | Armed Fo                               | 2 No                             | If Yes, specify Cuban, Mexican, Puerto Rican, etc.) |  |                               | o- 14. Rac<br>Blac<br>Specify   | e - America<br>ck, White, e           | etc.                              |                             |   |
| 72 hg   | 15. Decedent's   | Education                              |                                  | 16a. Dece   | dent's Usual O<br>kind of work d<br>DO NOT use r | ccupation                     | most of wad                     | kina                                  | 16b. Kind of Bu                   | usiness/Ind                 | ustry   |
| id be filed within 72 ho<br>ental Hygiene,<br>kad other than "natur<br>ic event, the Medical.   | Elementary/Secondery (0-12)  |  | College (1-40' 5+)               |   | ock Dri  |                               | inost of work                   | any                                   | Prestige Messa                    |                             | sanger Co   |
| id be file<br>ental Hy<br>ked othe<br>ic event.   | 17. Father's Neme (First, Middle, La<br>Jack Alexande                      | •                                      | s Sr.                            |   |  |                               | Mother's Nem                    | ne (First, Middle<br>Riccag:          | illi                              | 10)                         |   |
| d 2 shou<br>th and M<br>7 is mer<br>braumet   | 19a. Informant's Name/Relationship Jean Harkins                            | (Type, Print)<br>Wife                  |                                  |   |  |                               |                                 |                                       | per, City or Town,                |                             |   |
| mit. Pages 1 ar<br>partment of Hea<br>portant: If Iben 2<br>y Injury or other<br>26.  | 20e. Method of Disposition  1 Buriel 2 Cremation 3 4 Donation 5 Other (Spe |  | Ctota COI                        | metery, cre   | osition (Neme of<br>metory or other<br>at Ceme   | r place)                      | 16                              | Date 5-29-98                          | 20c. Location -<br>Baltimo        |                             |   |
| permit.<br>Departm<br>Importa<br>any inju   | 21. Signature of Funeral Service Lit                                       | 1                                      | will                             | 2   |  |                               |                                 | -                                     | olyniak<br>Baltimor               |                             |   |
| Physician /Medicai  | 21 Pent1. Enter the disease, or conshock, or heart failure. List or        | 0                                      |                                  |   |  |                               |                                 |                                       | arrest,                           |                             | Approximate<br>Interval Between<br>Onset and Death                      |
| Examiner  | Immediate Cause (Final disease or condition resulting In death)            | a Arte                                 | rioscler                         |   |  | vascu                         | lar Di                          | sease                                 |                                   |                             |   |
| <u> </u>  |  |  | Due to (or                       | es e conse  | quence of):                                      |                               |                                 |                                       |                                   |                             |   |
| be executed sician end burial-transit   |  | b                                      | Due to (or                       | as a conse  | quence of):                                      |                               |                                 |                                       |                                   |                             |   |
| certificate be exacut<br>ding physician end<br>use as the burial-tran   | Cause (Dissess or Injury that initiated events resulting in death) Last    | c                                      | Due to (or as a consequence of): |   |  |                               |                                 |                                       |                                   |                             |   |
| 2 2 2   |  | contributing to de                     | eath but not resul               | ting in the u                                       | ınderivina caus                                  | e given in                    | Part I.                         | 23b. Did                              | tobacco use co                    | ntributa to                 | the cause of death  |
| ed by the   |  |  |                                  |   |  |                               |                                 | 1□                                    | Yes 2□No                          | 3 Prob                      | pably Xunknov   |
| been should   |  |  |                                  |   |  |                               |                                 | perf                                  | s an autopsy<br>ormed?<br>PECTION | ava                         | ere eutopsy findings<br>allable prior to<br>mpletion of cause<br>deeth? |
| The lav   |  |  |                                  |   |  |                               |                                 |                                       | Yes 2 No                          | 10                          | Yes 2 No  |
| ysician: The secretice to director, page  |  |  |                                  |   |  | 26.                           | Place of Dee                    | th (Check only                        | one)                              |                             |   |
| 2 00  | Yes 2□ No  |  |                                  | R/Outpatie  |  |                               | ☐ Nursing H                     |                                       | idence 6 Oth                      |                             | )   |
| ding<br>th.<br>After<br>fune  |  | tion                                   | of Injury<br>th, Dey Year)       | 28b. Time o<br>Injury                               | of 28c.  | injury at<br>Work?<br>1 ☐ Yes | 2 🗆 No                          |                                       | how Injury occur                  |                             |   |
| tal or Attending P rs after death. al Director: After t led in by the funer Certification:  | 3 Sulcide 6 Could no<br>4 Homicide determin                                | ne, farm, st                           | reet, factory, of                | ffice   |  | 28f. Location<br>City or To   | (Street and Numb<br>own, State) | per or Rure                           | l Route Number,                   |                             |   |
| Hospi<br>24 hou<br>Funer<br>Hely fil  |  | Physician: To the<br>aminar: On the be | asis of examination              |   |  |                               |                                 |                                       |                                   |                             |   |
| within To the comple  |  | 100                                    |                                  |   | 29c. Li  | icense nur                    | nber                            |                                       | 29d. Dete signe                   | d (Month, i                 | Dey, Year)  |
|   | •  | 8                                      | a                                |   |  | 0.0                           | .M.E.                           |                                       | JUNE 27                           | , 199                       | 98  |
|   | 30. Name and address of person wh  | no completed ceus                      | e of death (Item :               | 23а) (Туре,   | Print)   |                               |                                 |                                       |                                   |                             |   |

111 Penn Street, Baltimore, Maryland 21201

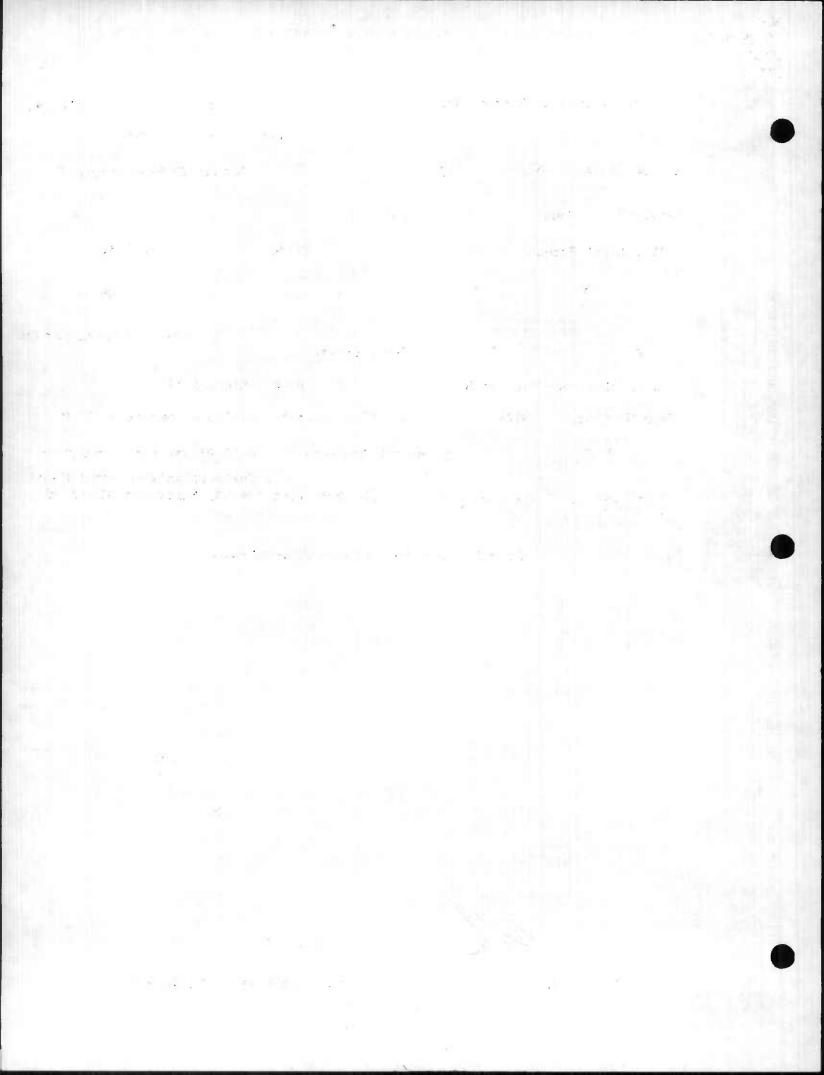
DHMH 16 Rev 6/95

Registrar

David Fowler, M.D.

JUL 0 1 1998

31. Dete filed (Month, Day, Yeer)



State of Maryland / Department of Health and Mental Hygiene

| , | 0 | Q | 9  | 0 | 0 | 0 | 0 |
|---|---|---|----|---|---|---|---|
|   | 1 | 8 | 6- | U | 6 | 9 | J |

|                     |  | Ite                 |   |  | a-f per ME(                            | G-761 7  | /6/98 <b>C</b> 6               | riffica                                       | te of   | Death                                |                    | 2. Date of D  | Reg. No.                                  |  | 3. Time of Death  |  |  |
|---------------------|--|---------------------|---|--|--|--|--------------------------------|---|---|--------------------------------------|--------------------|---|---|--|---|--|--|
|                     | Physici  |                     | 1. Decedent's Name (First, Middle, Last)  Thomas Hayden Harbaugh  4a Fecility Name (If not institution, give street and number)  I-70 - TRUCK STOP NEAR WOODED AREA |  |  |  |                                |   |   |                                      | JUNE               |   |   |  |   |  |  |
|                     | ' /Medio<br>Examir   |                     |   |  |  |  |                                |   |   |                                      | own, or Lo         | ocation of De   | on of Deeth 4c. County of Death FREDERICK |  |   |  |  |
|                     | Funeral<br>Director  |                     | 5. Social Security UNKNOW   | -  | 6. Sex<br>1 M 2 □ F                    | 7. Age (In yrs   |                                | Manths<br>NA:                                 | Days<br>NA  | If Under                             | MA.                |   |   | 9. Birthpiac<br>Country<br>UNKNO                               | ce (Stete or Foreig<br>))<br>WN                                 |  |  |
|                     | p ,  |                     | Usuel Residence   | 7  |  | 40.0   |                                |   |   |                                      |                    |   |   |  |   |  |  |
|                     | Marylan<br>-1 show   |                     | MD.   | FREDE  | RICK                                   | 100. 0   | ity, Town or L<br>FREDER       | ICK, M  | ARYI  | AND                                  | Я.                 |   |   | 100  | I Inside City Limits  1 ☐ Yes 2 ☐ No                            |  |  |
|                     | h with th  | al Dire             | WOODED 2  |  | 200 E.WAI                              | LSER DR  | IVE                            |   | P Code  |                                      |                    |   | 10g. Citizen of UNITEI                    | Whet Country  O STATE  |   |  |  |
| 020                 | within 72 hours after death with the Maryland<br>ene.<br>than "natural", or Nems 23a or 28a-1 show<br>ha Modical Examiner must be notified           | by Funeral Director |   | UNKNOW   | Armed F                                | 2□No UN  |                                | Wes Dece<br>If Yes, spe<br>1 \( \text{Yes} \) |   | Hispanic Or<br>en, Mexica<br>Specify |                    | ecity Yes or I<br>Ricen, etc.)                                  | Bio                                       | 14. Rece - American Indian, Black, White, etc.  Specify: WHITE |   |  |  |
| 5-0                 | 72 ho<br>natur   | ted                 | (So   | 15. Decedent's Education<br>(Specify only highest grade completed) |  |  | 16a. Dece                      | dent's Usu                                    | ai Occu   | i Occupation                         |                    |   | 16b. Kind of Business/Indu                |  | stry  |  |  |
| 2121                | 21212<br>s within 7<br>jiene.<br>r than "n<br>the Med  | Completed           | Eigmentary/Se<br>UNKNO  |  | (1-4or 5+)                             | 5+) (GIVE KING OF WORK INC.)  UNKING   |                                |   | k done during most of working<br>e retired)<br>IOWN |                                      |                    | UNKNOWN   |   |  |   |  |  |
| Maryland 21215-0020 | s 1 and 2 should be filed within 72 ho<br>If Health and Mental Hygiene,<br>ttem 27 is marked other than "natur<br>other traumatic event, the Medical | To Be C             | 17. Father's Nem  | e (First, Middie, L<br>JNKNOWN                                     | ast)                                   |  |                                |   |   | 18. Mother's Name (First, M          |                    |   | Middle, Malden Surneme)                   |  |   |  |  |
| ary                 | 2 should<br>and Men<br>le marke<br>aumetic   |                     | 19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number or Rural Route Number, Co   |  |  |  |                                |   |   |                                      | nber, City or Town | n, State, Zip C   | ode)                                      |  |   |  |  |
|                     | 1 and 2 s<br>Health ar<br>sm 27 le   |                     | unknown unknown   |  |  |  |                                |   |   |                                      |                    |   |   |  |   |  |  |
| Baltimore,          | 80 = 5   |                     | 20a. Method of D  1 Burial  4 Donation  | 2 Cremation  | 3 □Removalfrom<br>ecily) in-st         | State  | Place of Disp<br>cemetery, cre | osition (Na<br>matory or                      | me of<br>other pla                                  | ice)                                 |                    | Date  | 20c. Location                             | - City or Town   | n, State  |  |  |
| Ball                | permit. Pa<br>Departmen<br>Important:<br>eny injury  |                     | Man   | nani   | S. Wade                                | Direct   | or S                           | tate<br>altim                                 | Ana   | , Mar                                | Board<br>yland     | 212   |   |  |   |  |  |
|                     | Physician<br>/Medical  |                     | shock, or he  |  | complications that<br>nly one cause on | each line.   | ith. Do not er                 | iter the mo                                   | de or dy  | ing, such as                         | s cardiac          | or respiratory  | arrest,                                   | Ir   | pproximete<br>nterval Batween<br>Inset and Deeth                |  |  |
|                     | Examiner   |                     | disease or condi<br>resulting in death  | tion   | a. PAROXE                              | ETINE INT  | OXICATI<br>or as a conse       |   | ):  |                                      |                    | _   |   |  |   |  |  |
| 3                   | D is   | iner                |   |  | <b>—</b> h                             |  |                                |   |   |                                      |                    |   |   |  |   |  |  |
| o,                  | ificate be executed<br>g physician and<br>as the burial-transit  | Examiner            | Sequentially list if any, leading to ceuse. Enter Un Cause (Disease that initiated ever   | conditions,<br>immediate<br>derlying                               |  | Due to (   | or as a conse                  | quence of)                                    | ):  |                                      |                    |   |   |  |   |  |  |
| 68760,              | E 0 6  | Aedicai             | that initiated ever<br>resulting in death   | or injury<br>hits<br>h) Last                                       | c                                      | Due to (   | or es e conse                  | quence of)                                    | :   |                                      |                    |   |   | i  |   |  |  |
| Вох                 | daath certii<br>e attending<br>od for use a  | Physician/M         |   |  | d                                      |  | ·                              |   |   |                                      |                    |   |   |  |   |  |  |
| 0                   | the day  | ysic                | Part It. Othar algo   | ificant condition  | s contributing to d                    | leath but not re   | suiting in the                 | underlying                                    | cause gi  | ven in Pert                          | I.                 | 23b. D  | d tobacco uae c                           |  | he cause of death   |  |  |
| σ.                  | as that the  |                     |   |  |  |  |                                |   |   |                                      |                    | 1[  | ☐ Yas 2 No                                | 3 □ Probe  | bly 4 ☐ Unknow  |  |  |
| Records,            | ecords, P law requires that as been signed b   | Completed by        |   |  |  |  |                                |   |   | П                                    |                    | 24e. W  | es en autopsy<br>normed?                  | avait  | e eutopsy findings<br>able prior to<br>pietion of cause<br>ath? |  |  |
| E.                  | 0 - 5  | Com                 |   |  |  |  |                                |   |   |                                      |                    | 16  | Yes 2□No                                  | 1 🗀  | ves 2□ No   |  |  |
| Vital               |  | Be                  | 25. Wes case ref  |  |  |  |                                |   |   |                                      | e of Deat          | h (Check onl  | y one)                                    |  |   |  |  |
| of V                | d is   | 2                   | Yes 2   | □ No   | Hospital:                              | Inpatient 2  | ER/Outpetie                    |   | OA  |                                      | ursing Ho          | me 5□Re   | esidence XXIO                             | ther (Specify)   |   |  |  |
|                     | 0 0 0  | ion:                | 27. Manner of De<br>1 ☐ Natural   | 5 Pending  |  | of Injury<br>oth, Day Year)  | 28b. Time<br>found             |   | 28c. Inju   |                                      |                    |   | e how injury occi                         | urred  |   |  |  |
| Division            | a or Attending<br>after death.<br>Director: Afte<br>d in by the fune   | Certification:      | 2 ☐ Accident<br>3 ☐ Suicide   | Investiga<br>6 🕅 Could no<br>determin                              | otho UD/                               | 17/98<br>e of Injury - At I  | 4.30                           | M<br>treet, facto                             |   | Yes 2                                | 140                | UNKNOWN<br>28f. Location  | /Street and Num                           | ber or Rural I   | Route Number,   |  |  |
| ā                   | its after al Dire  | Cert                | 4 🗌 Homicide  | 9  |  | 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Wooded Area |                                |   |   |                                      |                    | City or Town, Stete) I-70 Truck Stop<br>Frederick Co., Maryland |   |  |   |  |  |

To the Hospital or Atten within 24 hours after deal To the Funeral Director: completaly filled in by the

Frederick Co., Maryland 1 Certifying Phyalclan: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the bests of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29a. Certifier (Check only one)

29c. License number O.C.M.E

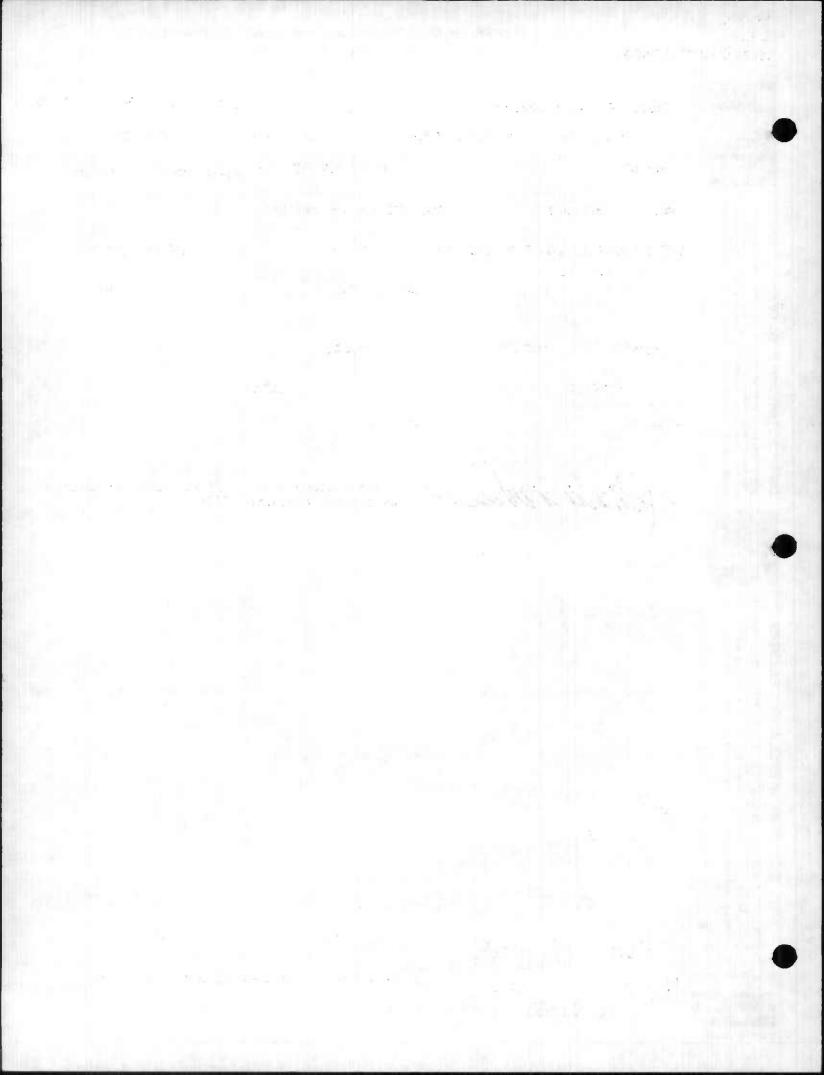
29d. Date signed (Month, Dey, Year) JUNE 18, 1998

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

Koler W 111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Year) 11998

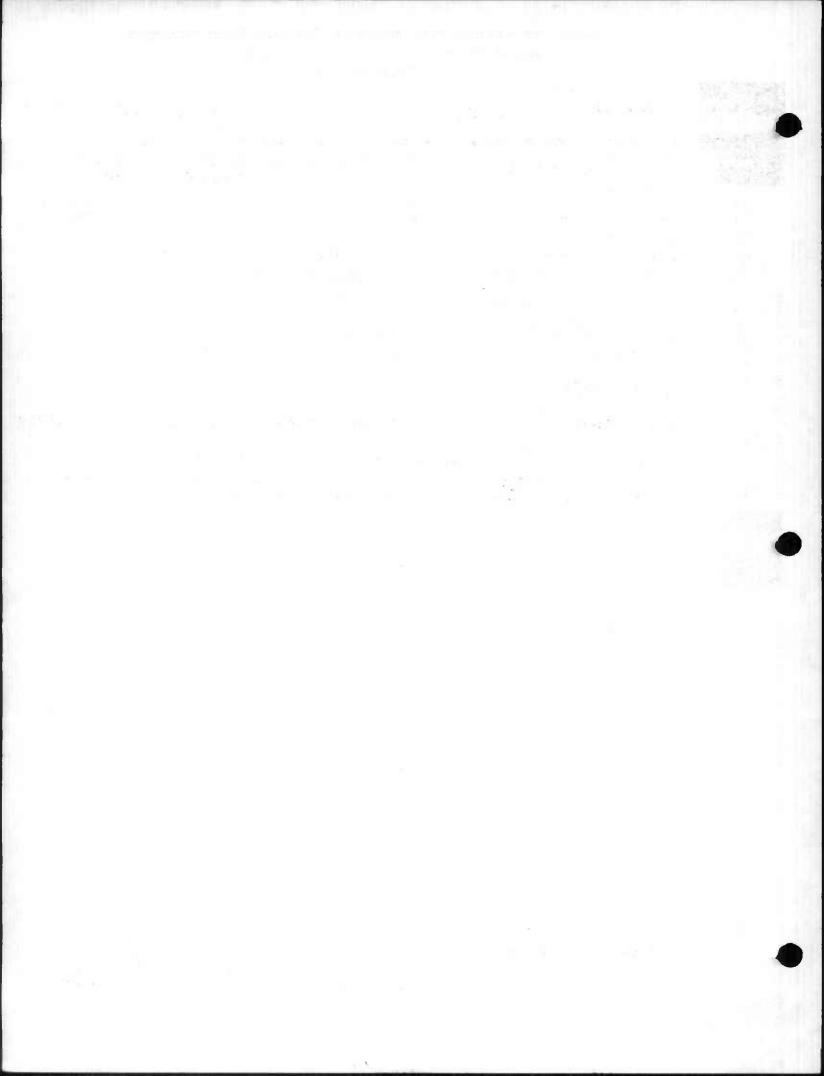
State Registrar

Medical



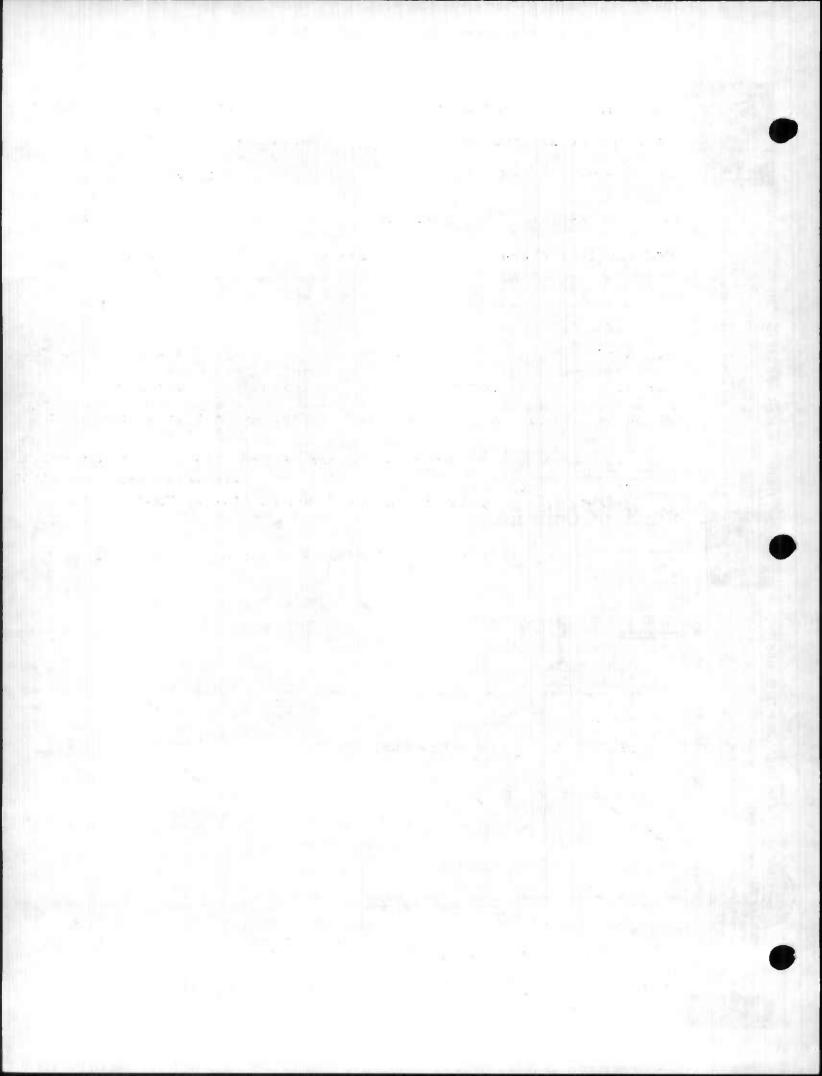
State of Maryland / Department of Health and Mental Hygiene

|                     |   |                |   |  | •                                | Cen                  | tificate of   | Death                                     |   | Reg. No.  | 18                           | 20294  |  |
|---------------------|---|----------------|---|--|----------------------------------|----------------------|---|---|---|---|------------------------------|--|--|
|                     |   |                | 1. Decedant's Nama (First, Middla, Las  | •  |                                  |                      |   |   | 2. Data of De<br>Mopth                  |   | V                            | 3. Time of Death   |  |
|                     | Physici<br>/Medi  |                | HELEN   | Gestruc  | le J                             | 04                   | NSOI  | <b>√</b>                                  | JUNE                                    | 27  | 1998                         | 6:00pm   |  |
| Ĵ                   | Examir  |                | 4a. Facility Nama (If not Institution, give   |  |                                  |                      |   | 4b. City, Town, or                        |   |   | y of Death                   |  |  |
|                     |   |                | Villa St. Mich  |  |                                  |                      |   | Baltimo                                   |   | NA  | 1                            |  |  |
|                     | Funeral<br>Director   |                | 219-10-3/43   |  | (In yrs. last bir                | thday)<br>Yrs.       | Months Days   |   |   |   | 9. Birthple<br>Count<br>Md   |  |  |
|                     | and **  |                | Usual Rasidance of Decedant  10a. Stata 10b. County   |  | 10c. City, Tow                   | n or Loc             | ation   |   |   |   | 10                           | Od. Inside City Limits   |  |
|                     | he Maryl<br>28a-f sho   | Director       | Md NA   |  | Balt                             | imo                  |   |   |   |   |                              | ¥⊠Yas 2□No   |  |
|                     | ath with t  |                | 10e. Street and Number<br>2642 Boone Str  |  |                                  |                      | 10f. Zip Code<br>212  |   |   | USA   |                              |  |  |
| Maryland 21215-0020 | n 72 hours after death with the Maryland<br>"natural", or items 23s or 28s-f show<br>solical Examinet must be notified at | by Funerai     | 11. Marital Status  1 □ Navar Married 2 □ Married  3 ঐ Widowed 4 □ Divorced                                 | Armed Forcas?  | 1 ☐ Yas 2 🔀 No<br>If Yas, Giva   |                      | 13. Was Dacedent of Hispanic Origin? (Specifi Yas, specify Cuban, Maxican, Puarto Ri  1 ☐ Yas 2XXXIo Specify: |   |   | Specia  | ack, Whita, a                | American Indian,<br>White, atc.<br>Black                               |  |
| 5-0                 |   | Completed      | 15. Decedent's Ed<br>(Specify only highest grad   | ucation<br>da complated)   | 16a.                             | Deceda<br>(Give k    | ant's Usual Occu  | pation<br>during most of wo               | rkina                                   | 16b. Kind of E  | Jusinass/Ind                 | lustry   |  |
| 121                 | filed within<br>Hygiene.<br>ther than "   | dm             | Elementary/Secondary (0-12)   | Collega (1-4or 5+  |                                  |                      |   | ed)                                       | 311117                                  |   |                              |  |  |
| 7                   | e filed with<br>al Hygiene.<br>other than<br>vent, the M  | Co             | 9th Grade 17. Fathar's Nama (First, Middla, Last)   | NA   |                                  | Labe                 | orer  | 19 Mothode No                             | ma (First, Middla,                      | House   |                              |  |  |
| and                 | Mental H<br>arked of  | Be C           | James Brogder   | 1  |                                  |                      |   | Nannie                                    | 011                                     |   | Royal                        |  |  |
| 17                  | should b<br>nd Menta<br>marked<br>umetic e  | 7              | 19e. Informant's Name/Ralationship (T   |  | 19h                              | Mailing              | Address /Stree  | t and Number or R                         |   |   | -                            | Codel  |  |
|                     | d 2 is  |                | Annie Cooper  | ,,,,,,   |                                  |                      |   |   |   |   |                              | and 21218  |  |
| re,                 | f Health<br>fem 27<br>other tr  |                | 20a. Mathod of Disposition  |  |                                  |                      | ition (Nama of<br>atory or other ple  |   | Data                                    | 20c. Location   |                              |  |  |
| E                   | Page<br>ent o<br>nt: If<br>ry or  |                | 1 Burlal 2 ☐ Cramation 3 ☐ I<br>4 ☐ Donation 5 ☐ Other (Specify   |  | Vosh                             | ell                  | Mem. (  | Gardens                                   | 07-01-                                  | 98 Dun  | idalk                        | , Md.  |  |
| Baltimore,          | permit. Pages 1 an<br>Department of Heal<br>Important: If Item 2<br>any injury or other<br>once.                          |                | 21. Signature of Funeral Service Licen  |  |                                  | -                    | Nama and Addr   | ass of Facility                           |   |   | -                            | nd 21202   |  |
|                     |   | -              | 23a. Part1. Enter the diseasa, or comp<br>shock, or heart failure. List only of                             | ollications that causad t  | the deeth. Do                    |                      |   |   |   |   |                              | Approximata  |  |
| e.                  | Physician   |                | shock, or heart failure. List only o  | na causa on aach line  | Э.                               |                      | •   |   |   | 25.4  |                              | Intarval Between<br>Onset and Deeth                                    |  |
| П                   | /Medical  |                | Immediete Causa (Final diseasa or condition   |  | SI                               | ₹PS                  | 15  |   |   |   |                              | 2 week   |  |
|                     | Examiner  |                | resulting in death)   | a. D   | Due to (or as a                  | - /                  |   |   |   |   |                              |  |  |
|                     | ₽ #   | iner           |   |  |                                  |                      |   |   |   |   |                              |  |  |
|                     | certificate be axecuted rding physician and use as the burial-transit   | Examiner       | Sequentially list conditions,   | D  | Dua to (or as a consequance of): |                      |   |   |   |   |                              |  |  |
| 60,                 | be ax<br>ician<br>burial  | al E           | Sequantially list conditions, if any, laading to immediata causa. Entar Underlying Causa (Disaasa or Injury | C  |                                  |                      |   |   |   |   |                              |  |  |
| 68760,              | phys<br>the   | Medical        | that Initiated events<br>resulting In death) Last   | D  | ua to (or as a o                 | consaqu              | ance of):   |   |   |   |                              |  |  |
|                     | certifica<br>iding ph   | ZM             |   | d  |                                  |                      |   |   |   |   |                              |  |  |
| Вох                 | death ce<br>e attendi   | ciar           | Dad II Other should are a state of  |  |                                  |                      |   | erellines.                                | l and mile                              |   |                              |  |  |
| O.                  | the che   | Physician/     | Part II. Other eignificant conditions co  |  | not resulting in                 | n tha und            | dariying causa g  | iven in Pert I.                           |   |   |                              | ebly 4 Wiknown   |  |
| ٠,<br>ص             |   | by P           | HYPEKGLYCE  | =m1A   |                                  |                      |   |   | ""                                      | Yss 2□ No   | 3   P10b                     | ably 4 Dankhown  |  |
| Records,            | been s  | Completed      | HUPERGLYCE<br>DYSPHARTIL  | 7  |                                  |                      |   |   | 24a. Was<br>perio                       | en eutopsy<br>rmed?   | ava                          | ra autopsy findings<br>illabla prior to<br>nplation of cause<br>leath? |  |
|                     | 0 5 0   | ШО             |   |  |                                  |                      |   |   | 101                                     | ras 2006  | -                            | Yes 20 No  |  |
| Vital               | ician: The<br>certificate<br>rector, pag  | BeC            | 25. Was casa raferred to medical  |  |                                  |                      |   | 26. Placa of De                           | ath (Check only o                       |   |                              |  |  |
|                     | 2 00  | To             | axaminar?<br>1 ☐ Yes 2 ☑ No   | Hospital: 1   Inpatian   | t 2 ER/Ou                        | tpatient             | 3 DOA OI  | har:                                      |   |   | her (Specify                 | )  |  |
| Division of         | D 9 6   | Certification: | 27. Manner of Death Natural 5 Panding Accident Invastigation  | 28a. Data of injury<br>(Month, Day                                     | Year) 28b. 1                     | Tima of<br>njury     | 28c. Inju<br>Wo   | ıryat<br>ork?<br>]Yas 2 □ No              | 28d. Dascribe i                         | ma 5 Rasidanca 6 Other (Specify)  28d. Dascribe how injury occurred |                              |  |  |
| VIS                 |   | Iffice         | 3 Sulcida 6 Could not be datarmined   | 28a. Place of Injur  | ry - At homa, fa                 | rm, stra             | at, factory, offica   |   |   |   | ber or Rural                 | Routa Number,  |  |
| 5                   | d in D  | Cen            | - Horricon  | building, atc.   | (Specify)                        |                      |   |   | City or Tov                             | VII, SIBIRI)  |                              |  |  |
| -                   | To the Hespital Origination 24 hours after of the Fundal Discontinuity filled in by                                       | edical         | 29e. Cartifiar (Check only one) 1 ☐ Certifying Phy 2 ☐ Madical Exami  | raician: To the best of<br>iner: On the basis of e<br>and mannar state | examination and                  | , death<br>d/or Inve | occurred et the testigetion, in my  | ima, data and place<br>opinion, daath occ | a, and dua to tha<br>urred at tha tima, | causa(s) and m<br>data and place,                                   | anner as sta<br>, and dua to | ated.<br>tha causa(s)  |  |
|                     | To the<br>within<br>To the<br>comple  | Σ              | 29b. Signature and titla of cartifiar   | 1  |                                  |                      | 29c. Lican  | sa number                                 |   | 29d. Data signi   | ad (Month, E                 | Day, Year)   |  |
|                     |   |                | Lasuem  | Lalebai  | ú                                |                      | 13  | 18795                                     |   | 6/3   | 0/98                         |  |  |
|                     |   |                | 30. Neme and address of person who c  | ompleted cause of dat  | ath (Itam 23a)                   | (Type, P             | rint)   | HEIGH                                     | 1 -                                     | 6   | 1                            | 10 9   |  |
| _                   |   |                | TASNEEM L   | AKHANI   | 722                              | 20                   | MARK  | HEIGH                                     | 7 HVE                                   | BA  | NOW                          | 1) 4208  |  |
|                     | Sta<br>Registr  |                | 31. Data tilad (Month, Day, Yaar)   | 98 32 Register   | lia David                        | son-y                | andell  |   |   |   |                              |  |  |



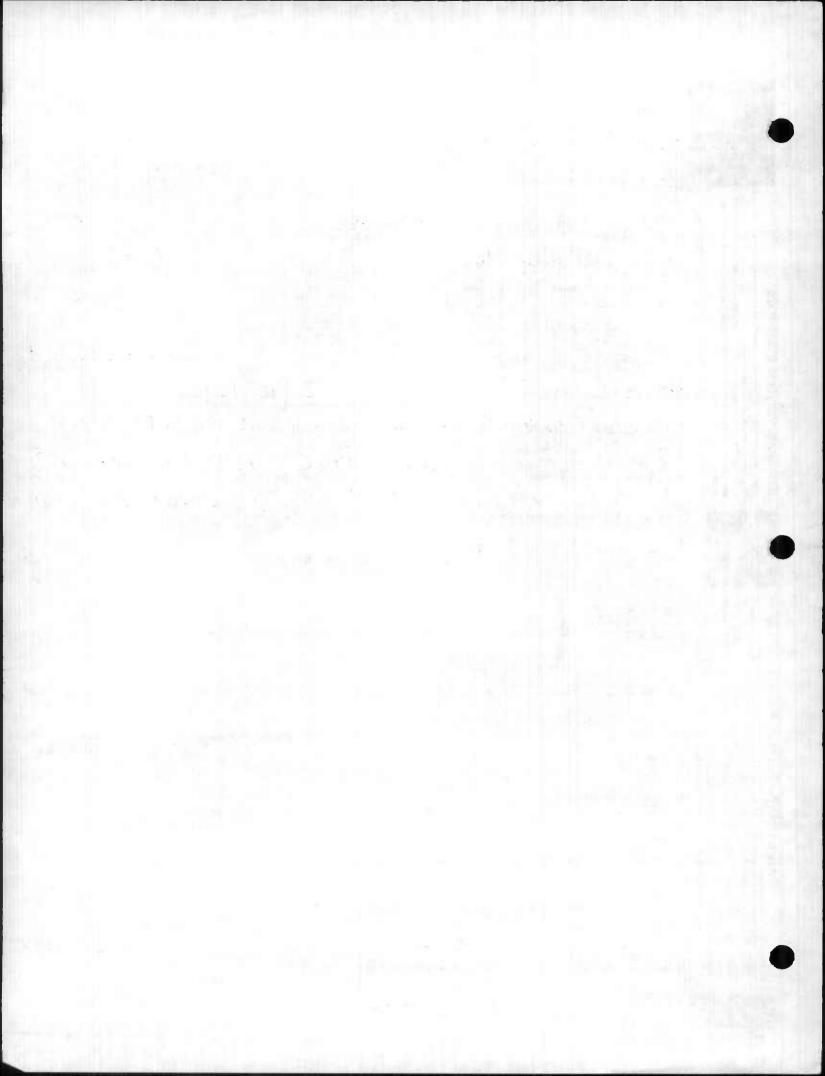
State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Data of Death 3. Tima of Death 1. Decedant's Nama (First, Middla, Last) **Physician** 98 6:10am Corine Johnson June /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, give street and number) 4c. County of Deeth Examiner Union Memorial Hospital Baltimore 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** Months Days Hours 10 M 201 Yrs. 262-40-7676 68 Director 07-25-29 FLA. Usual Rasidence of Decedent the Maryland 10d. Insida City Limits 10a State 10b. County 10c. City. Town or Location r 28a-f show X Yas 2□No Md NA Baltimore Directo 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? with ir than "natural", or items 23a or the Medical Examiner must be 640 Bartlett Avenue 21218 USA Pages 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hygiene.
Instit if team 27 is marked other than "natural", or tema 23 mry or other traumatic avent, it a Menice Estating mainy or other traumatic avent, it a Menice Estating main Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11. Marital Status Biack, Whifa, atc. 1 ☐ Yas 2 🛣 No If Yas, Giva Yaar or Dalas: 1 ☐ Navar Married 2 ☐ Married Specify: Black Baltimore, Maryland 21215-0020 1 ☐ Yas 2√ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) Coliega (1-4or 5+) 8th Grade NΔ Packer Sweetheart Cup Co. 18. Mothar's Nama (First, Middla, Maldan Sumama) 17. Fathar's Nama (First, Middla, Last) Bartow Davis Edith Jackson 19b. Mailing Addrass (Straet and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 21218 19a. Informent's Name/Reletionship (Type, Print) 640 Bartlett Avenue Baltimore, Maryland Allen L. Johnson, Sr. 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cemetary, crematory or other place) Data 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Department of Important: If any Injury or other. Garrison Forest VA Cem. 07-01-98 Owings Mills, 22. Nama and Address of Facility 21. Signature of Funeral Service Licensee Baltimore, Maryland 21202 WM.C. March FH 1101 E. North Avenue MON Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or haert failure. List only one cause on each line. Approximate Intarval Batween Onsef and Death Physician Immediata Causa (Final disaasa or condition rasulting In deeth) /Medical Examiner Examine physician end s the burial-transit the death certificate be axecuted Sequentially list conditions, if any, laading to immadiata causa. Entar Undarfying Cause (Disaasa or injury thet initiated events rasulting in daath) Last Due to (or es a consequence of): of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consaquance of): as esn signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown bleeding þ 24b. Wara autopsy findings available prior to 24a. Was an autopsy Completed complation of cause of death? certificate has b irector, page 2 s multi organ 1 Tes 2 No 1 WYas 2 No 25. Was case referred to medical axaminar? Be 26. Place of Deeth (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No 10 1 ☑Inpatlant 2 ☐ ER/Outpatient 3 ☐ DOA this fumeral 27. Menner of Death 28a. Data of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Tima of 28c. Injury at Work? Certification: -Division 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 ☐ Could not be determined 3 Suicida Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, fectory, office building, atc. (Spacify) 4 ☐ Homicide 8 1 Certifying Physician: To tha best of my knowledge, death occurred et tha time, date end piece, and due to the cause(s) and mennar as stated.

2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner stated. 29a. Cartifiar edical (Check only one) 29d. Data signed (Month, Day, Year) 29c. Licansa number 29b. Signature and fitla of certifian AT2438946 30. Nama and address of person who do leted cause of death (item 23a) (Type, Print) Saltinore, no 21218 Parkwa 32. Regist 31. Data filed (Month, Day, Year) wie Daydson JUL 0 1 1998 Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Mary **Physician** James 1998 24 June /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner UILE Baltimore Bell If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 10 M 20 F Days Hours 212-22-2299 Usual Residence of Decedent Yrs. Director with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. fnside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Manylan Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural; or items 23a or 28a-1 ahow any injury or other traumatic event, the Medical Exam or matter many injury or other traumatic event, the Medical Exam or matter matter any injury or other traumatic event, the Medical Exam or matter matter. 1 No 2 No Director TIMORE 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code 561 2120' HUE Funeral 14. Raca - American Indian 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Black, White, etc. 1 Yes 2 No
If Yes, Give
Year or Dates: 1 Never Married 2 ☐ Married 1□ Yes 2 No altimore, Maryland 21215-0020 Specify: Bbrch P 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) SOCIAL GRADE NIA 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be MOSES ARRO JOYCE 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) ARROll-Brother 20b. Place of Disposition (Name of cemetery, crematory or other) BAlto WORMAN Date 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State MARK 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility, he disease, or complications that eaused the death. Do not enter the mode of dying, such as cardiac or heart feilure. List only one ceuse on each line. Approximate Interval Between Onset and Death ac or respiretory errest. **Physician** /Medical Immediate Ceuse (Final disease or condition resulting In death) ancreatic Examiner Due to (or as a consequence of): Examiner attending physician and for use as the bunal-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Lest Due to (or as a consequenca of): Division of Vital Records, P.O. Box 68760. Physician/Medicai Due to (or as a consequence of) signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Colon Cancer by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? Completed s certificate has b 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: director, Be 25. Was case referred to medical axaminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 DResidenca 6 Other (Specify) 0 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this funeral 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Manner of Death 28b. Time of 28c. Injury at Work? Certification: 1 Natural 5 Pending n 24 hours after death. 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Cortifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner es steted. edical To the Hosp within 24 hor To the Fune completaly fi 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) end menner steted. (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of cartifier 29c. License number 387 30. Name end address of person who completed cause of death (ttem 23a) (Type, Print) Re. Baltime, Ad 21229 5411 Old Frederick Mc Cornack harm 32. Registrar's Signature 31. Date filed (Month, Day, Year) State 011998 Registrar

DHMH 16 Rev 6/95



| Amend. #19a F  | er Informat Film G7  |   | Maryland / Dep<br>Ce          | ertificate of                              |                                |                                      | ene 98            | 20297   |  |  |  |  |
|--|--|---|-------------------------------|--|--------------------------------|--------------------------------------|-------------------|---|--|--|--|--|
|  | 1. Decedent's Name (First, Mide  |   |                               |  |                                | 2. Date of Deeth<br>Month            | Day Ye            | 3. Time of Death  |  |  |  |  |
| Physician<br>/Medical  | Irving   | C.  | Jones                         |  |                                | June 30                              |                   | 998 02:55a  |  |  |  |  |
| Examiner   | 4a Facility Neme (If not instituti   | on, give street end numb  | er)                           |  | 4b. City, Town, or L           | ocation of Deeth                     | 4c. County of I   | Death   |  |  |  |  |
| 4  | The Memori   | al Hospit   | al                            |  | Easton                         |                                      | Talbot            | t .   |  |  |  |  |
| Funeral  | 5. Social Security Number  |   | Age (In yrs. last birthda     | // If Under 1 Year<br>Months Days          | if Under 24 Hrs.<br>Hours Min. | 8. Date of Birth<br>(Month, Dey, Y   | 'eer) 9.          | Birthplece (State or Foreign Country)                                       |  |  |  |  |
| Director   | 220-10-1813  | 1 <b>⊠</b> M 2□F  | 79 Yrs.                       |  |                                | Apr. 12                              | ,1919             | Maryland  |  |  |  |  |
| P 2  | Usual Residence of Decedent  10a. State 10b. Count   | hv .  | 10c. City, Town or            | ocation                                    |                                |                                      |                   | 10d. Inside City Limits   |  |  |  |  |
| eryle<br>eho   |  | •   |                               | nville                                     |                                |                                      |                   | 1 Yes 2 No  |  |  |  |  |
| or 28s-f show<br>be natified at<br>Director  | Maryland Qu  | 40  |                               |  |                                |                                      |                   |   |  |  |  |  |
| th with the Meryla<br>23a or 23a-f eho<br>at De nortified at<br>al Director  | 10e. Street and Number   10f. Zip Code   10g. Citizen of W   |   |                               |  |                                |                                      |                   |   |  |  |  |  |
|  | 108 Whitehous  |   | U.S.                          | A.<br>American Indian,                     |                                |                                      |                   |   |  |  |  |  |
| k 2 % 3  | 11. Mentei Stetus  | 12. Was Deced   | es?                           | . Was Decedent of I<br>If Yes, specify Cub | en, Mexican, Puerto            | Rican, etc.)                         |                   | White, etc.   |  |  |  |  |
| 21215-0020 ed within 72 hours after gleiner of their netureit, or it t, the Medical Examir Completed by F  |  | If Yes, Give  |                               | 1□ Yes 2⊠ No                               | Specify:                       |                                      | Specity:          | ** ** .   |  |  |  |  |
| vithin 72 hours after ene.  Annual Table of the residual Examination of the residual E   |  | ent's Education   | 11.011.0 7.7                  | edent's Usual Occup                        | netion                         | 16                                   | b. Kind of Busin  | White   |  |  |  |  |
| 121215-0<br>ed within 72 ho<br>ygiene.<br>her than "neture<br>it, the Medical<br>Completed   | (Specify only high   | est grade completed)  | (Giv                          | e kind of work done DO NOT use retire      | during most of work            |                                      |                   | ,   |  |  |  |  |
| 212<br>with the composition of the | Elementery/Secondery (0-12)  | College (1-4  |                               | d Car Sal                                  | Car Salesman                   |                                      |                   | ler   |  |  |  |  |
| ind h  | 17. Father's Neme (First, Middle   |   | , ,                           |  |                                | e (First, Middle, Me                 |                   |   |  |  |  |  |
| aryland 212 should be filed with and Mental Hygiene, annexts event, mental To Be Comi  | William H  | lenry Jo  | nes                           |  | Lena                           |                                      | Moo               | re  |  |  |  |  |
| Maryland 2  Maryland 2  Ind 2 should be filed  Although Service and Americal Hygic  Tria marked other  traumatic event,  To Be Co  | 19a. Informent's Name/Reletion   | nship (Type, Print)   | -                             | iling Address (Street                      |                                | rel Route Number, C                  |                   |   |  |  |  |  |
| Malth 227 is 27 is retra   | Benton E. Jone   | y (Stepson)   | 108                           | Whitehou                                   | se Rd. G                       | rasonville                           | e. Marv           | land 21638  |  |  |  |  |
| Baltimore, Maryland 212 permit. Pages 1 and 2 should be filled with looppartment of Health and Mental Hygiene, important: If flem 27 is merked other than any Injury or other traumstic event, the Mence.  To Be Comp  | 20e. Method of Disposition   |   | 20b. Plece of Dis             | position (Name of<br>emetory or other ple  |                                | Date 20                              | c. Location - Cit | y or Town, State  |  |  |  |  |
| mo<br>Page<br>ent o<br>mt: Iff   | 1 Burial 2 Cremation 4 Donation 5 Other  |   | ate                           | iill Cemet                                 |                                | 7 2 00 D                             | roolr1 rm         | Dowle Md  |  |  |  |  |
| nit. I artmoorter  | 21. Signature of Funeral Service   |   |                               | 22. Neme end Addre                         | ess of Facility                |                                      |                   | Park, Md.   |  |  |  |  |
| Ball<br>Permi<br>Depa<br>impo<br>impo<br>eny lt  | 11-  | 111   |                               | cCully-Po                                  | _                              |                                      |                   |   |  |  |  |  |
|  | 23a. Paper. Enter the disease,   | or complications that can   | sed the death. Do not a       | 237 E. Pat                                 | apsco Ave                      | e Baltimo;                           | re, Mar           | yland 21225   |  |  |  |  |
| A 200 DATE:  | shock, or heart failure. Lis   | st only one ceuse on eac  | h line.                       |  |                                |                                      |                   | Interval Between<br>Onset and Deeth   |  |  |  |  |
| Physician /Medical Examiner  | Immediate Ceuse (Finel disease or condition resulting in deeth)  | a. Reg  | Muryer<br>Due to (of eye cons | equence of):                               | neum                           | nin                                  |                   | zweels  |  |  |  |  |
| P.O. Box 68760, that the death certificate be executed ed by the attending physician and detached for use as the burial-transit Physician/Medical Examiner   | Sequentieily list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest | c   | Due to (or as a cons          |  |                                |                                      |                   |   |  |  |  |  |
| Box<br>eath cert<br>attending<br>for use clan/M  |  |   |                               |  |                                |                                      |                   |   |  |  |  |  |
| that the death that the death detached for y Physician   | Part II. Other significant condit  | II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. |                               |  |                                |                                      |                   | 23b. Did tobacco use contribute to the cause of death'                      |  |  |  |  |
| IS, P. 6 s that if igned by be detace  | Chronic E  | mpyen   | a Gle                         | ne   |                                | 1 1 100                              | 2 LSANO 3         | Probably 4 Onknow   |  |  |  |  |
| Record law requir has been s je 2 should mpleted   | Cerebrol   | arteursde   | was wit                       | (B) h                                      | myases                         | 24a. Wes en performe                 | ed?               | 24b. Were eutopsy findings available prior to completion of cause of deeth? |  |  |  |  |
| Vital Fulcion: The certificate rector, peg   | 25. Wes case referred/to medic   | al  | ,                             |  | ne piace - ( P                 | 1 Yes                                |                   | 1 ☐ Yes 2 VNo   |  |  |  |  |
| of Vita<br>Physician:<br>this certificated director,   | examiner?  | Hospital:   | petions of English            | 0t 3 0t                                    | hor                            | th (Check only one)                  |                   | (Specify)   |  |  |  |  |
| ing Phys<br>where this unerel dis  | 1 ☐ Yes 2 ☑ No  27. Manner of Deeth  | 1 Lini  | eatient 2 ☐ ER/Outpati        | ent 3L DOA                                 | 4 LI Nursing H                 | ome 5 Residence<br>28d. Describe how |                   | эр <b>ө</b> спу)  |  |  |  |  |
| Division or Attending after death. Director: After Join by the fune ertification   | 1 DNaturat 5 □ Pend  | 28e. Dete of (Month, tigation   | Dey Year) Injury              | Wo   | rk?<br>]Yes 2 □ No             |                                      |                   |   |  |  |  |  |
| Ntten deal ctor: y the   | 3 ☐ Suicide 6 ☐ Could  | d not be 28e. Piace o   | Injury - At home, farm,       | street, factory, office                    |                                |                                      |                   | or Rural Route Number,  |  |  |  |  |
| Div.   | 4 Homicide   | building  | , etc. (Specify)              |  |                                | City or Town,                        | State)            |   |  |  |  |  |
| Division of National Physical Devices of National Physical Devices and Particular Completely filled in by the funeral dim Medical Certification: To Medical Certification: To  |  | ing Physician: To the bas<br>it Examiner: On the bas<br>and menne   | s of exemination end/or       |  |                                |                                      |                   |   |  |  |  |  |
| ro the vithin to the comple  | 29b. Signeture end title of certif   |   | 100                           | 29c. Licen                                 | se number                      | 290                                  | i. Date signed (/ | Month, Dey, Year)   |  |  |  |  |
| P S P O  | 1 Wills  | Claim lots  | Veril Hi                      | 4) 100                                     | 5871                           |                                      | 6/31              | 157   |  |  |  |  |
| 478  | 30. Name end eddress of perso  | n who completed cause   | of death (Item 23a) (Tum      | Print)                                     | - 113                          |                                      | 0/2               | 110   |  |  |  |  |
| 5  |  |   |                               |  | m Marant                       | md 21601                             |                   |   |  |  |  |  |
| State  | William H. W<br>31. Date filed (Month, Day, Yea  |   | istrate Signature             | Ave Lasto                                  | maryla                         | ing_ZIbUl_                           |                   |   |  |  |  |  |
| Registrar  | 11.0   | 0 1 1998  | guna Davidson                 | Mande                                      |                                |                                      |                   |   |  |  |  |  |

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Programme

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State of Mai

| ryland / Department of Health and Mental | I Hygiene | 2020 |
|--|-----------|------|
| Certificate of Death                     | Reg. No.  | 2029 |

| Physician |
|-----------|
| /Medical  |
| Examiner  |

1. Decedent's Neme (First, Middle, Last) MAYO

NENKINS

2. Dete of Deeth Month JUNE

3. Time of Death 5:30 AM

Md.

10d. Inside City Limits

Approximete Interval Between Onset and Deeth

1 ☐ Yes 2 ☐ No

30, 1998

JUNE

Black

1 ☐Yas 2 ☐ No

**Funeral** 

Director

tha Maryland

**Physician** /Medical Examiner

attanding physician and for usa es the burial-transit The lew requires that the death cartificate be executed Division of Vital Records, P.O. Box 68760. signed by the a irector, paga 2 s or Attending Physician:

27, Day 1998 Luther 4e Facility Nema (If not Institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth 220 SOUTH SPRING COURT BALTIMORE If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthdey) Birthplaca (Stete or Foreign Country) Months 130 M 2 F 38 219 70 0286 Yrs. Usuei Residence of Decedent permit. Pagas 1 and 2 should be filed within 72 hours aftar daath with tha Marylan Departmant of Haalth end Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic svent, the Medical Examples. 10e State 10b. County 10c. City, Town or Location Balta N. A. Mai Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? U. S. A 220 21231 Funerai 12. Wes Decedant Evar In U,S. Armed Forces? 1 | Yes 2 | No If Yes, Give Year or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yas or No-iff Yes, specify Cuban, Maxican, Puerto Ricen, etc.) 14 Race - American Indian 11. Meritai Status Biack, White, etc. 1 Never Merried 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: Specify: py 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion
(Giva kind of work done during most of working life. DO NQT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) Coilege (1-4or 5+) 12 18. Mother's Name (First, Middle, Maiden Sumema) 17. Father's Neme (First, Middle, Last) Be BONADARTE enkins POLCON 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Reletjonship (Type, Print) MeLbourne 475-3 MARGARE HARRIS 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other p Data 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from Stata 7/2/99 Lands downe LION CM 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility Locks Enter the disease, or complications that caused the death, or heart failure. List only one cause on each line. Do not enter the mode of dying, such as cardiac or respiretory errest milure immediate Ceuse (Final disaese or condition resulting in deeth) Renal Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated avents resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Tunknown Surcoidosi3 þ 24b. Were eutopsy findings available prior to completion of causa of death? Completed 24e. Wes en eutopsy performed? 1 Yes 2 No 25. Wes case referred to medical axeminar? Be 26. Piece of Death (Check only one) Hospitel: Other: 4 Nursing Home XXResidence 6 Other (Specify) Certification: To XXYes 2□ No 1 Inpatient 2 ER/Outpatient 3 DOA Director: Aftar this in by the funaral di 28a. Date of Injury (Month, Dey Year) 27 Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 19 Naturel n 24 hours after death.

Ne Funeral Director: After plataly filled in by the fur 1 TYes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. edicai complataly Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and plece, and due to the ceuse(s) and manner stated. (Check only one) within 2 To the 29d. Data signad (Month, Dey, Year) 29b. Signatura and titla of certifian 29c. License number 0

State Registrar

31. Date filad (Month, Day, Year) JUL 0 1 1998

100id

32. Registrer's Signeture Felia Davidson Randale

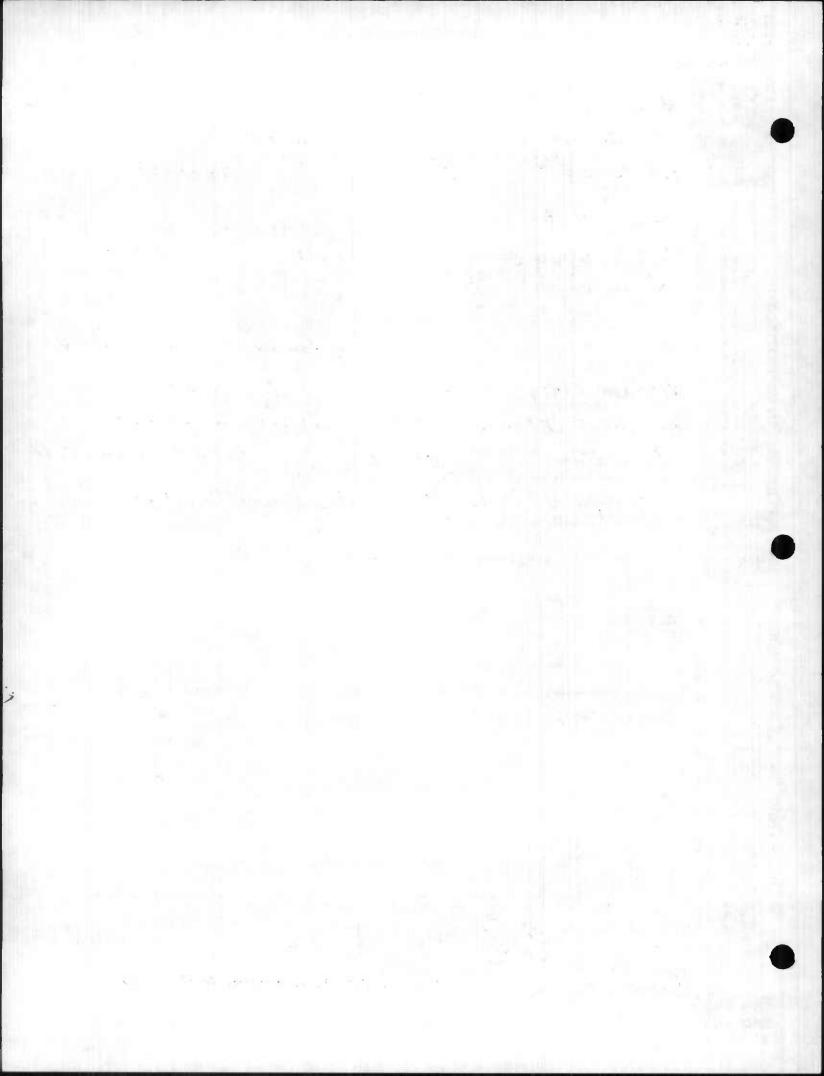
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

O.C.M.E

111 Penn Street, Baltimore, Maryland 21201

**DHMH 16 Rev 6/95** 

Hospital



#### Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item#5 per FH q761 7/21/98 EW 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Day Judd William 4:52 26 1998 lune 4b. City, Town, or Location of Deeth Facility Name (If not institution, give street and number) 4c. County of Death UNWOVSITA Mary land onter If Under 1 Y Redical If Under 24 Hrs. 8. Date 30. Dimove 00 5<sub>2</sub>Special Security Numb 229-66-6795 (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or foreign Country) 1 ₹ M 2 □ F Months Days Hours Min. 50 October 24, 1947 Virginia Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Frederick. Virginia Winchester 1 ☐ Yes 2(XNo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1631 Nester Drive 22601 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Bace - American Indien. 11. Marital Status Black, White, etc. 1 ☐ Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 ☐ Yes 2 ☑ No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Logistics and Postal Liaison **Publishing** 12 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Eleanor Hill Daniel E. Judd 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 1631 Nester Drive, Winchester, Virginia 22601 Marcia O. Judd - Spouse 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☑ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) July 1, 1998 Spring Hill Cametery Lynchburg, Virginia 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Jones Funeral Home, Inc. art1. Enter the disease, or complications that caused the death. Do not enter the shock, or heart failure. Ust only one cause on each line. 228 S. Pleasant Valley Rd., Winchester, VA 22601 mode of dying, such as cardiec or respiratory arrest, Approximate Interval Between Onset end Death multiorgan well SUPSIS Due to (or as a consequence of): pentonits ungal and becterial Due to (or as a consequence of) transplant

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

10a. Stete

Director

Funerai

by

Completed

**Funeral** 

Director

the Maryland

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-4 show any injury or other traumatic event, if a Marical Event on that is notified any or other traumatic event, if a Marical Event or must be notified.

Baltimore, Maryland 21215-0020

9SD signed by the a

Physician/Medical Examiner à Completed funeral director. 86 2 Certification:

Division of Vital Records, P.O. Box 68760 peen has certificate this After

or Attending Physician: 24 hours after death. Funeral Director: At

within 2 To the

Hospital

State

Registrar

edical

Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting In death) Lest

27. Manner of Death

1 Volatural 2 Accident

3 Sulcide

29a. Certifier

4 ☐ Homicide

(Check only one)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

diabetes mellitus 25. Was case referred to medical examiner?

Yes 2□ No

Hospital: 1 □ hpatient 2 □ ER/Outpatient 3 □ DOA 28a. Date of Injury (Month, Day Year) 28b. Time of

28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify)

26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury at Work? 28d. Describe how Injury occurred 1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Route Number, City or Town, State) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

5 Pending

investigation 6 Could not be determined

29c. License number

30. Name and address of person who complete d cause of death (Item 23a) (Type, Print) SZOSTAL

MICHAEL 31. Date filed (Month, Day, Year) HIL 0 1 1998

32. Registrar's Signature who Davidson

**DHMH 16 Rev 6/95** 

23b. Did tobacco use contribute to the cause of death?

3 Probably 4 ☐ Unknown

24b. Were autopsy findings available prior to

completion of cause of deeth?

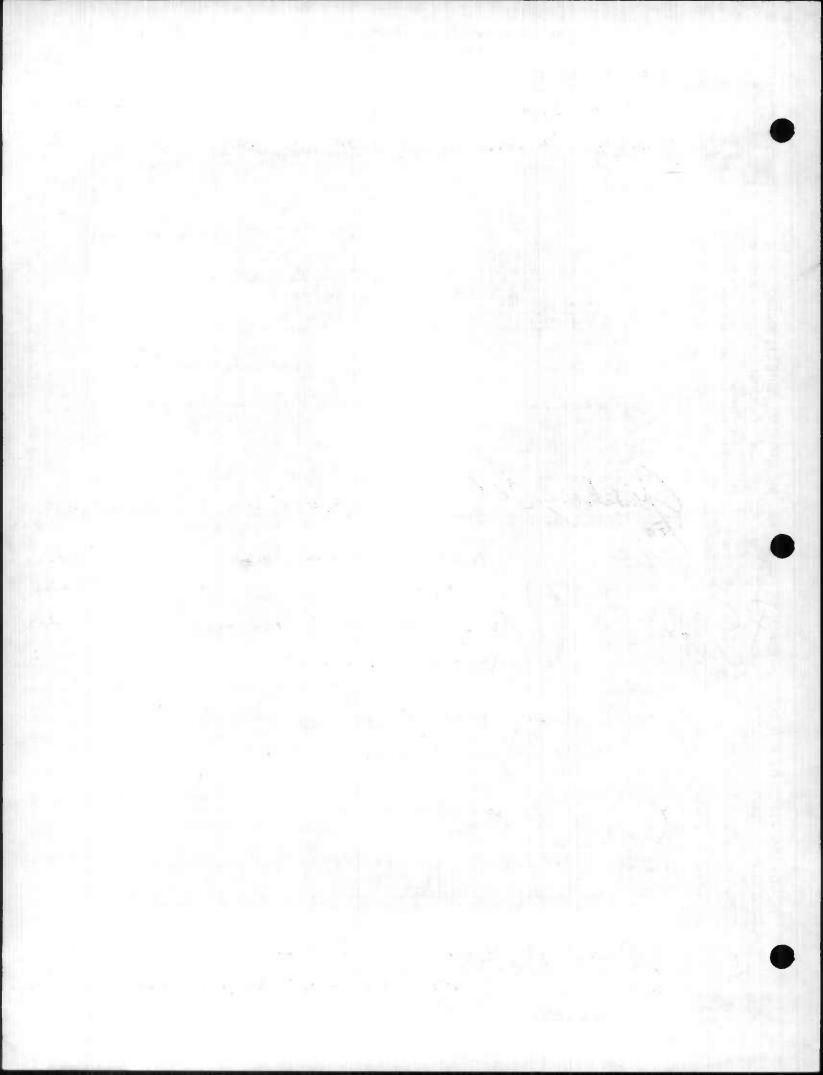
1 Yes 2 XNo

1 Yes 2 No

1 Yes 2 No

24a. Was an autopsy performed?

29d. Dete signed (Month, Day, Year)



#### Piease Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 1. Decedent's Neme (First, Middle, Last) **Physician** 30 /Medical give street and number) Examiner INda 8. Date of Birth (Month, Day 6 Sex If Under 24 Hrs. **Funeral** Months Days Hours 1 M 2 □ F Director the Marylend 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic svent, the Medical Examples inset be not that at 1 ☐ Yes 2 No Funeral Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? permit Pages 1 and 2 should be filed within 72 hours efter death with I Department of Health end Mentel Hygiene. Brochart if item 27 is merked other than "natural", or items 23a or 2 any injury or other traumatic avent. 2120 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) American Indian 11. Maritel Status Armed F Bleck, White, etc. 2 No 1 ☐ Never Married 1□ Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working iffe, DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education College (1-4or 5+) 18. Mother's Name (First, Middle, Maiden Sumeme) s Name (First, Middle, Last) Be 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Reletionship (Type THE 7435 S 20b. Place of Disposition (Name of 20e. Method of Disposition 20c. Location - City or Town, Stete 4 ☐ Donation 5 ☐ Other (Specify) re of Funeral Service Lice ions that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest leuse on each line. Approximate Interval Between Onsef end Deeth 23e. Pert1. Enter the diseas shock, or heart feilure. **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in death) 13 NOS. Examiner Examiner The law requires that the death certificate be executed physician and the bunal-trensit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or es a consequence of) Physician/Medical Due to (or as a consequence of) 65 65 use signed by the atte Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 Probably 4 ☐ Unknown Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy page 2 has 1□ Yes 2 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: funeral director. 25. Wes case referred to medicel examiner? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Natural s after death. 1 ☐ Yes 2 🗆 No 2 Accident 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, streef, factory, office building, etc. (Specify) completely filled In by 4 Homicide

Division of Vital Records, P.O. Box 68760.

Baltimore, Maryland 21215-0020

6 Could not be

011998

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as steled.

| Medical Examiner: On the best of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signature and title of certifier

29c. License number

29d. Date signed (Month, Dey, Year)

MID

30, Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

Anesmon 2809 BOSTONST 31. Date filed (Month, Day, Year)

State Registrar

edical

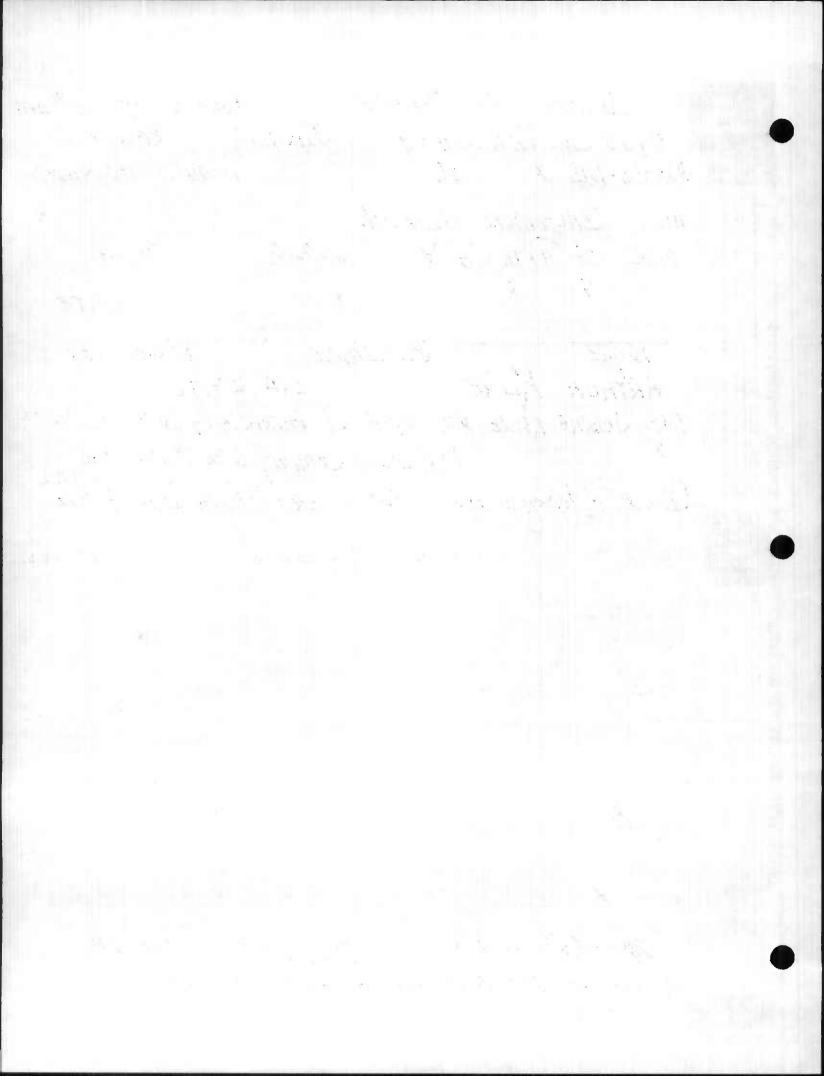
29a. Certifier

32. Registrar's Signature ul Davidson-Randall

**DHMH 16 Ray 6/95** 

within 24 hours a To the Funeral C

To the



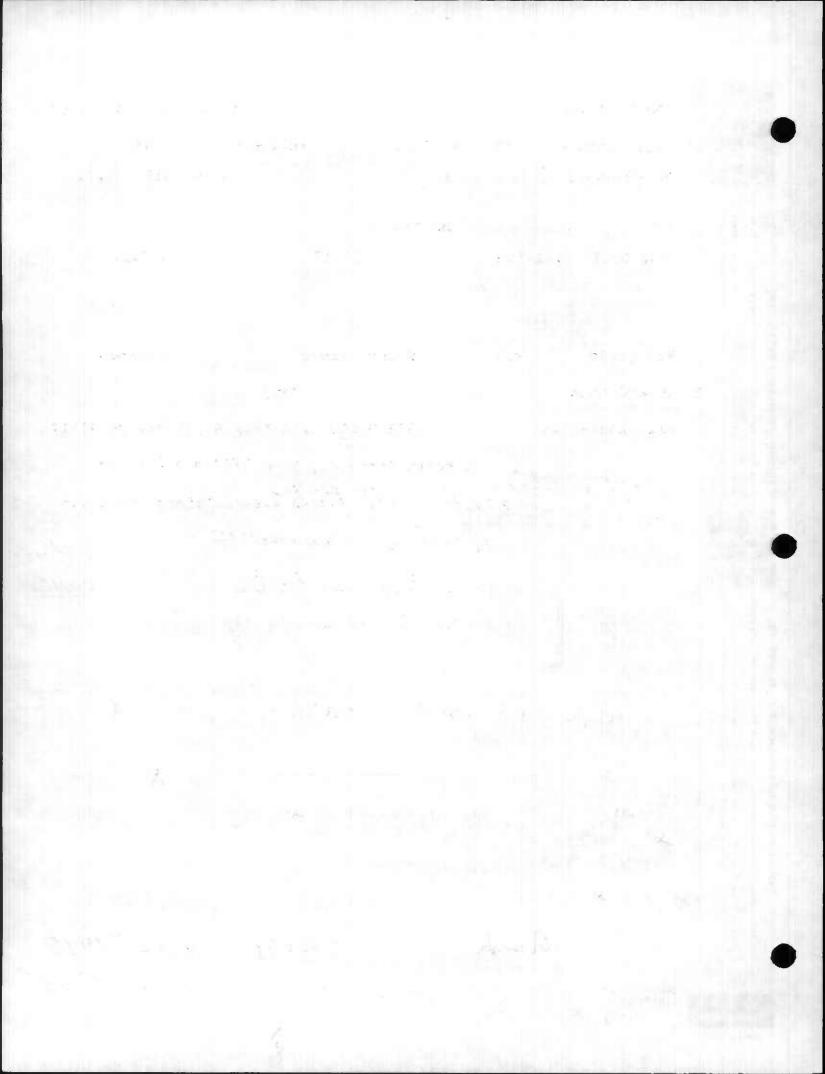
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day Month Year **Physician** Benjamin Lane June 26 1998 4:00pm /Medical 4b. City, Town, or Location of Death 4e Facility Nema (If not institution, give street and number) 4c. County of Death Examiner Baltimore
| If Undar 24 Hrs. | 8. Data of Birth | Hours | Min. | (Month, Day, Year) Irvington Knoll Nursing Home If Undar 1 Year Birthplace (Stata or Foraign Country) 6. Sex 7. Aga (In yrs. last birthday) **Funeral** 1 M 2□ F Months Days Yrs. Director 220-03-5573 Usual Rasidanca of Dacadant the Maryland 10c. City. Town or Location 10a. Stata 10b. County 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours aftar death with the Marylar Departmant of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Modical Examination of the motified. 1 Yas 2 □ No Director MD NA Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1902 Druid Hill Ave 21217 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes Z D No If Yes, Giva Yaar or Datas: 14. Rece - Amarican Indian, 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) Black, Whita, atc. 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: 2 3 ☐ Widowed 4 ☐ Divorced Black Completed 16a. Dacedant's Usual Occupation 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highest grada complated) (Give kind of work dona during most of working lifa. DO NOT usa retired) Elementary/Secondary (0-12) Collaga (1-4or 5+) 9th grade n/a Truck Driver Unknown 18. Mother's Name (First, Middla, Maidan Sumama) 17. Fathar's Nama (First, Middla, Last) Be Edward Lane Mary 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Steta, Zip Coda) 20b. Plece of Disposition (Name of cematary, cramatory or other placa)

20b. Plece of Disposition (Name of cematary, cramatory or other placa)

20c. Location - City or Town, Stele Ella Lane-Wife 20a. Method of Disposition 1 ☐ Burial 2 Cramation 3 ☐ Ramoval from Stata Metro Crematory Ince 7/1/98 Baltimore,
22. Nama and Addrass of Facility 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Sarvice Licensaa March F/H West lak 4300 Wabash Ave, Baltimore Md 21215 23a. Part. Ent. tha disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. B, Taleral preumanic **Physician** Immediete Cause (Final disaasa or condition rasulting in death) /Medicai Examiner Mespwiter parlue Examiner attanding physician and for usa as tha bunal-transit The law requires that the death certificate be axecuted Sequantially list conditions, if any, leeding to immadiata causa. Entar Underlying Causa (Disaasa or Injury thet Initiated evants Box 68760. Physician/Medical Dua to (or as a conse rasulting in death) Last signed by the a P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? Cereber Vogarlas 3 Probably 4 Unknown 1 Yes 2 No Records, by 24b. Were autopsy tindings evailabla prior to complation of cause of death? been si 24a. Was an autopsy performed? Completed certificata has b 1 ☐ Yas 2 ☐ No Division of Vital Physician: 25. Was casa referred to medical examiner? Be 26. Place of Death (Check only ona) 1 Yas 2 No Hospitel: 1 ☐ Inpatient 2 ☐ EP/Outpatient 3 ☐ DOA Othar: Tursing Home 5 Rasidance 6 Othar (Specify) 10 this After this 28a. Date of Injury (Month, Day Year) 27. Manner of Death
1 Natural
2 Accidant 28b. Tima of Injury 28d. Dascribe how injury occurred To the Hospital or Attending Pt within 24 hours after death. To the Funeral Director: After it compiataly filled in by the funera 28c. Injury at Work? Certification: 5 Panding invastigation 1 Yas 2 No 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At home, farm, street, factory, offica building, atc. (Specify) 4 T Homicida 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner es steted.
2 Medical Examiner: On the bests of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifiar edical (Check only one) 29d. Data signad (Month, Day, Year)
JUNE 30 5/998 29c. License number 29b. Signature and fitta of certifier 50 Loungh 30. Nama end address of parson who complated ceuse of death (Itam 23a) (Type, Print) Satto mo N. Eutaw St Ste 308 22 Registrat's Signatura Kamash 31. Data filed (Month, Day, Year) State 011998 Registrar

DHMH 16 Bay 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month LAWSON BLANC HE 1927 SUNE 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street end number) HOSPITAL SINAI BALTIMORE If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplace (State or Foreign Deys 1□ M 201F 215-22-8299 Usuei Residence of Decedent Yrs. SEPT 20 1922 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No MD NA BALTIMORE 10g. Citizen of What Country? 10e. Street and Number 10f, Zip Code SUH 21229 U.S.A 4508 14. Race - American Indien, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 1 12 Yes 2 □ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Merital Status 1 Never Married 2 Married 1 Yes 2 No Specify. Specify: Black 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) ROSEWOOD STATE HOSP NURSE 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme, Roleigh JAdd BANCH 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) foed Rd BAITO RALEIGH AWSON 20e. Method of Disposition 20b. Place of Disposition (Neme of cametery, cremetory or other place) Dete 20c. Location - City or Town, State 1 Surial 2 ☐ Cremation 3 ☐ Removal from State 7-1-98 Owings Hill, MR 4 □ Denetion 5 □ Other (Specify) TOREST 22. Name and Address of Fecility Wm. C MARCH 21. Signature of Funeral Service Licer Home WEST INC FUNCEAL 4300 WADASH AUE, BAITO MD 21215 me multipul disease, or complications that caused he death. Do not enter the mode of dying, such as cardiac or respiretory arrest heart failure. List only one cause on each line. Approximate Interval Between Onset end Death Immediate use (Finel disease or condition resulting in death) ACUTE MYOCARDIAL INFARCTION Due to (or es e consequence of): MEART CONGESTIVE Due to (or es a consequence of) Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown MELLITUS DIABETES 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? 1 Yes 1 ☐ Yes 2 No 2 No 25. Was case referred to medical axaminer? 1 ☐ Yes 2 No 26. Place of Death (Check only one)

Physician /Medical Examiner Physician/Medical Examiner been signed by the attending physician and should be datached for use as the bunal-transit The lew requires that the death certificete be executed

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Completed

Be

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Certification:

edical

cartificate has

24 hours efter death.

Funeral Director: After this of the funeral directors are the funeral directors.

within 2

complately

Division of Vital or Attending Physician: **Physician** 

/Medical

Examiner

**Funeral** 

**Director** 

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

Hygiana.

d 2 should be filed w h and Mental Hygie 7 is marked other th

permit. Pages 1 and 2 should Department of Health and Men Important: If Nem 27 is marke

Baltimore, Maryland 21215-0020

Director

Funeral

à

Completed

Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting In death) Last

HYDROCEPHALY

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Menner of Deeth 28c. Injury at Work? 28d. Describe how Injury occurred 28e. Dete of Injury (Month, Dey Year) 28b. Time of 5 Pending 1 Neturei 1 ☐ Yes 2 ☐ No investigation 2 Accident 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

6 Could not be 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

🖾 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.

29b. Signature and title of certifier

29a. Certifier

(Check only one)

29c. License number

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

29d. Date signed (Month, Day, Year)

PHYSICIAN

MS 2402321-JB-9338

JUNE 24, 1998

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

SINAI HOSPITAL

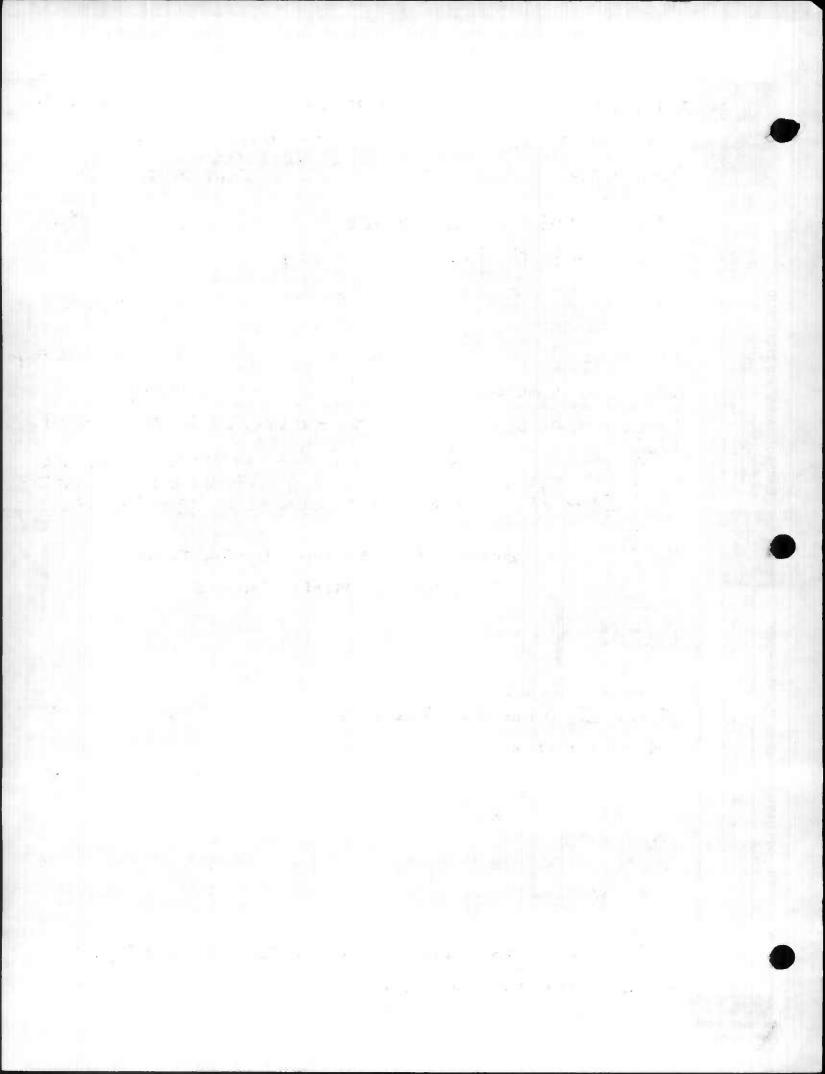
JAMELLE R. BOWERS, MD 2401 WEST

BELVEDERE AVENUE BALTIMORE, MD 21215

State Registrar

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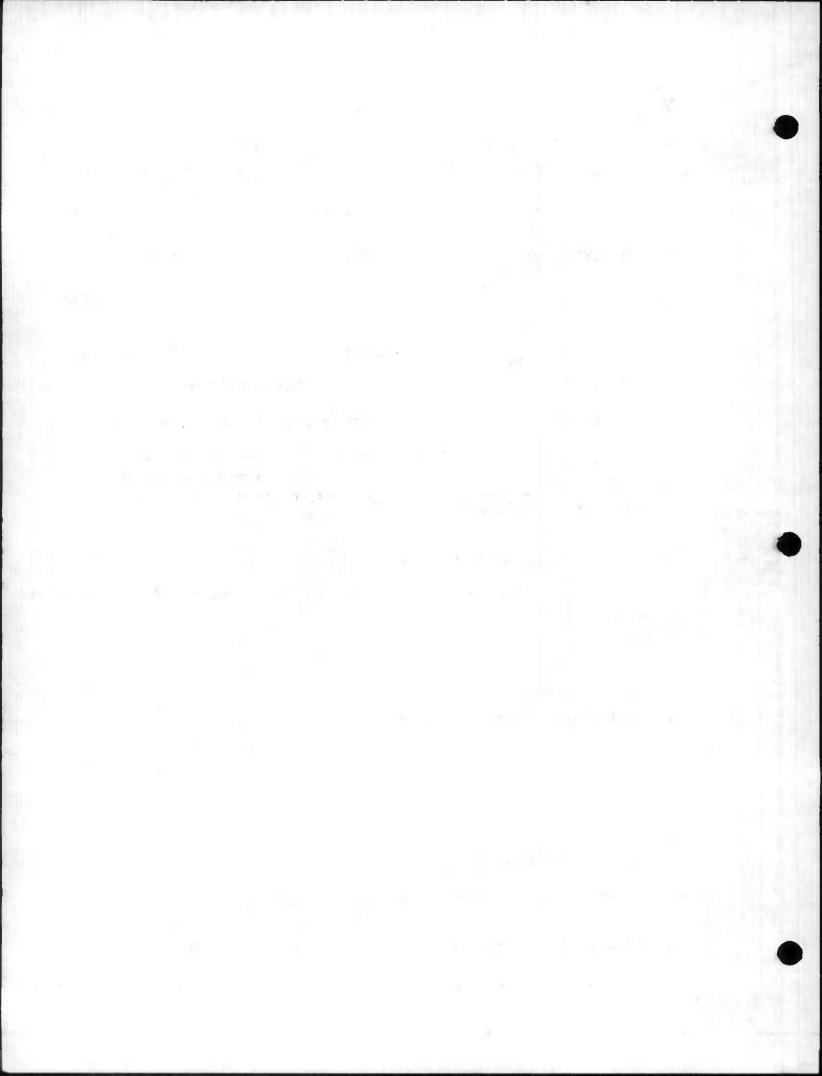
31. Date filed (Month, Dey, Year) 32. Registrar's Signature who Davidson Randelle 0 1 1998



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

|   |                  | Decegent's Name (First, Middle, Last)  | Cei                                     | rtificate of  | Death   | 2. Date of De                         |   | 3. Time of Death   |  |  |  |
|---|------------------|--|---|---|---|---------------------------------------|---|--|--|--|--|
| Physic<br>/Medi<br>Exami  | cal              | 4a. Fecility Name (If not institution, give street and number)   | Law                                     | NOS   | 4b. City, Town, or L                                | Month  Un <                           | 25, 19  | 18 15 20 pm  |  |  |  |
| Examil  | ier              | 5820 Northwood   | DA.                                     |   | Balt  |                                       | 1   | 1  |  |  |  |
| Funeral<br>Director   |                  | 215-16-6851 1 <sup>1</sup> XM 2 <sup>1</sup> F   | yrs. lest birthdey)<br>8C Yrs.          | If Under 1 Year<br>Months Days  | If Under 24 Hrs.<br>Hours Min.                      | 8. Date of Bir<br>(Month, De<br>APRIL | 3, 1918   | 9. Birthplace (Stete or Foreign Country)  NC   |  |  |  |
| death with the Maryland<br>me 23a or 28a-f show<br>crivel be notified at  | tor              | Usual Residence of Decedent  | c. City, Town or Lo                     | ecation BAL7  | ro  |                                       |   | 10d. Inside City Limits  Y Ses 2 □ No  |  |  |  |
| or 28a  | Funeral Director | 10e. Street and Number   |   |   | 10g. Citizen of Wh                                  | nat Country?                          |   |  |  |  |  |
| ath with<br>23s or<br>mat be o  | eral             | 5820 NORTHWOOD DR  |   | 21212   |   | 7 1                                   | U.S.A   |  |  |  |  |
| ite ter   | by               | 11. Marital Status  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced  12. Was Decedent Ever Armed Forces?  1 □ Yes 2 ☑ No If Yes, Give Yeer or Detes:   |   | was Decement of the first transfer of transfer of | dispanic Origin? (Spen, Mexican, Puerto<br>Specify: | Ricen, etc.)                          | Black, Specify:   | - American Indian,<br>White, etc.<br>BLACK   |  |  |  |
|   | Completed        | 15. Decedent's Education<br>(Specify only highest grade completed)   | dent's Usuel Occup<br>kind of work done | during most of work   | sing  | 16b. Kind of Bus                      | Iness/Industry  |  |  |  |  |
| Nore, Maryland 21215-UU2U<br>ges 1 and 2 should be filed within 72 hours at<br>t of Health and Mental Hygiene.<br>If item 27 is marked other than "natural", or<br>or other traumatic event, the Medical Exam | Jdmo             | Elementary/Secondary (0-12) College (1-4or 5+)   | life.                                   | DO NOT use retire   | d)  | BALTO<br>SCHOOL                       |   |  |  |  |  |
| aryland 212<br>should be filed within<br>of Mental Hygiene.<br>marked other than<br>imatic event, the M   | Be Co            | 12th 4yrs 17. Father'a Name (First, Middle, Last)  |   | DACIILI   | 18. Mother's Nem                                    | e (First, Middle                      | , Meiden Sumeme,  |  |  |  |  |
| Vian<br>ould be<br>Mental<br>arked o  | To B             | GEORGE ALLEN   |   |   | ELEAN   | OR BRO                                | NWO   |  |  |  |  |
| Maryland d 2 should be file th and Mental Hy 7 is marked oth traumatic event  |                  | 19a. Informant's Name/Reletionship (Type, Print)   |   |   | and Number or Ru                                    |                                       | per, City or Town, S  | tate, Zip Code)  |  |  |  |
| 1 and<br>1 and<br>Health<br>em 27<br>other tr   | l                | JOSEPH LAWSON  20a. Method of Disposition  2   | 582<br>0b. Place of Dispo               |   | WOOD DR   | BALT                                  | ro, MD 2  | 1212<br>ity or Town, State   |  |  |  |
| Baltimore, N permit. Pages 1 and Department of Health Important: If Item 27 any injury or other tr once.  |                  | 1 Durial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)   | ARBUTUS                                 | remetory or other piece) IS MEM PK 7-1-98 BALTO, MD   |   |                                       |   |  |  |  |  |
| Dalfilly permit. Pa Departmen important: any injury once.   |                  | 21. Signeful of Fundal Service Licensee 22. Name and Address of Fecility BETTS FUNERAL HM  |   |   |   |                                       |   |  |  |  |  |
|   |                  | 23a. Fart1: Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each line.  Approximate Interval Between |   |   |   |                                       |   |  |  |  |  |
| Physician   |                  | shock, or heart failure. List only one cause on each line.   | 30000                                   | o   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,             | or respiretory e                      |   | Interval Between<br>Onset end Deeth  |  |  |  |
| /Medical<br>Examiner  |                  | Immediate Ceuse (Finel disease or condition resulting in death)  | +C A                                    | RREST   | _   |                                       |   | innegrati  |  |  |  |
| nsit  | Examiner         | 6.1010 PAT   |   | 411021  |   | Diongo                                | PATAS   | Two year   |  |  |  |
| g physician and as the bunaritransit  |                  | if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury  |   |   |   |                                       |   |  |  |  |  |
|   | n/Medicai        | resulting in death) Last  Due  | to (or as a conseq                      | uence of):  |   |                                       |   | 1  |  |  |  |
| G. BOX  | sicia            | Part II. Other significant conditions contributing to death but no   | t resulting in the u                    | nderlying cause giv   | 23b. Did  | ribute to the cause of death?         |   |  |  |  |  |
| d by  | by Physician/    | RESTRICTIVE LUNG   |   |   |   |                                       |   | B Probably 4 Unknown   |  |  |  |
| 2 TO 00   | Completed        |  |   |   |   | 24a. Was                              | s an autopsy<br>ormed?  | 24b. Were autopsy findings<br>available prior to<br>completion of ceuse<br>of death? |  |  |  |
| The law ate has by page 2 s   | Com              |  |   |   |   | 10                                    | Yes 20 No   | 1 ☐ Yes 2 ☐ No   |  |  |  |
| clan:<br>entific<br>ector,  | Be               | 25. Was cese referred to medical examiner?   |   | l au  | 28. Place of Dea                                    | th (Check only                        | one)  |  |  |  |  |
| To the Hospital or Attending Physician: The law within 24 hours after death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2                        | tion: To         | 1 Yes 2 No Hospital: 1 Inpatient  27. Menner of Deeth 1 Natural 5 Pending 2 Accident Investigation  1 See. Date of Injury (Month, Day Yes  | 2 ER/Outpatien 28b. Time of Injury      | 28c. Injui  |   |                                       | idence 6 Other<br>how injury occurred                             |  |  |  |  |
| To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer  | Certification:   | 3 Suicide 6 Could not be determined 28e. Place of Injury building, etc. (S)  | At home, farm, str<br>pecify)           | eet, factory, office  |   |                                       | tion (Street and Number or Rural Route Number,<br>or Town, Stete) |  |  |  |  |
| Hospita     24 hours     Funera     Idetaly fille   | edical C         | 29a. Certifier (Check only one)  12 Certifying Physician: To the best of my one and manner steted.   | knowledge, death<br>mination and/or inv | occurred at the tile<br>vestigetion, in my o  | me, dete end place,<br>opinion, death occur         | end due to the<br>red at the time,    | cause(s) and mani<br>date end piece, an                           | ner as stated.<br>Id due to the ceuse(s)   |  |  |  |
| Vithir<br>To th   | Me               | 29b. Signature end title of certifier  |   | 29c. Licens   |   |                                       | 29d. Date signed  | (Month, Dey, Year)   |  |  |  |
| - 5   |                  | Jus N. Jorgan  | 12.                                     | 230   | 14041   | *                                     | JUNE 29   | 14 1998  |  |  |  |
| 10  |                  | 30. Name and address of person who completed cause of death  | (Item 23a) (Type,                       | Print)  | 0 . // /  | 11A                                   | 4.16.   |  |  |  |  |
|   |                  | JELLES N, FONDA, MO<br>31. Date filed (Month, Dey, Year) 32. Registrar's   | 5601                                    | Locit 1   | 77VEN   | scr),                                 | SALIIM  | 016,4921239  |  |  |  |
| Sta<br>Registi  |                  | 11 0 1 1998  | Widson - 1275                           | للامن   |   |                                       |   |  |  |  |  |

DHMH 16 Rev 6/95



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Nama (First, Middle, Last) 2875 1998 11:30 Am June William John Langville 4a Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death HOSPITUL ARUNASC CLEN BURNLE | H Undar 1 Year | If Undar 24 Hrs. | 8. Date of Birth (Month, Days Year) | Aug. 6,1917 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foraign Country) 1 M 2□ F Months Yrs 80 213-01-9350 Mary Tand Usual Residence of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Anne Arundel Baltimore 1 Yes 2 No Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 220 Greenland Beach Road 21226 U.S.A. 12. Was Dacedant Ever In U.S. Armed Forces? 1 ☐ Yes ≥ 1 ☐ No If Yes, Give Year or Dates: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuai Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Plant Engineer Dupont 8 N/A 18. Mother's Name (First, Middle, Meiden Surname) 17. Father's Name (First, Middle, Last) (Unknown) Langville (Unknown) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 220 Greenland Beach Road Baltimore, Maryland 21226 Friend Denise Goins 20b. Piaca of Disposition (Name of 20c. Location - City or Town, State 20a. Method of Disposition Date Holy Cross Cemetery July 1,1998 1 Surial 2 ☐ Cremation 3 ☐ Removal from State Baltimore, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licens 22. Nama and Addrass of Facility McCully-Polyniak Funeral Home 23a. Part 1. Enter the disease, or complication; that crutied the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart tailure. List only one cause or much line. 3204 Mountain Road Pasadena, Maryland 21122 Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Diseasa or Injury that initiated events rasulting in death) Last Due to (or as a consequenca of): Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wera autopsy tindings aveileble prior to completion of cause of death? 24a. Wes an eutopsy 1 ☐ Yes 2 No 1 Yes 25. Was case reterred to medical 26. Place of Death (Check only one) examiner? Hospitai: No Jnpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 27. Manner of Death 28b. Time of 28c. Injury at Work?

**Physician** /Medical Examiner Examiner

**Physician** 

/Medical

**Examiner** 

Directo

þ

Be

**Funeral** 

Director

arked other than "natural", or items 23a or attic event, the Medical Examiner must be r

semit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "

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Baltimore,

Sm

burial-transit and physician the USB 85 page 2 this

Physician/Medical

certificata Hospital or Attending Physician: funeral Certification: After aftar death. Director: Aft

Division of Vital

à Completed Be

Medical

3 ☐ Suicida 4 Homicide 29a. Certifier (Check only one)

Natural 2 Accidant

29b. Signature and title of

31. Data tiled (Month, Day, Year)

5 Pending investigation

6 Could not be determined

28a. Date of Injury (Month, Day Year)

28e. Place of Injury - At homa, farm, straat, tactory, offica building, etc. (Specify)

28d. Describe how Injury occurred

28t. Location (Straet and Number or Rural Routa Number, City or Town, State)

🕰 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) end manner as stated. 2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29d. Data signed (Month, Day, Year) 29c. License number

D48006

1 ☐ Yes 2 ☐ No

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

301 KOFi

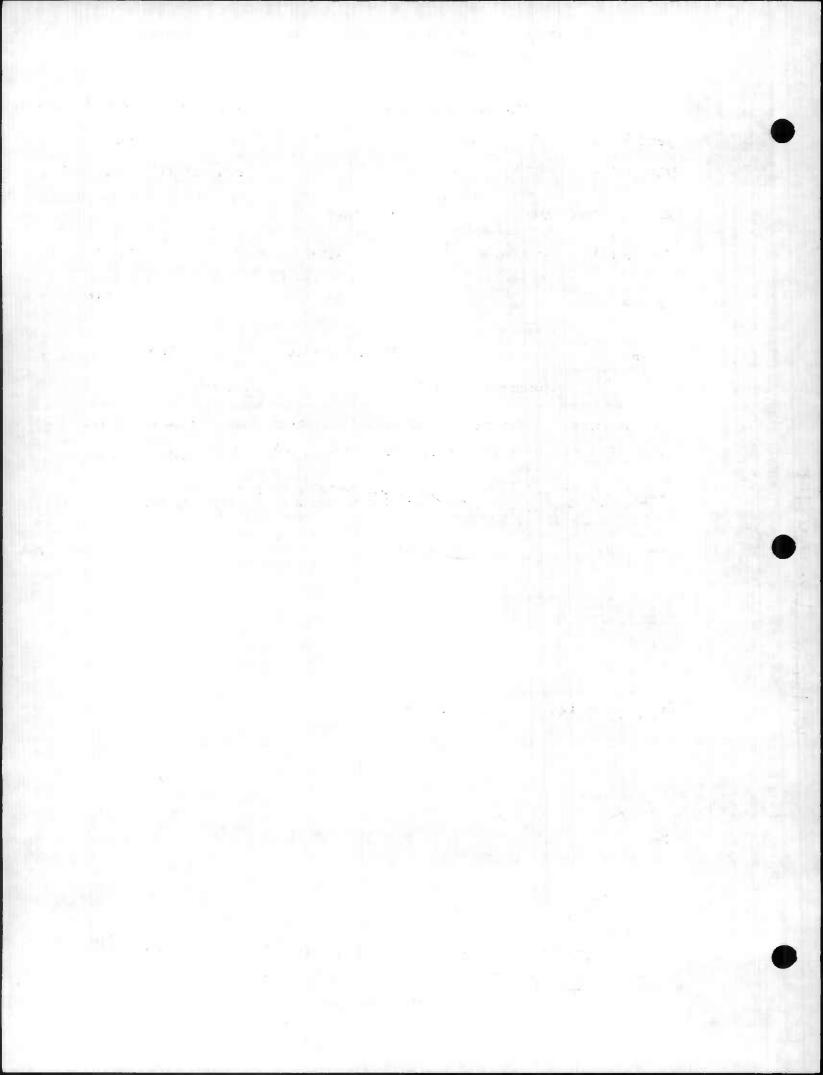
0 1 1998

HOSP DR, GLEN BURNIE, MUZIOGI 32. Registrar's Agrature Davidson-Randell

State Registrar

24 hours

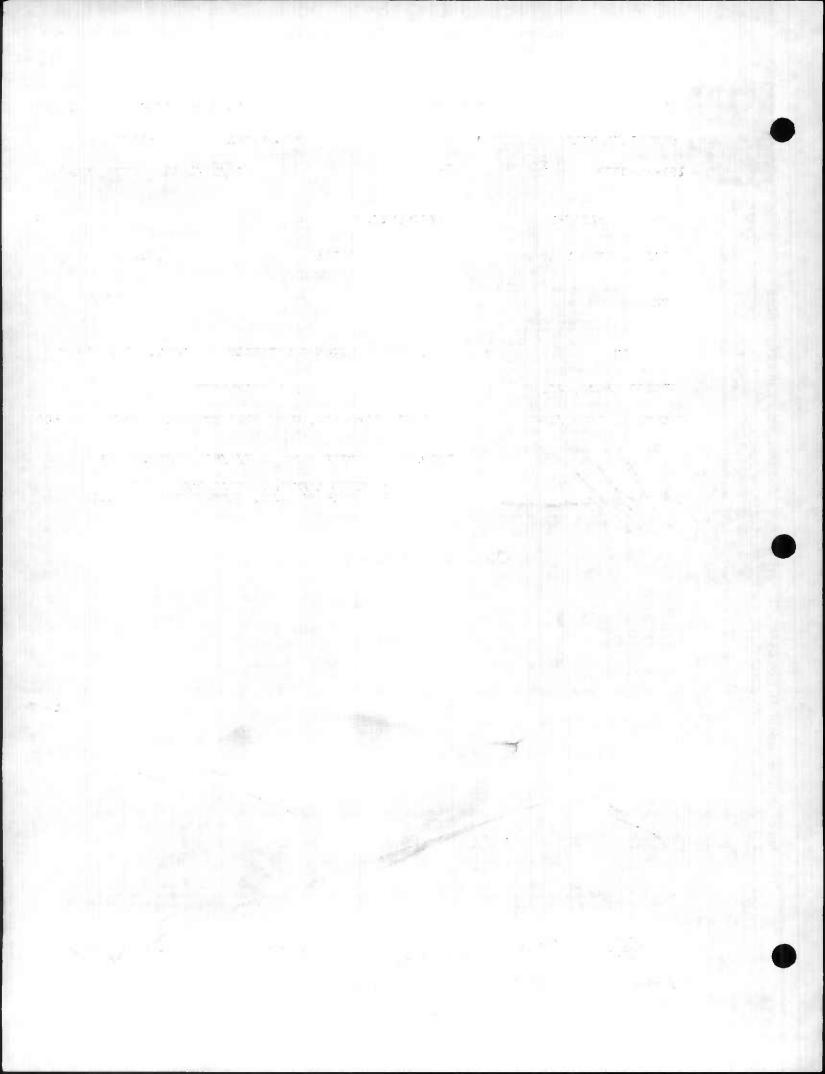
To the Hosp within 24 ho To the Fune completaly f



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 3. Time of Death 1 Decedent's Name (First Middle Last) 2. Date of Death Day **Physician** GEORGE LAZUR, JR. JUNE 29 1998 1:00PM /Medical 4a Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner FREDERICK VILLA NURSING HOME CATONSVILLE BALTIMORE If Under 1 Year 8. Dale of Birth (Month, Day, Year) 07/05/1918 6. Sex XXM 2□ F Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months Days Hours Min 79 Yrs. 151-10-8677 NEW JERSEY Director Usual Residence of Decedent the Meryland 10c. City, Town or Location 10a State 10b. County 10d. Inside City Limits r 28a-f ahow 1 ☐ Yes 2 ☐ No Directo FAIRFAX SPRINGFIELD 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Hygiene. ther than "natural", or itams 23s or 2 int, the Medical Examinat must be n permit. Pages 1 and 2 should be filed within 72 hours after deeth with Department of Neutrin and Mental Hygiene. Important if them 27 is marked other than 8 any injury or other traument. with 5625 ROLLING ROAD 22151 U.S.A. Funeral 12. Was DecedenI Ever in U,S. Armed Forces? 1 ☑XYes 2 □ No II Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, While, etc. 1 □ Never Married 2 □ Married 1 ☐ Yes 2 No Specify Specify: WHITE à 3℃Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) 12 TRANSPORTATION SPECIALIST DEPT. OF DEFENSE 3 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be GEORGE LAZUR, SR. ANNA BRANDABURA 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) GEORGE J. LAZUR/SON 14714 53rd AVE. WEST #123 EDMONDS, WASHINGTON 98026 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition 1 Buriai ■ Cremation 3 □ Removal from State FAIRFAX MEMORIAL PARK 7/2/98 FAIRFAX, VA 4 Donatio 5 Other (Specify) al Service Licensee 22. Name and Address of Facility
STERLING ASHTON FUNERAL HOME, INC 736 EDMONDSON AVE. CATONSVILLE, MD 21228 of the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, beart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final Colon conce disease or condition resulting in deeth) Examiner Due to (or as e consequence of) Examiner The law requires that the death certificate be executed physician end the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760 Physician/Medical Due to (or as a consequence of): esn ō signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 1 Yee 2 No 3 Probably 4 Dunkhown p 24b. Were autopsy lindings available prior to been si 24a. Was an autopsy performed? Completed completion of cause of death? certificate has b 1 Yes 2 HO 1 ☐ Yes 2 ☐ No or Attanding Physician: director, 25. Wes cese referred to medical examiner? Be 26. Piece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/OutpatienI 3 ☐ DOA this funeral 27. Menner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 28a. Date of Injury (Monty Day Year) 1 Naturel 5 Pending 14 1 Yes 2 No death. investigation 2 Accident after death Director: / 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide within 24 hours aft To the Funeral Dis completaly filled in Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated 29a. Certifier Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and two of certifier 29c. License number 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) BIBMO Main B. AROLD 25 31. Date filed (Month, Day, Year) 32 Registrer's Signature 011998 Mia Davidson Registrar

**DHMH 16 Rev 6/95** 



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend: #8 Per FH Film G761 7-1-98RC Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** ROUNE MARGARET LOESCHKE 4a Facility Name (If not institution, give street and number) 02:07 17 /Medical 4b. City, Town, or Location of Death 4c. County of Deeth Examiner HOSPITAL N/A OF MARYLAND UNIVERSITY BALTIMORE If Under 24 Hrs. 8. Date of Birth 7. Aga (In yrs. lest birthday) 72 Yrs. 1925 Birthpieca (Steta or Foraign Country) 8. Date of Birth 192 (Month, Dey, Yeer) 5. Social Sacurity Number **Funeral** Months Deys Hours Min. 1 M XXF 219-10-5337 Director Maryland Usuai Residence of Decedent the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinate must be notified at 1 Yes 20 No Howard County Directo Maryland Ellicott City 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2933 Woodwick Court 21042 IISA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Yaar or Datas: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Race - American Indian 11. Meritei Stetus Bleck, White, atc. Pages 1 and 2 should be filed within 72 hours after tent of Health and Mental Hygiene. Int: If Item 27 is marked other than "natural", or Ite 1 ☐ Never Merried 25 Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Telephone Operator Industry UNKNOWN 17. Fether's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumema) Be John Dougherty Margaret McHale 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) Richard Loeschke, Sr./Spouse 2933 Woodwick Court, Ellicott City, Maryland 21042 1 ☑ Burial 2 ☐ Cramation 3 ☐ Remove from State 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Mathod of Disposition permit. Page Department of Important: If i any injury or injury or St. Alphonsus Cametery June 20, 1998 Woodstock, Maryland 22. Nama and Addrass of Facility Slack Funeral Home, P.A. Ellicott City, Maryland 21041 M00535 art1. Enter the disease or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, hock, or heart failure. List only one cause on each line. Approximete intervel Between Onset and Deeth **Physician** /Medical rediete Ceuse (Final ase or condition usulting in death) YMPHOMA Examiner Due to (or es e consequenca of): Examiner ARBS Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events Dua to (or es e consequença of) PHE Ventricular tachycardin Physician/Medicai thet initieted events resulting in deeth) Lest Dua to (or as a consequence of): Division of Vital Records, P.O. Box 0 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 20 No 3 Probably 4 Unknown signed b py 24b. Were eutopsy findings evailable prior to Completed 24e. Wes en eutopsy completion of causa of deeth? page 2 2 No certificate 25. Wes case referred to medical examiner? Be 28. Piece of Deeth (Check only one, Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes No npatient 2 2 ER/Outpetient 3 DOA this 28e. Dete of Injury (Month, Dey Year) funeral 28d. Describe how injury occurred 27. Manner of Deeth 28b. Time of 28c. Injury et Work? Certification: After or Attanding Naturel 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident after death Director: 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide within 24 hours a To the Funeral C Hospital Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner es stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete and place, end due to the cause(s) end menner stated. 29a. Certifier Medical

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State Registrar

31. Dete filed (Month, Dey, Yeer)

29b. Signeture end title of certifier

30. Name end eddress of person

DEBR

011998

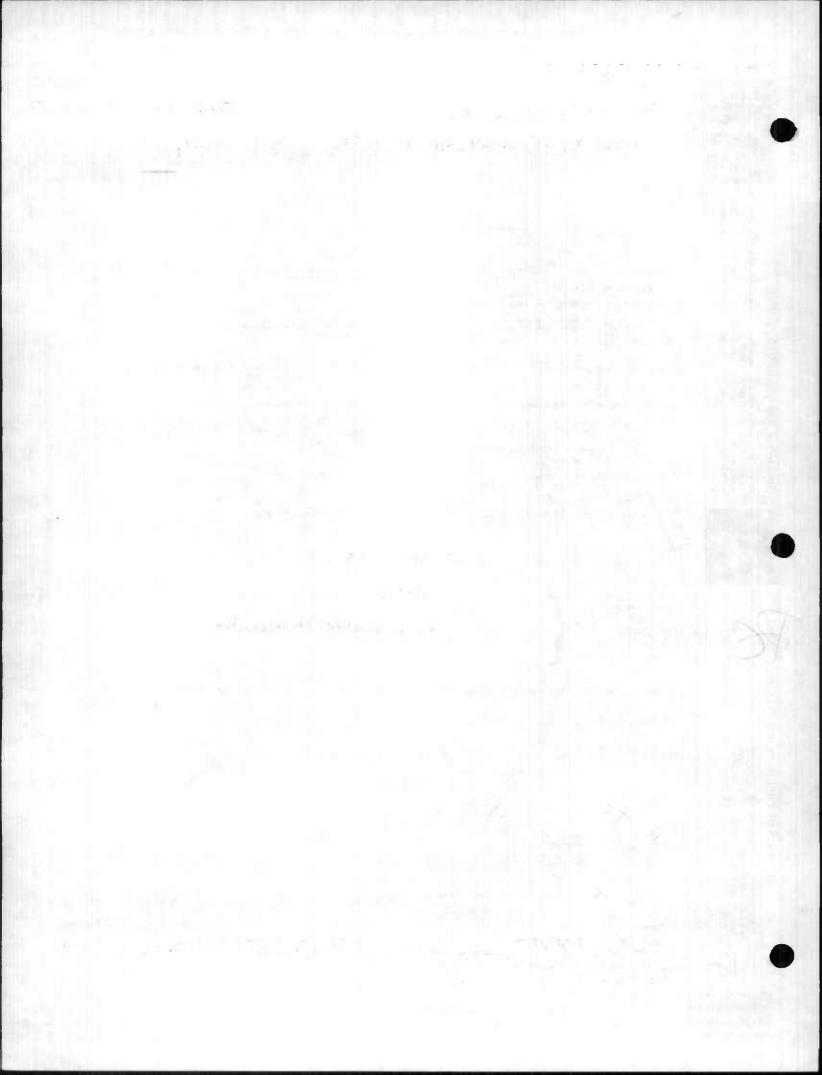
BENSEL 32. Registrer's Signeture

pleted cause of deeth (Item 23e) (Type, Print)

29c. License number

29d. Dete slaned (Month, Dev. Year)

June 17, 1998



98-3355-033 Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. ihm State of Maryland / Department of Health and Mental Hygiene ANNA EDITH Certificate of Death ITEMS: 23 PART 1, PART II, 27,28A-F, PER MEO FILM LATIMER 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey **Physician** 14, 07:53 AM Anna Edith Latimer JUNE 1998 \* /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e Fecility Neme (If not institution, give street end number) Examiner PRINCE GEORGES SOUTHERN MARYLAND HOSPITAL CLINTON 7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs.

75 Vrs.

Months Deys Hours Min. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number Birthplece (State or Foreign Country) **Funeral** UNKNOWN 1 M 200 75 Yrs. **Director** NA NA NA NA 09-25-1922 UNKNOWN Usuel Residence of Decedent with the Manyland 10b. County 10c. City, Town or Location 10d. fnside City Limits 10e. Stete r than "naturel", or itema 23a or 28a-f ahow the Medical Examiner must be notified at 1 ☐ Yes 2 💢 🛪 0 15505 BRANDYWINE ROAD, BRANDYWINE, MARYLAND PRINCE GEORGES Directo 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street and Number 15505 BRANDYWINE ROAD 20613 UNITED STATES death v Funeral 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 11. Maritel Status Bleck, White, etc. should be filed within 72 hours efter and Mental Hygiene. 1 ☐ Yes 2 ☐ No ff Yes, Give UNK Year or Dates: 1 ☐ Never Married 2 ☐ Married Maryland 21215-0020 1 ☐ Yes 2 ₹ No Specify: WHITE Q ₩idowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) al Hygiene. Elementery/Secondery (0-12) UNK • College (1-4or 5+) UNK UNKNOWN UNKNOWN traumatic event, 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be UNKNOWN UNKNOWN h end Mental To 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2 Department of Health e Important: If item 27 is any injury or other trai pnce. ELIZABETH EPP/CARETAKER UNKNOWN altimore, 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 □ Donetion 5 【NOther (Specify) in-state 21. Signeture of Furnirel Servica Licensee 22. Name end Address of Fecility Ronald Made State Anatomy Board, 655 W. Baltimore Street Director , MD BALTIMORE 21201 100 GA 23a. Pluft. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate intervel Between Onset and Deeth **Physician** Immediete Ceuse (Final diseese or condition resulting in deeth) /Medical ATHEROSCLEROTIC CARDIOVASCULAR DISEASE COMPLICATED BY FRACTURED Examiner FEMUR Due to (or es a consequenca of): Examiner ettending physician end for use es the burial-tran Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): 68760 licate be Physician/Medical Due to (or es e consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? be detached o the 1 Yes 2 No 3 Probably 4 Unknown à ۵ Records, à 24b. Were autopsy findings evellable prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed hes Yes 2 No 19 Yes 2□ No of Vital 25. Wes case referred to medical exeminer? director Be 26. Plece of Deeth (Check only one) NO Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 ☐ Inpatient 2 X ER/Outpetlent 3 ☐ DOA this 28e. Dete of Injury 6-14-98 28d. Describe how Injury occurred SUBJECT FELL funeral 28b. Time of A 27. Manner of Deeth 28c. Injury et Work? Certification: After 5 Pending Investigetion FOUND7:30M 1 Netural DOWN STEPS 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 15505 BRYANDYWINE RD. 4 | Homicide

Division Hospital 24 hours a Funeral D

er death. 5 after Dire

29a, Certifier

28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)
HOME (BY BACK STEPS)

BRANDYWINE, P.G. COUNTY, MD

JUNE 15, 1998

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner stated. (Check only one) 29c. License number 29d. Dete signed (Month, Day, Year) 29b. Signature and title of certifier

OCME

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) towler

111 Penn Street, Baltimore, Maryland 21201

Registrar

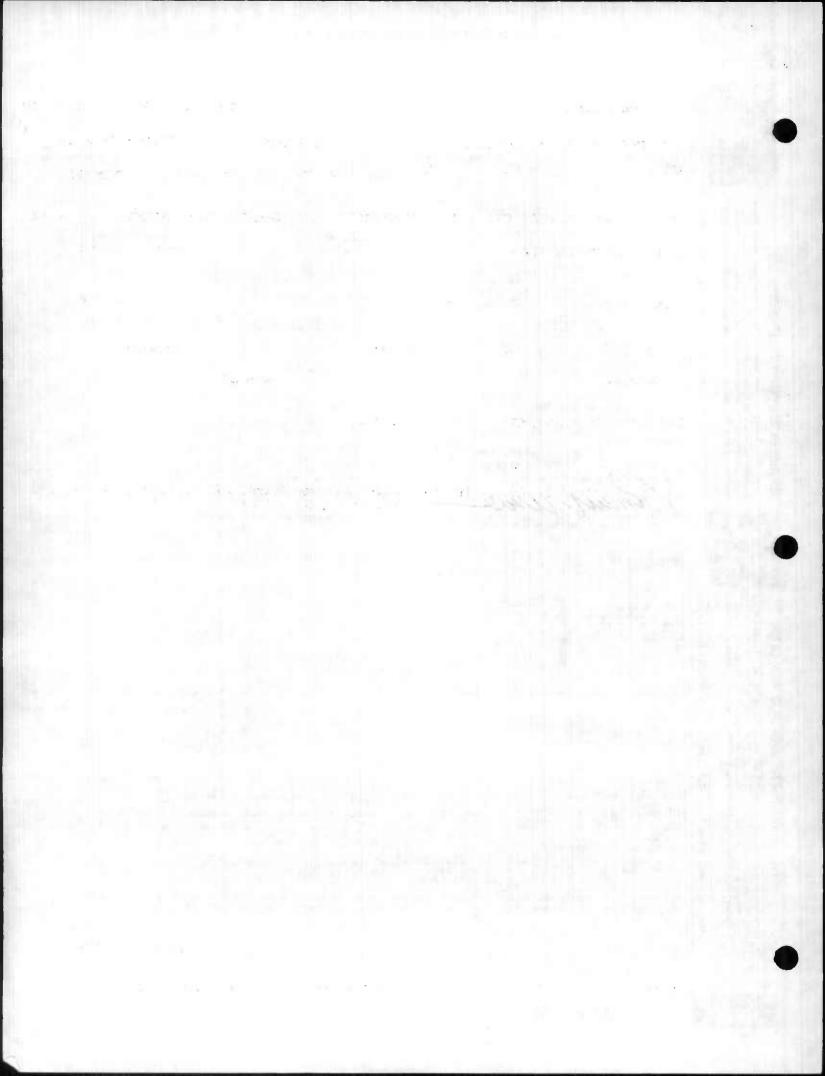
Medical

31. Dete filed (Month, Day, Year) 01

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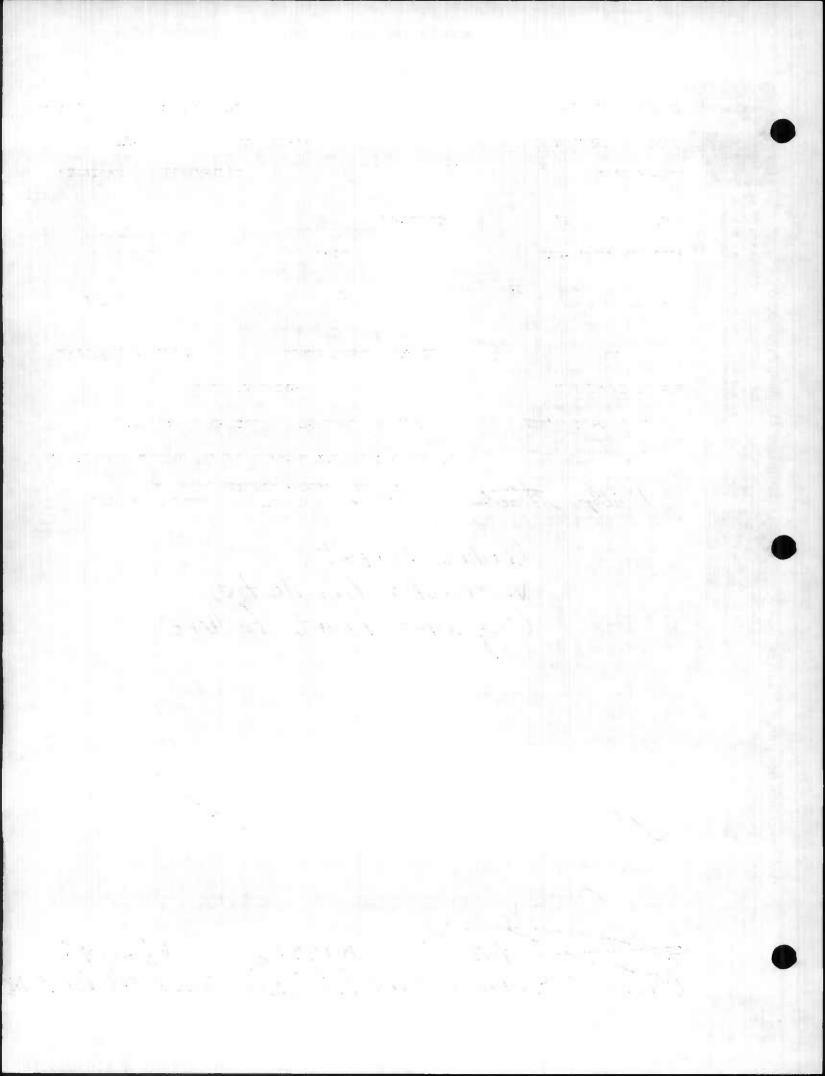
32. Registrar's Signature

To the To the To the

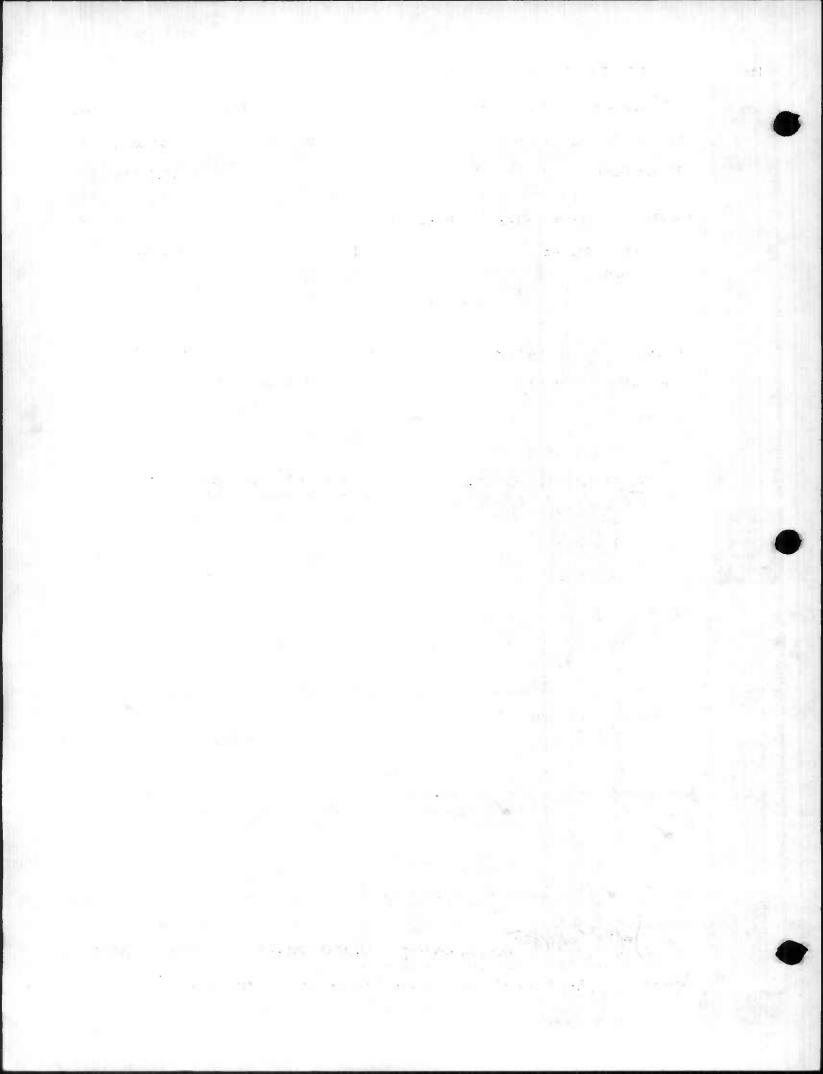


| Certificate of Death                         | Reg. No.      | 20 | 20000 | ) |
|--|---------------|----|-------|---|
| te of Maryland / Department of Health and Me | ental Hygiene | 98 | 20308 | ) |
|  |               |    |       |   |

|            |   |   |   | Certificate                           | e of C                    | eath  |  | Reg. No.           | 0                                  | 20308  |  |  |
|------------|---|---|---|---------------------------------------|---------------------------|---|--|--------------------|------------------------------------|--|--|--|
|            | Physician<br>/Medical   | Decedent's Name (First, Middle, Last)   |   |                                       |                           | 100   | 2. Date of Dea                           | th<br>Day          | Year                               | 3. Time of Deeth   |  |  |
|            |   | JAMES W. MURPHY   |   |                                       |                           |   | JUNE 26                                  |                    | r out                              | 1:10PM   |  |  |
| 4          | Examiner  | 4a Facility Name (If not institution, give street and num   | ber)  |                                       | 4t                        | . City, Town, or Lo                             | cation of Death                          | 4c. County         | of Death                           |  |  |  |
| A          |   | 4431 PEN LUCY ROAD  |   |                                       |                           | BALTIMOF  | RE                                       | N                  | I/A                                |  |  |  |
|            | Funeral<br>Director   | 220-36-7213 X M 2□F   | 7. Age (In yrs. last birt)<br>83  | hday) If Under<br>Months              | 1 Year<br>Days            | If Under 24 Hrs.<br>Hours Min.                  | 8. Date of Birt<br>(Month, Da)<br>06/18/ | , Year)<br>1915    |                                    | place (State or Foreign<br>htry)<br>XYLAND                                 |  |  |
|            | put &   | Usual Residence of Decedent  10a. State 10b. County   | 10c. City, Town   | or Location                           |                           |   |  |                    | 1                                  | 0d. Inside City Limits   |  |  |
|            | sho sho   |   |   |                                       |                           |   |  |                    |                                    | 1 Yes 2 □ No   |  |  |
|            | ath with the Marylan<br>23s or 28s-f show<br>with be notified at<br>rai Director  | MD N/A  | BALTIN  |                                       |                           |   |  |                    | 100                                |  |  |  |
|            | Or D  | 10e. Street and Number  |   | 10f. Zip                              |                           |   |  | 10g. Citizen of 1  |                                    | itry?  |  |  |
|            | rai rai   | 4431 PEN LUCY ROAD  |   |                                       | 2122                      |   |  |                    | S.A.                               |  |  |  |
| 020        | of within 72 hours after death with the Manyland of within 72 hours after death with the Manyland Sysien.  1, the Medical Examinet must be notified at the Medical Examinet must be notified. | 11. Marital Status  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced  12. Was Decer Armed For If Yes, Give Year or Da  | 2 □ No  | 13. Was Deced                         | 11                        | penic Origin? (Sp., Mexican, Puerto<br>Specify: | ecify Yes or No-<br>Rican, etc.)         |                    | Black, White, etc.  Specify: WHITE |  |  |  |
| 0          |   | 15. Decedent's Education  | 16a.  | Decedent's Usua                       | 1 Occupa                  | lion  |  | 16b. Kind of B     | usiness/in                         | dustry   |  |  |
| 218        |   | (Specify only highest grade completed)  Elementery/Secondary (0-12) College (1-   | 4or 5+)   | life. DO NOT us                       | nk done di<br>se retired) | uring most of work.                             | ing                                      |                    |                                    |  |  |  |
| 21         | filed within Hygiene. ther than and, the Me   | 12 2  |   | RK - COU                              | RT H                      | OUSE  |  | STATE O            | F MAR                              | YLAND  |  |  |
|            | 一丁 一  | 17. Father's Name (First, Middle, Last)   |   |                                       |                           | 18. Mother's Name                               | e (First, Middle,                        | Maiden Surnan      | ne)                                |  |  |  |
| a          | denta<br>freed<br>freed   | JOSEPH C. MURPHY  |   |                                       |                           | DAISY 1   | K. GREE                                  | V                  |                                    |  |  |  |
| Maryland   | W 6 3   | 19a. Informant's Name/Relationship (Type, Print)  | nd Number or Run  | al Route Numbe                        | r, City or Town,          | State, Zip                                      | Code)                                    |                    |                                    |  |  |  |
| Σ          | 222   | DENNIS J. MURPHY/SON  | ROAD BA   | LTIMORE                               | . MD 21                   | 229   |  |                    |                                    |  |  |  |
| e,         | -115  | 20a. Method of Disposition  |   | Disposition (Nan<br>y, crematory or o |                           |   | Date                                     | 20c. Location      | _                                  | own, State   |  |  |
| Baltimor   | Page<br>ment o<br>ury or  | 1 X Burial 2 □ Cremation 3 □ Removal from S 4 □ Donation 5 □ Other (Specify)  |   |                                       | RIAL                      | GARDENS   | 7/1/98                                   | MARRIO'            | TTSVI                              | LLE, MD  |  |  |
| Bal        | Departi<br>Departi<br>Importa<br>any Inj<br>once.   | 21. Signature of Funeral Service Licensee   | NERAL HOME, INC.<br>CATONSVILLE, MD 21228   |                                       |                           |   |  |                    |                                    |  |  |  |
| Box 68760, | death certificate be executed e ettending physician and sofor use as the burial-transit sician/Medical Examiner   | Immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  d. | Due to (or as a complete to (or a) complete to (or a) | - he                                  |                           | 1/47<br>t to                                    | hoi                                      | e                  |                                    |  |  |  |
| 00         | at the death cerding by the ettendir efached for use  | Part II. Other significant conditions contributing to dea   | ath but not resulting in  | the underlying c                      | ause give                 | n in Part I.                                    | 23b. Dld                                 | obacco use co      | ntribute to                        | o the cause of death?  |  |  |
| 0          | by the sach   |   |   |                                       |                           |   | 10                                       | Yes 20 No          | 3 □ Pro                            | bably 4 Unknown  |  |  |
| D .        | 5 60  |   |   |                                       |                           |   |  |                    |                                    |  |  |  |
| Records,   | eted  |   |   |                                       |                           |   |  | en eutopsy<br>med? | av                                 | fere autopsy findings<br>vailable prior to<br>ompletion of cause<br>death? |  |  |
| œ          | The law ate has b page 2 s  |   |   |                                       |                           |   | 101                                      | es 20 No           | 1[                                 | ☐ Yes 2☐ No  |  |  |
| Vital      | certificate<br>rector, pag  | 25. Wes case referred to medical  |   |                                       |                           | 26. Place of Deat                               | h (Check only o                          | ud)                |                                    |  |  |  |
| >          | P   | examiner?   | patient 2 ER/Out  | tpatient 3 DC                         | Othe                      |   | me 5 Nesid                               |                    | ner (Specia                        | (v)  |  |  |
| of         | rthis<br>eral o   | 27. Menner of Death  1 Naturel 5 Pending (Month   |   |                                       | 8c. Injury<br>Work        |   | 28d. Describe I                          |                    |                                    | "  |  |  |
| 0          | th.<br>After a funer  | 1 Maturel 5 Pending (Montif   | i, Day Year)  | njury<br>M                            |                           | es 2 No   |  |                    |                                    |  |  |  |
| Division   | tal or Attending P<br>rs efter death.<br>at Director: After t<br>led in by the funers<br>Certification:   | 3 ☐ Suicide 6 ☐ Could not be 28e. Placa   | of Injury - At home, far<br>g, etc. (Specify)   | rm, street, factory                   | , office                  |   | 28f. Location (:<br>City or Tox          |                    | ber or Run                         | al Route Number,   |  |  |
|            | To the Hospital or Attend<br>within 24 hours effer death<br>To the Funeral Director:<br>completely filled in by the<br>Medical Certifical   | 29a. Certifier (Check only one)  11 Certifying Phyaician: To the ba 2  Medical Examiner: On the ba and mann   |   |                                       |                           |   |  |                    |                                    |  |  |  |
|            | withir To th comp   | 29b. Signature and title of continue  |   | 290                                   | c. License                | number  |  | 29d. Date signe    | ed (Month,                         | Day, Year)   |  |  |
|            |   | D28236 6/29/98  |   |                                       |                           |   |  |                    |                                    |  |  |  |
|            | 10x,  | DOVIUM SHMA   | rtin 5  | Type, Print)                          | 110                       | Trede   | rule                                     | RIH                | +14                                | Bultr  |  |  |
|            | State<br>Registrar  | 31. Date filed (Month, Day, Year)  JUL 0 11998  32. Re  | gistrar's Signature   | rdell                                 |                           |   |  |                    |                                    |  |  |  |



| Item 24a   | a p               | per PHY Film G761  | 7-1-98 rja   | or maryia  |                            | Certifica                                    |                                       |   | Mental Hy                               | Reg. No.   | 8 2                           | 0309                                |  |
|--|-------------------|--|--|--|----------------------------|--|---------------------------------------|---|---|--|-------------------------------|-------------------------------------|--|
| Physic   | ian               | Decedent's Neme (First, Mi   |  |  |                            |  |                                       |   | 2. Dete of De<br>Month                  | eeth<br>Dey  | Yeer                          | 3. Time of Death                    |  |
| /Medi  | cal               |  | T. MICH  |  |                            |  |                                       |   | MAY                                     | 25   | 1998                          | 2245                                |  |
| Exami  | ner               | 4e. Facility Neme (If not institu  |  |  | m*                         |  |                                       | _   | r Location of Dee                       |  | y of Deeth                    |                                     |  |
| Funeral<br>Director  |                   | 5. Sociel Security Number 219-36-8207  | VA MEDILA<br>6. Sex<br>1☐XM 2☐ F                           | 7. Age (In yrs                                   |                            | Month  | er 1 Year<br>S Deys                   | If Under 24 Hr<br>Hours Min   | s. 8. Date of Bi                        | rth<br>ev. Year)   | 9. Birthpl<br>Count<br>Minne  | ace (Stete or Forei                 |  |
| rland ow   |                   | Usual Residence of Decadent<br>10a. State 10b. Cour  | nty  | 10c. C   | ity, Town o                | or Location                                  |                                       |   |   |  |                               | Od. Inside City Limi                |  |
| Man,   | to                | Maryland Balt  | imore City   | Ва   | altime                     | ore  |                                       |   |   |  |                               | 1 Ves 2 □ N                         |  |
| th with the Marylar<br>23e or 28e-f show   | al Director       | 10e. Street end Number<br>3201 Fleet St  | reet   |  |                            |  | ip Code                               |   |   | 10g. Citizan of U.S.A  |                               | ny?                                 |  |
| be filed within 72 hours after death with the Maryland tall Hygiene.  d other than "neturel", or flems 23e or 28e-f show event, the Medical Examiner must be multified at  | by Funeral        | 11. Maritel Stetus unknown 1 Never Married 2 M 3 Widowed 4 Divorce   | arried 1 TYes  | cedent Ever in orces? 2 No ive Dates 1951-       |                            | 13. Wes Dec<br>If Yes, sp<br>1 Yes           |                                       | lispenic Origin? (<br>en, Mexican, Pue<br>Specify:                                    | Specify Yes or Norto Rican, etc.)       |  | ce - America<br>eck, White, e | etc.                                |  |
| d within 72 h<br>giene.<br>r than "natu<br>rne Medical   | Completed         | 15. Deced<br>(Specify only hig<br>Elemantary/Sacondery (0-12<br>unknown  | ent's Education hest grade completed; Collage ( unknow     | (1-4or 5+)                                       | - (C                       | ecedent's Us<br>Give kind of w<br>fe. DO NOT | uel Occup<br>rork done<br>use retired | netion<br>during most of wi<br>d)   | orking                                  | 16b. Kind of E   |                               | ustry                               |  |
| S la b   | To Be Co          | 17. Fether's Neme (First, Midd<br>Paul Albert  | e, Last)   |  |                            |  | 7                                     |   | eme (First, Middle<br>ne Maste:         |  | me)                           |                                     |  |
| alth a   | -                 | 19e. fnforment's Name/Reletic<br>unknown   |  | lailing Addre                                    | ss (Street                 | end Number or F                              | Ru <i>ral Route N</i> umb             | irst, Middle, Meiden Surname) **Lasters  loute Number, City or Town, State, Zip Code) |   |  |                               |                                     |  |
| Pege<br>nent o<br>int: If i  |                   | 20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetio 4 ☐ Donetion 5 ☐ Other  | Place of D<br>cemetery,                                    | isposition (N<br>cremetory or                    | eme of<br>other plea       | ce)  | Dete                                  | 20c. Location   | - City or Tov                           | vn, Stete  |                               |                                     |  |
| Departm<br>Departm<br>Importa<br>any inju  |                   | 21. Signeture of Funeral Service Sonal de S.   | wade, Dir  | ector  |                            |  |                                       |   | rd, 655<br>nd 21201                     |  | imore                         | Street                              |  |
| Physician //Medical Examiner physician ped p | Examiner          | 25a. Pert Enter the disease shock or heart failure.  Immedieta Ceuse (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to Immediate ceuse. Enter Underlying | a  | LEPATO<br>Due to 1<br>Ethano                     | CELLU ( or es a cor        |  | LARCE                                 | Nom A   |   |  |                               | Intervel Batween<br>Onset end Death |  |
| E 00 6   | Physician/Medical | Ceusa (Diseese or injury<br>that initiated evants<br>resulting in deeth) Last  | c  | Due to (   | or es e con                | sequance of                                  | ,                                     |   |   |  |                               |                                     |  |
| he ett   | sici              | Pert II. Other significant condi   | tione contributing to d                                    | eath but not re                                  | sulting In th              | e undarlying                                 | ceuse giv                             | en in Pert I.   | 23b. Dld                                | tobacco use co   | ontributa to                  | the cause of deat                   |  |
| ires thet the death cert<br>signed by the ettendin<br>d be detached for use  | by                | Sportaneou   | S BATER  | AL PER   |                            |  |                                       |   |   | Yes 2□ No  | 3 Prob                        | ably 4 Unkno                        |  |
| s been<br>2 shoul  | Completed         |  |  |  |                            |  |                                       |   | 24e. Was<br>perfe                       | 24e. Was en autopsy performed? 24b. Were au eveileble complet of deeth |                               |                                     |  |
| F ag   |                   |  |  |  |                            |  |                                       |   | 10                                      | Yes 2 No   | 10                            | Yes 2□ No                           |  |
| ysician: The   | Be                | 25. Wes cese referred to medic exeminer?   |  | /  | -                          |  | 0.5                                   |   | eth (Check only                         | one)   |                               |                                     |  |
| 9 0  | ion: To           | 1 Yes 2 No  27. Manner of Death 1 Naturel 5 Pend   | 28e. Dete<br>(Mon  |  | 28b. Tim<br>Inju           |  | 28c. Injun<br>Worl                    | et<br>k?  | Home 5 Resi                             | dence 6 GOti<br>how injury occu  |                               |                                     |  |
| To the Hospital or Attending Ph<br>within 24 hours efter death.<br>To the Funeral Director: After thi<br>completely filled in by the funeral   | Certification:    | 3 ☐ Sulcida 6 ☐ Coul   | mined 200. Plece   | of fnjury - At hing, atc. (Speci                 |                            |  |                                       | Yes 2 □ No  | 28f. Location (<br>City or To           | Street end Num<br>wn, State)   | ber or Rural                  | Route Number,                       |  |
| To the Hospital of within 24 hours of To the Funeral D completely filled it  | Medical (         | 29a. Certifler (Check only one)  | ing Physician: To the<br>il Examiner: On the be<br>end man | bast of my kno<br>asis of examina<br>nar stated. | owledga, da<br>ation end/o | aath occurred<br>r Invastigatio              | et the tim                            | ne, date end plec<br>pinlon, deeth occ  | e, end due to the<br>urred et tha tima, | ceuse(s) end m<br>data and plece,                                      | enner es sta<br>and due to    | ited.<br>the ceuse(s)               |  |
| Within To the comp   | M                 | 29b. Signeture and title of senti  | own of   | . A. O   | (C.A                       |  | c. License                            |   | a                                       | 29d. Date signe  |                               |                                     |  |
|  |                   | 30. Nama and eddress of person   | n completed ceus   |  | m 23a) (Ty                 | pe, Print)                                   |                                       |   | 000                                     | TATE   | 5,199                         | X                                   |  |
| Sta<br>Registra  |                   | 31. Dete filed (Month, Day, Yea  | 7) 32. R   | legistrar's Sign                                 | eture                      | Pandall.                                     | ) BA                                  | TIMORE,   | MD 21                                   | 101  |                               |                                     |  |



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Death Month **Physician** MARTHA JANE MCNAMARA JUNE 28 1998 12:30AM /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not Institution, give streat end number) 4c. County of Death Examiner 11 RAMBLING OAKS WAY CATONSVILLE BALTIMORE 5. Social Sacurity Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 08/03/1939 Birthplaca (Steta or Foreign Country)
 MARYLAND 7. Age (In yrs. lest birthday) Funeral Months Days Hours Min 1□M 2\ F 219-38-0410 58 Yrs Director Usual Residence of Decedent with the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits is marked other than "natural", or items 23s or 28s-f sho resumstic event, the Medical Exeminer must be notified as 1 Yes ZHNo Director MD BALTIMORE CATONSVILLE 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 11 RAMBLING OAKS WAY 21228 U.S.A. Funeral deeth 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ဩ No If Yes, Give Year or Detes: Was Decedant of Hispanic Origin? (Specify Yaa or No. If Yas, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Race - American Indian. Black, White, atc. should be filed within 72 hours after 1 Never Married 2 ☐ Married Specify: WHITE Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: g 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 TAX CLERK CITY OF BALTIMORE 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) h and Mental h JAMES M. MCNAMARA VIRGINIA PHOEBE COOPER 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If them 27 is m KATHLEEN M. MCNAMARA/SISTER 11 RAMBLING OAKS WAY CATONSVILLE, MD 21228 20b. Place of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cramation 3 Removal from Stata ö 7/1/98 NEW CATHEDRAL CEMETERY BALTIMORE. MD 4 □ Donetion 5 □ Other (Specify) 22. Nama and Address of Facility
STERLING ASHTON FUNERAL HOME, INC. ne of Filing A Service Licensee 736 EDMONDSON AVE. CATONSVILLE, MD 21228 for the disease, or complications that ceused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Examiner certificate be executed buriel-tran Sequentially list conditions, if any, leading to immediate ceusa. Enter Underlying Cause (Disease or Injury that initiated avents resulting In death) Last pug physician Box 68760 Physician/Medical Due to (or as a consequence of): the as **BSU** Po 23b. Did tobacco usa contributa to the causa of death? P.0. the Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 2 No signed by 1 Yes 3 Probably 4 Unknown Division of Vital Records. P 8 24b. Were autopsy findinga available prior to 24a. Was an autopsy performed? Completed peen completion of cause of death? hes certificate 1 ☐ Yes 1 ☐ Yes 2 ☐ No Attending Physician: funeral director, Be 25. Was case referred to medicel axaminer? 26. Place of Death (Check only ona) 1 Yes 2 No Other: 4 ☐ Nursing Homa 5 Rasidence 6 ☐ Other (Specify) 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Megner of Death 28a. Date of Injury (Month, Dev Year) 28b. Tima of 28d. Describe how injury occurred Certification: 28c. Injury at Work? After 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accidant efter deetl Director: Could not be determined 3 Sulcide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, atc. (Specify) 4 Homicide 6 To the Hospital within 24 hours e Certifying Physician: To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(s) and manner as stated.

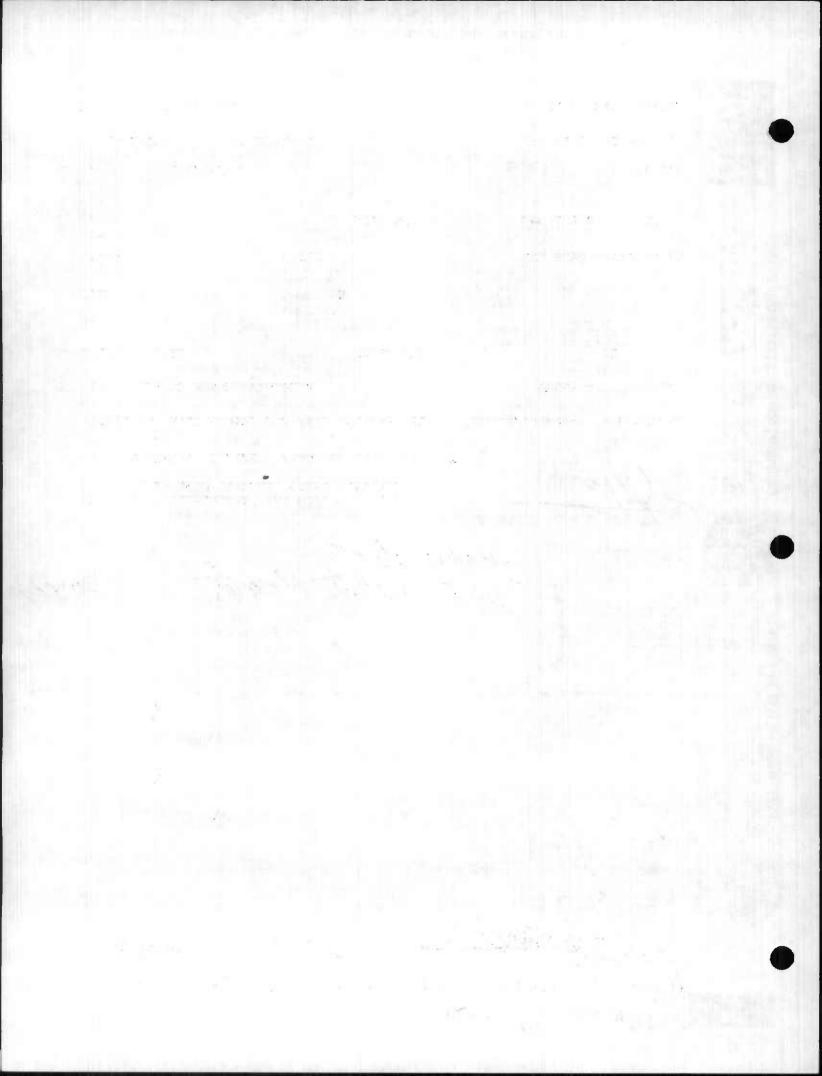
| Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred at the tima, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medicai compietely (Check only one) 29b. Signature and title of 29c. Licanse number 29d. Data signed (Month, Dey, Year) 30. Name and address of person who complated cause of death (Itam 23a) (Type, Print) HEREDIA, M.D. 413 COMMONWEALTH AVE. BALT. NO. 21228 MIGHEL 32. Ragistrar's Signatura 31. Deta filed (Month, Day, Year)

wha Savidson-Randall

DHMH 16 Rev 6/95

Registrar

0 1 1998



Box 68760 P.O. Records, Division of Vital

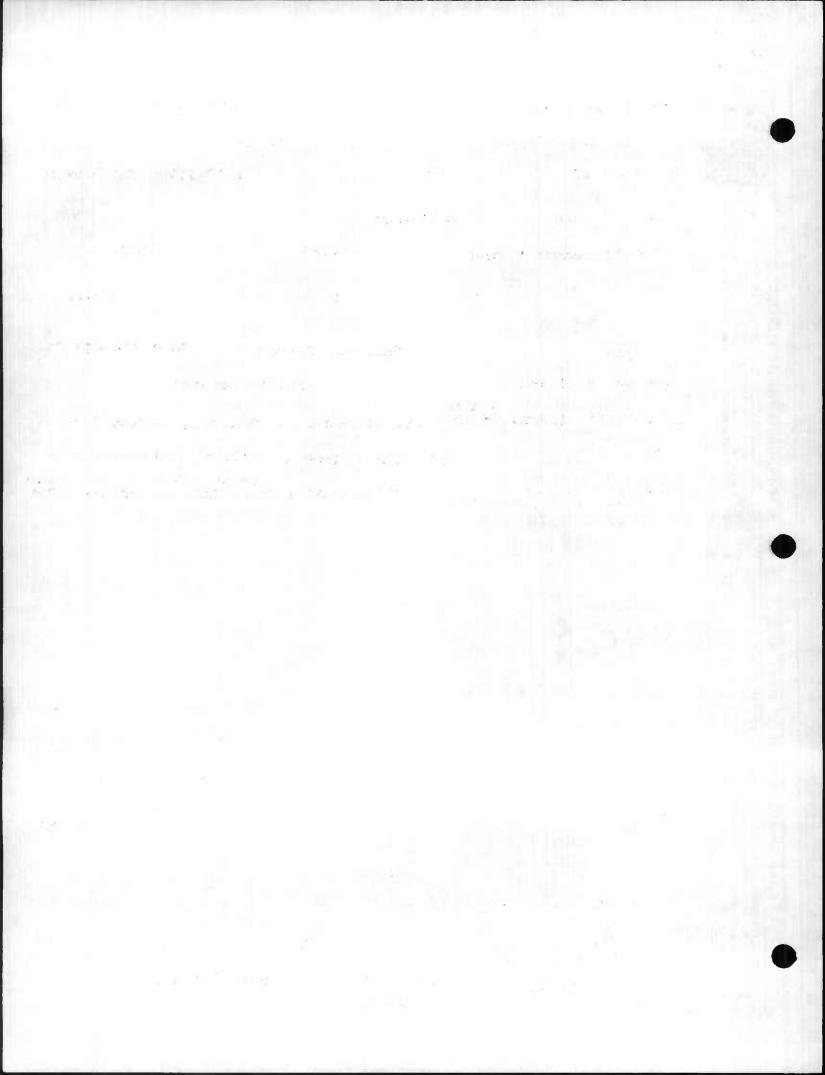
Physician: After this or Attending death. Director: A 6 within 24 hours efter To the Funeral Direc completely filled in b Hospital

1 Yes 2□ No 28b. Time of P 28a. Date of Injury FOUND 6/26/98 SCENE 27. Manner of Death 28d. Describe how injury occurred 1 Naturai 5 Pending investigation FOUND3:45M 1 Yes 2 No UNKNOWN 2 Accident 6 Could not be determined Location (Street and Number or Rural Route Number, City or Town, State) 238 S. Collington Ave. BALTIMORE CITY, MD. 3 Suicide 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) FOUNDS PRIVATE DWELLING 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Wedlcal Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and minorer stated. 29a. Certifier (Check only one) 29b. Signature and tile of certif 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E. JUNE 27, 1998 of death (Item 23a) (Type, Print) 30. Name and add 111 Penn Street, Baltimore, Maryland 21201 DXX 31. Date tiled (Month, Day) Daydon-Randell

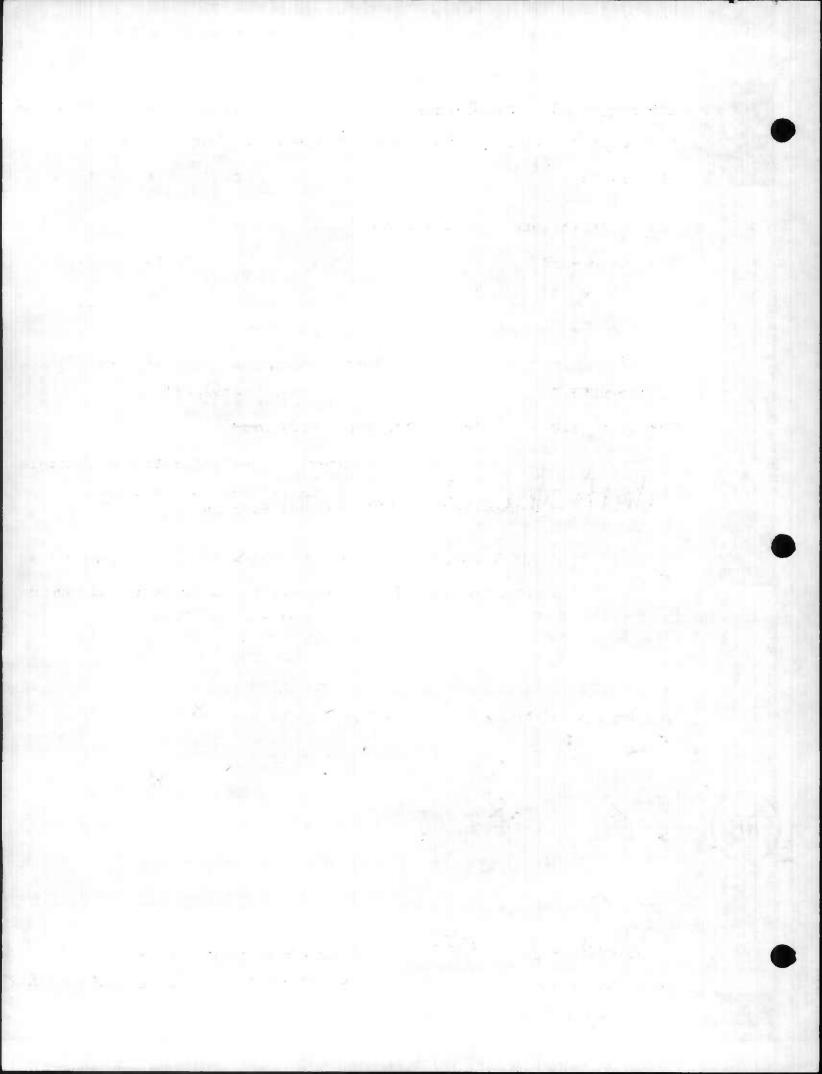
State Registrar

edical



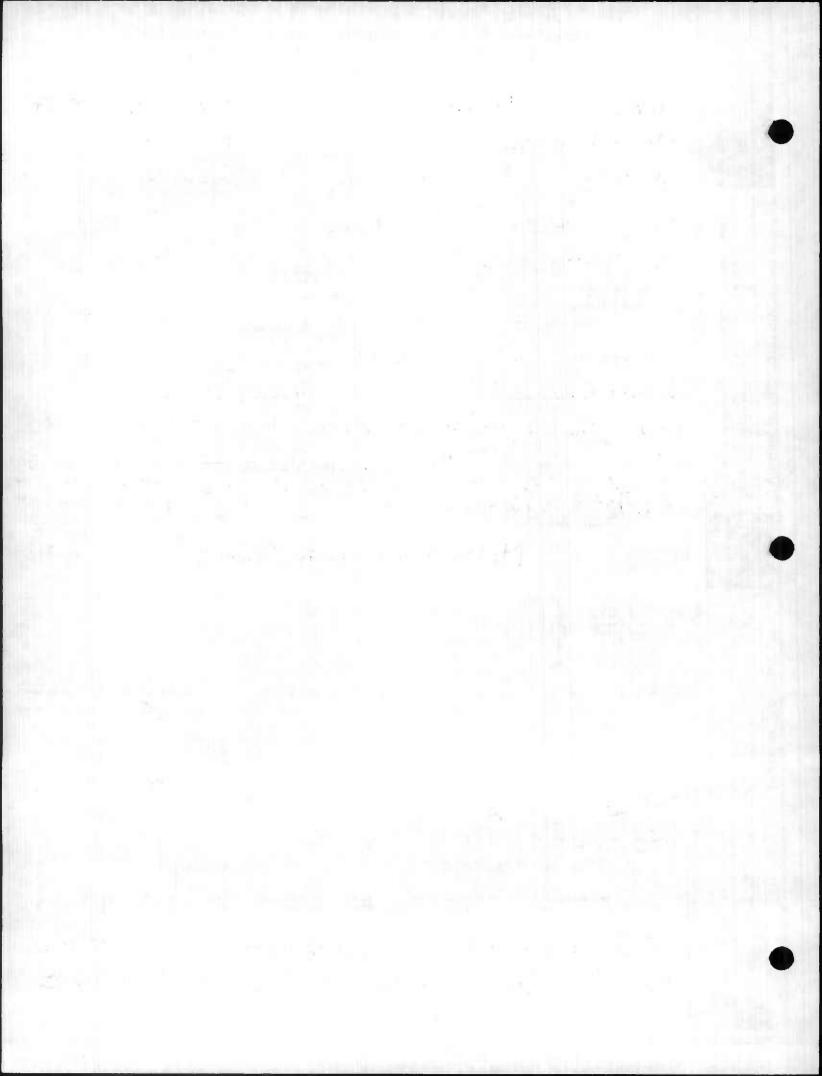
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene)

| lala  | 1. Decedent's Nam  | na (First, Middi   | la Last)   | PHILIP M   |   |  |  | of Death  | 2. Data of Month   | Death Day  | Yaar 3. Tima o   |  |  |
|---|--|--|--|--|---|--|--|---|--|--|--|--|--|
| cian<br>Iical   | PHI  | LLI  | P  |  | RI  | 5  |  |   | JUN  |  | 1998 5.4   |  |  |
| iner  | 4a Facility Nama (   | (If not institution  | n, give stre   | et and number)   | )   |  |  |   | n, or Location of De   | ath 4c. Count  | y of Death   |  |  |
|   | HAR  | BOR  | 1+0  | SPI  | TAL   | - CE   | NTER   |   |  |  | NA   |  |  |
|   | 5. Social Security I   | -6737  | 8. Sax   | 2□ F 7. Aç   | ga (In yrs. Ia<br>59  | ast birthday)<br>9 Yrs.  | If Undar 1 Ye  |   | 8. Data of Birth (Month, Day, Year)  Nov 23,1938  Birthplaca (State or Fore Country)  USA  |  |  |  |  |
|   | Usual Rasidance of<br>10a. Stata   | 10b. County  | /  |  | 10c. City,  | , Town or Lo   | ocation  |   | 10d. Insida City L   |  |  |  |  |
| by Funeral Director   | MD   | /Balt  | timor  | e  | Lar   | nsdow  | me   |   |  |  | 1 🗆 Yes  |  |  |
| Dire  | 10e. Sfreet and Nu   | ımber  |  |  |   |  | 10f. Zip Cod   | ie  |  | 10g. Citizen of  | What Country?  |  |  |
| 2   | 3031 B   | ero Ro   | oad  |  |   |  |  | 21227   |  | United   | States<br>ce - American Indian,  |  |  |
| nue   | 11. Marital Status   |  |  | Was Decedent<br>Armed Forces?  | ?   | 5. 13.   | Was Decedant<br>If Yas, specity (  | of Hispanic Origin<br>Cuban, Maxicen, F   | n? (Specify Yes or<br>Puarto Rican, atc.)  | No- 14. Ha<br>Bis  | ack, White, etc.   |  |  |
| y F   | 1 Never Man  |  | ried   | 1 ☐ Yas 2 ☑<br>If Yas, Giva  | No  |  | 1 ☐ Yas 2√2  | No Specify:   |  | Speci  |  |  |  |
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State of Maryland / Department of Health and Mental Hygiene Item: 20b per F.H.G-761 7/1/98 reb Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Tima of Death Month 25 1998 **Physician** 09 57 JUNE VADINE /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4e, Facility Name (If not institution, giva street end number) Examiner ISACTIVORE MOSPITAL FUSCH If Undar 24 Hrs. 7. Aga (In yrs. last birthday) If Undar 1 Year 8. Date of Birth (Month, Day, Year) Birthpiece (Stete or Foreign Country) 5. Social Security Number 6. Sex **Funeral** Days Months Hours 1 M 200-F 213-80-1562 Usual Residence of Decedent Yrs. **Director** JUNE 30 1965 the Maryland r 28a-f show 10a. Slate 10b. County 10c. City, Town or Location 10d. inside City Limits tyes 2□No Directo IMORE 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number permit. Pages 1 and 2 should be filed within 72 hours efter death with 1 Department of Health and Mental Hygidene. Important: if item 27 is marked other than "naturel", or items 23a or any injury or other traumatic event, the Medical Examiner must be a bloce. 21215 2318 Funeral JUE 14. Race - American Indian, 12. Was Decedant Evar in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritai Status Black, Whila, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yas 2 ☐ No Baltimore, Maryland 21215-0020 Specify: þ 3 Widowed 4 Divorcad Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12+7 JIA HOSPITA GRADE 18. Mother's Name (First, Middle, Meiden Surnema) 17. Fathar's Nama (First, Middla, Last) Be Shiele ROMULE 2 Sonald AUIS 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stata, Zip Code) BAITO 21215 KEUIN -Husband 20b. Placa of Disposition (Neme of cemetery, cremetory or other pleca) 7/1/98 20c. Location - City or Town, Stata 20a. Method of Disposition 12 Buriai 2 Cremation 3 Removal from State ANDALISTOWN, ML 4 ☐ Donation 5 ☐ Other (Specify) EMORIAL TARK 22. Name and Address of Facility, Um. C MARCh Name Bin. C. MH ELL JM. C. MH ELL 1300 WADASH 21. Signature of Funeral Servica Linense HOME WEST INC FUNEERI Wm. 1 Balto MD 21215 AUE Approximate interval Between Onsel and Death 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one ceuse on each line. **Physician** Immediate Cause (Final disaese or condition resulting In death) /Medical VARIAN CANCER 3 runths **Examiner** Due to (or es e consequence of) Examiner ettending physician and for use as the buriel-transit that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Due to (or es a consequenca of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequance of) deteched 23b. Did tobacco usa contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 000 3 Probably 4 Unknown þ 24b. Were autopsy findings evaileble prior to 24a. Wes en autopsy performed? page 2 should Completed peen completion of cause of death? certificate hes 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 200 No Inpatient To 2 ER/Outpatient 3 DOA After this funeral 28a. Date of Injury (Month, Dey Yeer) 27. Manner of Death 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? Certification: Natural 5 Pending investigation 1 Yes 2 No death. a Euneral Director: A Filed in by the f 2 Accident 6 Could not be 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number. City or Town, State) 3 Suicide 4 Homicide Hospital 29a. Certifier 🔁 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. edicai within 24 hor To the Fune completely fi 2 Madical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. (Check only one) To the 29d. Data signed (Month, Day, Year) 29c. Licansa number 29b. Signature and title of cartifier 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) PLACE 301 OSEPH 32. Registrar's Signature

Sundson-handers PAUL CO STA 31. Date filed (Month, Dey, Year) State Registrar JUL 0 1 1998



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death 3. Tima of Death 1. Decedent'a Nama (First, Middla, Last) **Physician** 29 Paul Nelson 1998 12:15 pm Howard June /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, giva street and number) Examiner Carney
If Undar 1 Yaar | If Undar 24 Hrs. | 2602 Matthews Drive Baltimore 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1 M 2 □ F Months Days Hours Yrs. Director 219-18-1038 07-29-1925 Maryland the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits ir than "naturel", or items 23s or 28s-f show the Medical Evantiner must be notified at 1 ☐ Yas 2 ☐ No Directo Maryland Baltimore Carney 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? with 21234 U.S.A. 2602 Matthews Drive death Funeral 12. Was Decedent Evar In U,S. Armed Forcas? 1 M Yas 2 □ No If Yas, Giva Yaar or Datas: 1943-46 14. Raca - American Indian. 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-tf Yas, specify Cuban, Maxican, Puarto Rican, atc.) Black, Whita, atc. Peges 1 end 2 should be filed within 72 hours efter of nent of Health and Mental Hygiene.

ant: If item 27 is merked other than "naturel", or Health or other traumetic event, the Medical Examina. 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada completed) Elamentery/Secondery (0-12)
12 Years College (1-4or 5+) Diesel Mechanic Steel Production 18. Mothar's Nema (First, Middla, Maiden Surnama) 17. Fathar's Nama (First, Middla, Last) Howard P. Nelson Blanche Crombie 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) 2602 Matthews Drive Baltimore, Maryland 21234 Dolores Nelson- Wife 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20c. Location - City or Town, Stata 1X Burial 2 □ Cramation 3 □ Removal from Stata permit. Pege Department of Important: If eny injury or 4 Donatton 5 Othar (Specify) Parkwood Cemetery 7-2-98 Baltimore, Maryland 21. Signatura of Funa al Sarvice Licensee 22. Nama and Addrass of Facility Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, Maryland 21214 J. Wayne Osterling rt. Star tha diseasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, ck, of year failure. List only one cause on each line. Approximata Intarval Between Onsat and Death **Physician** Immadiata Causa (Final disaase or condition rasulting in death) Examiner Examiner physician and the buriel-transit Sequantially list conditions, if eny, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated evants rasulting in deeth) Last Dua to (or es a consequance of): Box 68760. Physician/Medical Dua to (or as a consequenca of): 98 950 ŏ Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? P.O. the signed by 1 Yes 2 No 3 Probably 4 Unknown Records, à 24b. Wera autopsy findings availabla prior to complation of cause of death? 24e. Wes an autopsy Completed page 2 1 Yas 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital Physician: funeral director, 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Chack only ona) Othan: 4☐ Nursing Homa 5 Aasidanca 6 ☐ Othar (Specify) 1 Yas 2 No P 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Data of injury (Month, Day Year) 27. Manner of Daeth 28d. Dascribe how injury occurred 28b. Tima of Certification: 28c. Injury at Work? 1 Neturel Hospital or Attending 5 Pending 24 hours after death. Prineral Director: Af 1 ☐ Yas 2 ☐ No investigation 2 Accidant 6 Could not be determined 3 Sulcida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, streat, factory, offica building, etc. (Specify) 4 Homlcide 1 Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, data end place, and dua to the cause(s) end manner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at tha time, dete and place, and due to the cause(s) 29a. Certifier To the Hosp within 24 hor To the Fune completely fi edical 29d. Data signad (Month, Day, Year) 29b. Signatura 29c. Licansa number

5+1

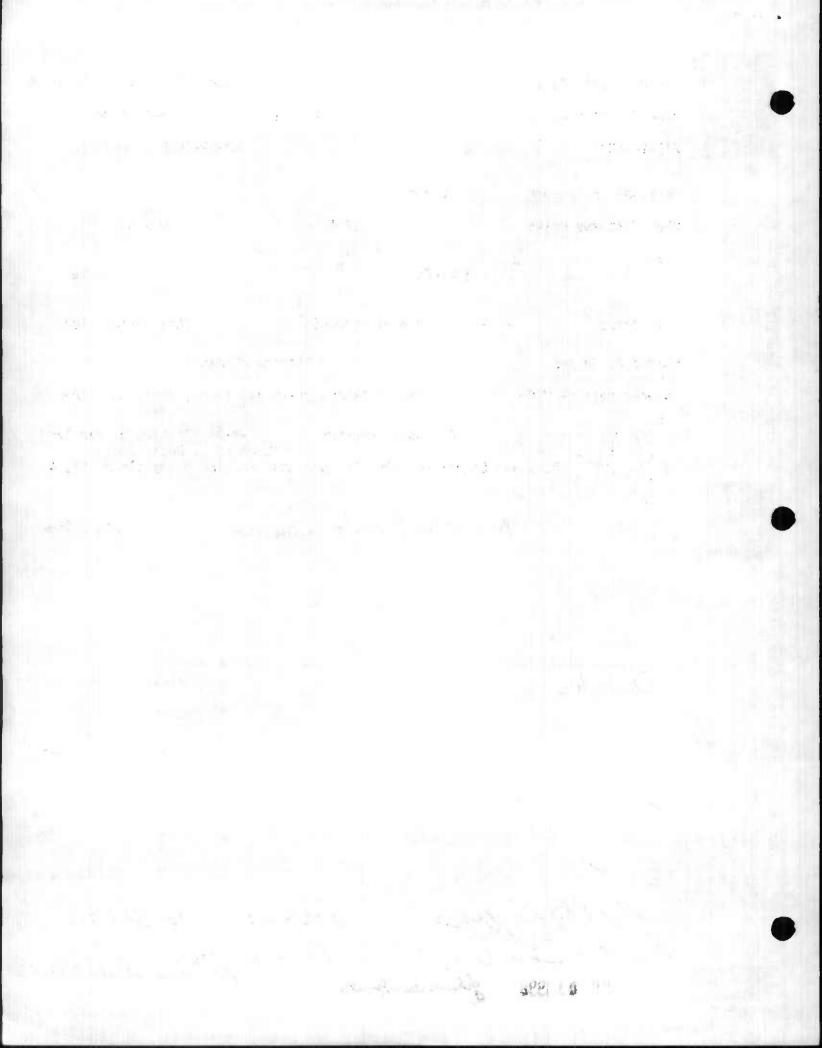
State 31. Data filed (Month, Day, Yaar, Registrar

32. Registrer's Signature

Julia Davidson Rando

musa of oaath (Itam 23a) (Type, Print)

Towson Med 21286



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|   |                     |   |  |   | ficate of                                | Death                                    |  | Reg. No.                            | 8 20315   |
|---|---------------------|---|--|---|--|--|--|-------------------------------------|---|
| Physicia<br>/Medic  |                     | 1. Decedent's Name (First, Middle, Last)  Ella C. Orn   | dorff  |   |  |  | 2. Date of De Month                    | Day Y                               | 3. Time of Death 2'. 35 p   |
| Examin<br>Funeral<br>Director   | er                  | 4a. Facility Name (If not institution, give street at St. Agnes Nursing An 5. Social Sacurity Number 6. Sex 212-46-2394  Usual Rasidence of Decedent        | d Rehab  |   | If Under 1 Year<br>Months Days           |  | City                                   | Howard                              | Deeth  Birthplace (Stete or Foreign Country)  Maryland                              |
| Maryland<br>of show   | tor                 | 10e. State 10b. County  Maryland Baltimore  |  | , Town or Locat                                 | ion                                      |  |  |                                     | 10d. tnside City Ltmits   |
| is 1 and 2 should be filed within 72 hours after death with the Manyland of Health and Mental Hyglene. Item 27 is merked other than "natural", or items 23s or 28s-f show other traumetic event, the Medical Examiner must be notified. | by Funeral Directo  | 10e. Street and Number  3 205 Bryant Avenue  11. Marital Status  1 Never Married 2 Married 1 If Y   | s Decedent Evar in U,<br>led Forces?<br> Yes 2© No<br>es, Giva<br>ar or Dates: | S. 13. Wa                                       | 2122 s Decedent of I as, specify Cub     | Hispanic Origin? (S<br>an, Mexican, Puar | Specify Yes or No<br>to Rican, etc.)   | Specify:                            | Amarican Indian,<br>White, etc.   |
| should be filed within 72 hours aft<br>nd Mental Hyglene.<br>merked other than "natural", or<br>imetic event, in a Med cal Exam   | Completed t         | 15. Decedent's Education<br>(Specify only highest grade comp  |  | 16a. Deceden<br>(Give kin<br>life. DO<br>Laund: |  | pation<br>during most of wo<br>d)        | rking                                  | 16b. Kind of Busin                  |   |
| should be file<br>and Mental Hy<br>merked othe<br>umatic event.   | Be                  | 17. Father's Name (First, Middle, Last)  Walter J. Poist  19a. Informent's Neme/Relationship (Type, Pri   | 763  | 10h Malline                                     | Address /Ctar                            | Helen                                    | G. Fai                                 | , Meiden Sumeme)                    |   |
|   |                     | Terry L. Logan  20e. Method of Disposition  1 Buriai 2 Cremation 3 Remova 4 Donation 5 Othar (Specify)  | 20b. Pl  |   | Ralei<br>on (Neme of<br>ory or other ple | gh Tave                                  |  |                                     | t City 21042<br>y or Town, State  |
| permit. Pages<br>Department of<br>Important: If I<br>any injury or<br>once.   |                     | 21. Signature of Funeral Service Licensee   | Bel  | 22. N   | ame and Addre                            | ess of Facility W:                       | itke Fur                               | neral Homes                         | s, Inc.   |
| Physician<br>/Medicai<br>Examiner   | -e-                 | 23a. Part1. Enter the disease, or control consistency, or heart feilure. List only one caus immediate Cause (Finel disease or condition resulting in death) | CERE   |   | e ?                                      |  |  |                                     | Approximate Interval Between Onsat and Death  |
|   | /Medical Examiner   | Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last  |  | es a consequer                                  |  |  |  |                                     |   |
| that the death cer<br>ed by the ettendin<br>deteched for use  | / Physician/Medical | Pert II. Other significant conditions contributing  | to death but not result  | Iting in the unde                               | rlylng ceuse gi                          | ven in Pert I.                           |  | tobacco uee contril<br>Yee 2□ No 3[ | bute to the cause of death  |
| hes been s<br>ge 2 should   | Completed by        | CHRONIC AT  | RIAC 1   | FIBRE   | LLATIO                                   | N  |  | ormed?                              | 4b. Were eutopsy findings<br>availeble prior to<br>completion of cause<br>of death? |
| ysician:<br>s certific<br>director.   | To Be Co            | 25. Wes case referred to medical examiner?  1  Yes 2  |  | ER/Outpatient                                   | 3□ DOA Oth                               | ner: 4D Nursing H                        | 1 ☐ ath (Check only alome 5 ☐ Resi     |                                     | 1 □ Yes 2 □ No  |
| or Attending<br>efter death.<br>Director: Afte<br>in by the fune  | Certification:      | 27. Manne-of Deeth    Netural   5   Pending investigation   3   Sulcide   6   Could not be determined   4   Homicide   28e.                                 | how injury occurred  Street end Number own, State)                             | or Rural Route Number,                          |  |  |  |                                     |   |
| thin 24 hours<br>thin 24 hours<br>the Funeral<br>empletely filled   | Medical C           | 29a. Certifier (Check only one)  29 Medical Examiner: On enc  | To the best of my know<br>the basis of examinetic<br>I manner stated.          | riedge, deeth oc<br>on and/or invest            | igetion, in my o                         | opinion, death occu                      | , and due to the<br>irred at the time, | dete end plece, and                 | due to the ceuse(s)   |
| To with   |                     | 29b. Signature and title of certifier  30 Name and address of person who completed  | LU OM.   | 23a) (Type Prir                                 | 29c. Licens                              | 28595                                    |  | 29d. Date signed (A                 | Pag.  |
| Stat  |                     | 31. Dete filed (Month, Day, Year)   | HAMI 72<br>32. Registrar's Signatu   | 20 PA   | RIC                                      | HEICHT                                   | 3 AVE                                  | BAC                                 | 10 MD 212   |

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Wit

Edmondson Ave Catons.

#### Please Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Deeth 2. Date of Death 1 Decedent's Name (First Middle Last) Alma B. Parr Month 21:58 JUNE 1998 26 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Neme (If not institution, give street end number) Union Memorial Hospital Balto | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month), Day Year) | 9. Birthphase (Month), Day Year) | 192 | 3 | Balto, MD Sex 1 M ACKEX 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign Months 219-16-4606 74 Usual Residence of Decedant 10e. Stete M D 10b, County 10c. City, Town or Location 10d. Inside City Limits N/A Baltimore X X Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 709 West 37th Street 21211 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes X2 M No It Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 Yes 2X No Specify: Specify: White 3 Widowed 4 Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16h Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Customer Service Telephone Company 17. Fethar's Neme (First, Middle, Last) James D. Buckmaster, Sr. 18. Mother's Name (First, Middle, Maiden Sumeme) Lillian Glaser 19a. Intormant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) Christopher P. Parr(Son) 7102 Forest Green Court Columbia Md 21046 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other piece) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 【D】 Cratmetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Hiltop Service Corp. 6/29 Towson, MD Burgee-Henss Funeral Home 3631 Falls Rd. n Balto, MD 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one cause on each line. Approximate Intarval Batween Onset and Death Immediate Cause (Final disease or condition resulting in death) · MULTIPLE BILATERAL PULMONARY Dua to (or as a consaquanca ot): Due to (or as a consequence ot): Due to (or as e consequence ot): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Were eutopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was casa raterred to medical axaminar? 28. Place of Death (Check only ona)

**Physician** /Medical Examiner

certificate be executed

Box 68760

Division of Vital Records, P.O.

**Physician** 

/Medical

Examiner

Director

Funeral

þ

**Funeral** 

Director

from 27 is marked other than "natural", or frems 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 721 Department of Health and Mentel Hygiene. important: if item 27 is marked other than any injury or other traumatic event any injury or other traumatic event.

the Meryle

M ALMA. B. DARR

Examiner physician end s the buriel-trans Sequentially list conditions, if eny, leading to immediate causa. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Physician/Medical 98 980 signed by t

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Completed

Be

2

Medicai

hes

funeral

Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifice

To the Hosp within 24 hor To the Fune completely fi

INTRACRANIAL HENORRHAGE - SIP CRANIOTOMY

HYPERTENSION

Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 28b. Time of 28d. Describe how injury occurred

27. Menner of Deeth 28e. Data of Injury (Month, Day Year) 5 Pending investigation 1 Naturel 2 Accident

6 Could not be detarmined

JUL 0 1 1998

28e. Place of Injury - At home, tarm, straet, fectory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 No

28f. Location (Street and Number or Rural Routa Number, City or Town, Stete)

1 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, dete end place, and dua to the ceuse(s) end menner as stated. 29e. Cartifier (Check only one) 2 Medical Examiner: On the basis of exeminetion and/or invastigation, in my opinion, daeth occurred et the tima, data and place, and dua to the cause(s) end menner steted.

29b. Signeture end title of certifier

3 Suicide

4 Homicide

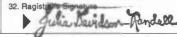
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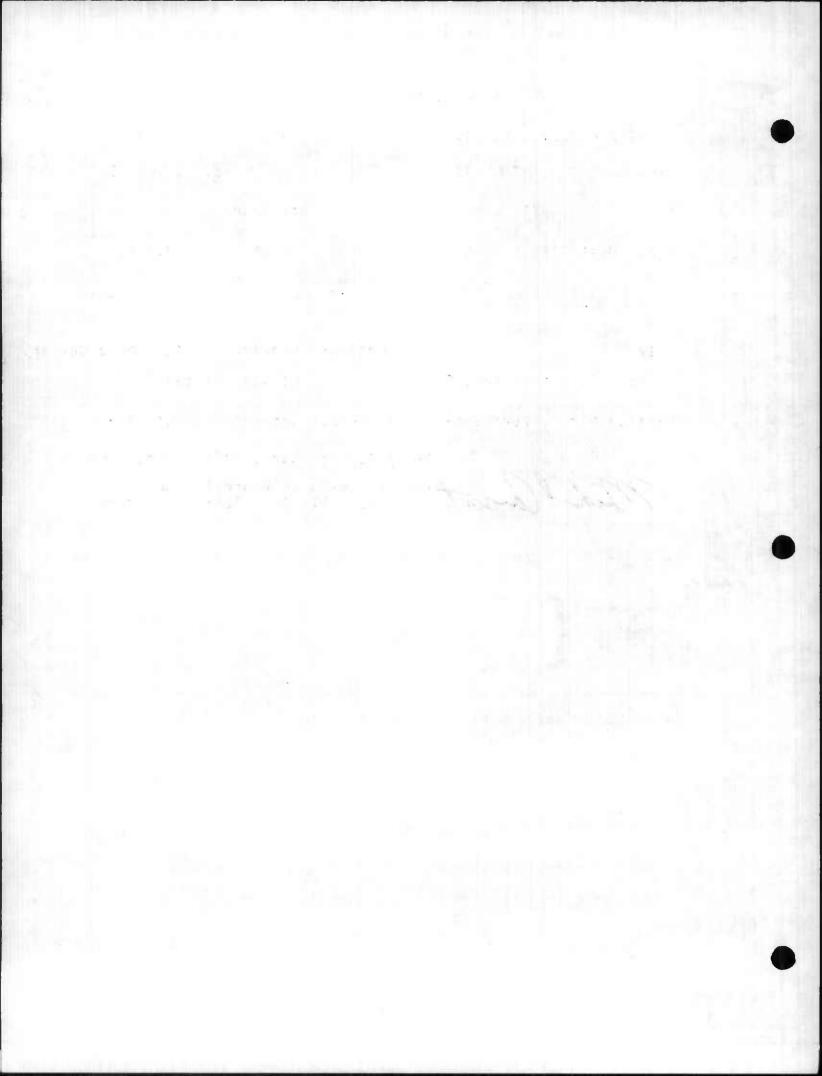
29c. License number AT 2438 946 29d. Date signed (Month, Dey, Year) June, 26, 1998.

30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

BACTIMORE, MD 21218. HOSPITAL UNION MEMORIAL 31. Dete tiled (Month, Dey, Year)

Registrar





State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) Month **Physician** GFORGE PULLEY June 06:28am /Medical 4e Fecility Neme (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Baltimore 1327 N. Linwood Avenue If Under 1 Year If Under 24 Hrs. Birthpiece (State or Foreign Country) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) Date of Birth (Month, Dev. Yeer) **Funeral** Deys 1QM 2□ F 60 245-54-4534 Yrs **Director** NC 09-21-37 Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside Ctty Limits r 28a-f show XI Ves 2□No Director MD NA Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 1 7 is marked other than "natural", or items 23s or traumatic event, the Modical Experience must be a 21213 USA 1327 N. Linwood Avenue permit. Pages 1 and 2 should be filed within 72 hours after deeth v Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Items 234 any Injury or other traumatic event, the Hookel Example. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 Never Merried 2 Merried 3altimore, Maryland 21215-0020 1 Yes 2€No Specify: Specify: P Balck 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Baver Trucking Co Laborer 9th Grade 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be William Lizzie Pulley Leroy 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) Rt. #1 Box#177A Hollister, NC. Emma Pulley 20b. Plece of Disposition (Neme of cemetery, cremetory or other) 20c. Location - City or Town, State 20e. Method of Disposition 1 Burlel 2 ☐ Cremetion 3 ☐ Removal from State Cem. 07-03-98 Arcola, NC Shiloh Baptist Ch. 4 ☐ Doyletion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Baltimore, Maryland 21202 WM.C. March FH 1101 E. North Avenue 23a. Pert1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart feiture. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth Physician Immediate Ceuse (Finel disease or condition resulting in deeth) /Medical · AORTIC DISSECTION ONE MONTH Examiner Due to (or es e consequence of): Physician/Medical Examiner the death certificate be executed physician and s the burial-trans Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Couse (Diseese or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of) P.O. Box 68760. Due to (or es e consequence of) 98 950 signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other elgnificant conditions contributing to death but not resulting in the underlying cause given in Pert t. 1 Yes 2 No 3 Probably 4 Unknown that Vital Records, þ 24b. Were autopsy findings eveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed WB irector, page 2 s 1 Yes 2 No 1 Yes 2 No 25. Wes cese referred to medicel exeminer? 26. Piece of Death (Check only one) Be To Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No q this 28d. Describe how injury occurred 27. Manner of Death 28e. Dete of Injury (Month, Dey Yeer) 28b Time of 28c. Injury et Work? Certification: 1 Neturel
2 Accident 5 Pending Investigation 1 Yes 2 No 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 24 hours to Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the cause(s) and menner es stated.

2 Medical Examiner: On the bests of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end manner steted. edicai 29a. Certifier To the Hosp within 24 ho To the Fune completely fi (Check only 29c. License number 29d. Dete signed (Month, Dey, Year) 29b. Signeture end title of certifier JUNE 30, 1998 RES-000 30. Neme and eddress of person who completed ceuse of death (Item 23a) (Type, Print)

ST

32. Registrer's Sorature Davidson-Nandall

600 N WOLFE

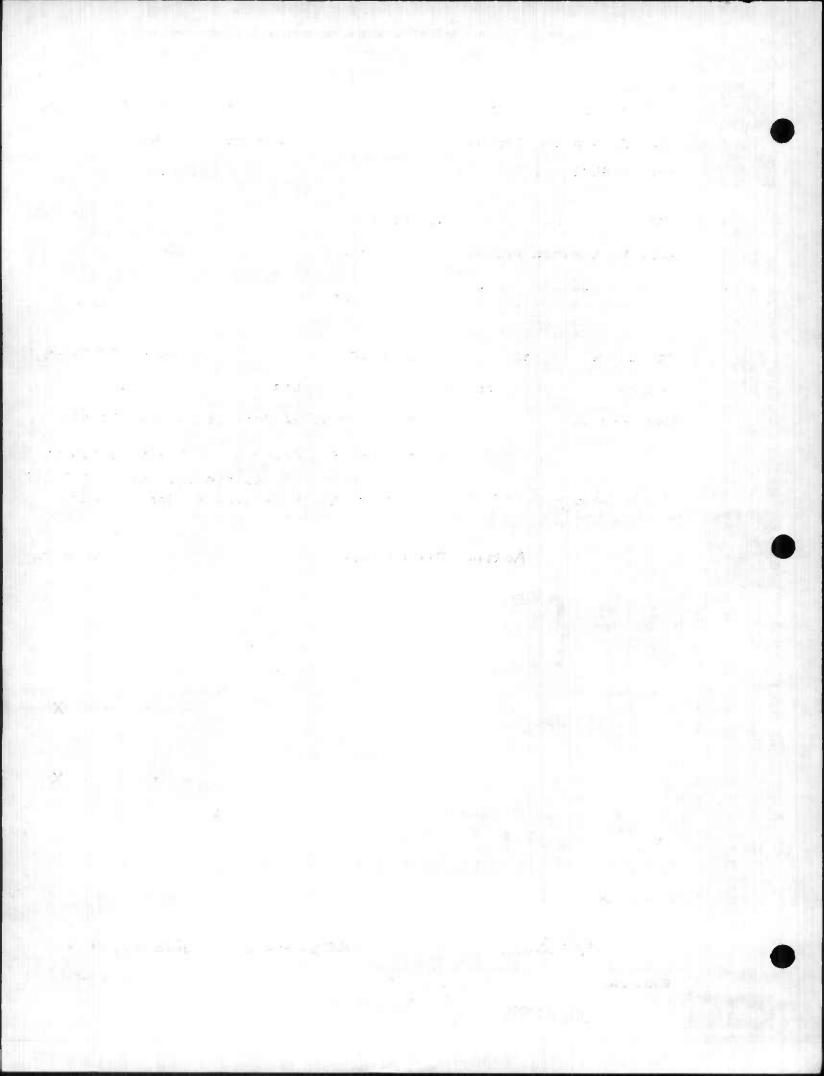
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BALTIMORE, MD

DHMH 16 Rev 6/95

Registrar

ERIC CHOU



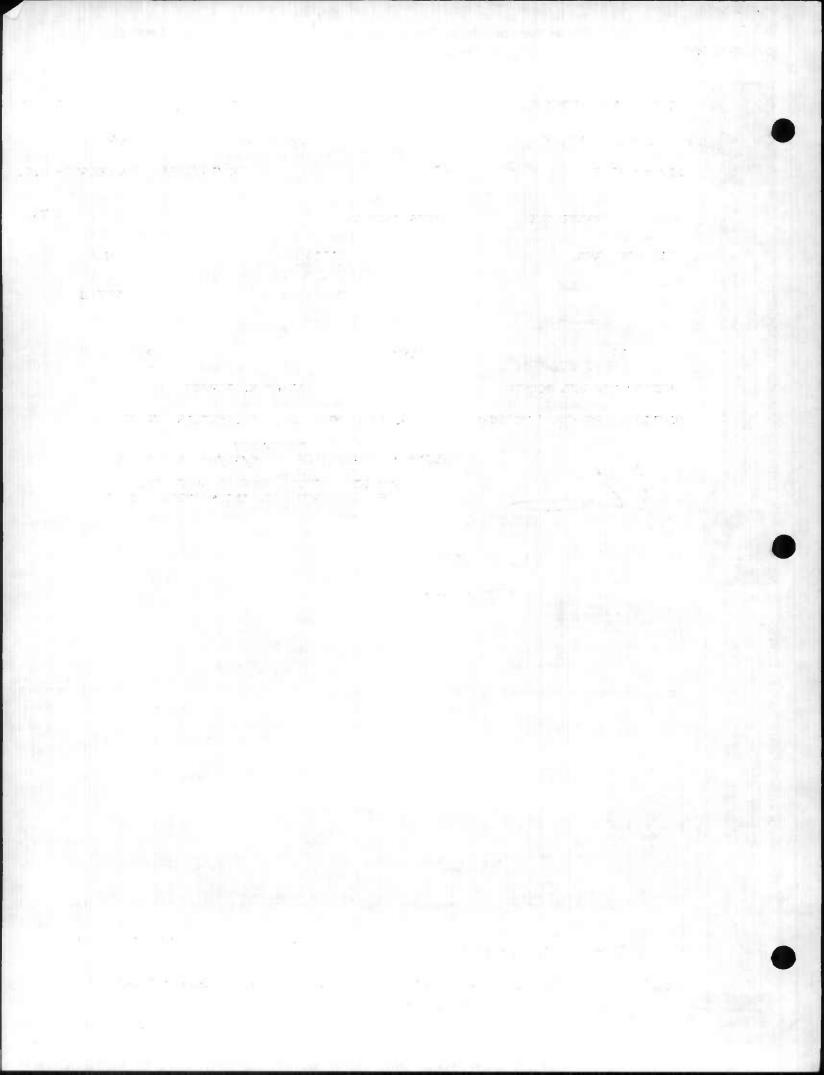
SHARON POMMER

### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

|  |  |                                       |                                      |                                 | C               | ertificate  | e of              | Death                        |                 |                                | Reg. No.               | 0 6             | 0310                                    |  |
|--|--|---------------------------------------|--------------------------------------|---------------------------------|-----------------|---|-------------------|------------------------------|-----------------|--------------------------------|------------------------|-----------------|---|--|
|  |  | nt's Name (First, Middle              | e, Last)                             |                                 |                 |   |                   |                              |                 | 2. Data of De                  | eath                   | Vac             | 3. Time of Death                        |  |
| Physician<br>/Modical  | SHAN   | ON DAWN PO                            | MMER                                 |                                 |                 |   |                   |                              |                 | JUNE JUNE                      | 22, 19                 | 98              | 2:30 PM                                 |  |
| /Medical<br>Examiner   | 4 - 20 - 1014  | Name (If not Institution              | n, give street end nu                | ımber)                          |                 |   |                   | 4b. City, To                 | wn, or Lo       | ocation of Deal                |                        | nty of Deeth    |   |  |
|  |  | DREN'S HOS                            | SPITAL                               |                                 |                 |   |                   | BALT                         | IMOF            | Œ                              |                        | N/A             |   |  |
| Funeral  | 5. Sociel Se   | acurity Number                        | 6. Sex                               | 7. Age (In yr.                  | s. lest birthda | y) If Under   | 1 Year<br>Days    |                              | 24 Hrs.<br>Min. | 8. Date of Bi                  | rth                    | 9. Birth        | place (Stete or Foreign                 |  |
| Director   | 213-4  | 8-4186                                | 1□M 2ÅF                              | 4                               | 3 Yrs           | Months  | Days              | nouis                        | witt.           | 08/19                          | 1954                   |                 | INGTON D.C.                             |  |
| 2 .  | -  | dence of Decedenf                     |                                      |                                 |                 |   |                   |                              |                 |                                |                        |                 |   |  |
| r 28s-f show<br>a notified at  | 10s. State   | 10b. County                           |                                      |                                 | City, Town or   |   |                   |                              |                 |                                | 10d. Inside City Lim   |                 |   |  |
| o Maria  | MD   | BALTI                                 | MORE                                 |                                 | REIST           | ERSTOWN   |                   |                              |                 |                                |                        | 1 ☐ Yes 2 ON    |   |  |
| So So  | 10e. Street  | and Number                            |                                      |                                 |                 | 10f. Zip  | Code              |                              |                 |                                | 10g. Citizen o         | of What Cou     | ntry?                                   |  |
| ther death with the Ma<br>cher sale or 28s-1s<br>disc must be notified<br>Fundral Director   | 613  | BOND AVE.                             |                                      | 21:                             |                 |   |                   |                              |                 |                                |                        |                 | .S.A.                                   |  |
| S S S S S S S S S S S S S S S S S S S  | 11. Maritel  | Status                                | Armed F                              |                                 | U,S. 1          | <ol><li>Was Decede<br/>ff Yes, speci</li></ol>                            | ent of<br>ify Cub | Hispanic Ori<br>ban, Mexicar | igin? (Sp       | ecify Yes or N<br>Rican, etc.) | can Indian,<br>etc.    |                 |   |  |
| or in the  | 1 Nev  | ver Married 2 Marr                    | If Yes, G                            |                                 |                 | 1 ☐ Yes 2   | X) No             | Specify:                     |                 |                                | Spec                   | eity: WH        | ITE                                     |  |
| 72 hours after death with the Marylar natural, or litera 23e or 28e-f show dide! Examiner must be notified at when the Pursuant Director   | 3 L Wid  | dowed 4 Divorced                      | Year or I                            | Dates:                          |                 |   |                   |                              |                 |                                |                        |                 |   |  |
| F 5 00 6   |  | 15. Decedent<br>(Specify only highest | t's Education<br>at grede completed) | )                               | (G              | ve kind of work   | k done            | during mos                   | t of work       | ing                            | dustry                 |                 |   |  |
| within<br>then<br>then<br>then   | Elements   | ary/Secondary (0-12)<br>1.2           | College (                            | (1-4or 5+)                      |                 | . DO NOT us   | a retire          | 90)                          |                 |                                | 7.7                    | D.C.            |   |  |
| Hydie Hydie  | 17 Father's  | s Name (First, Middle,                | ( act)                               |                                 | CLE             | KK.   |                   | 18 Moths                     | ar's Name       | First Middle                   | BA<br>B. Maiden Sum    |                 |   |  |
| 0 = 0 5 2  | 5  |                                       |                                      |                                 |                 |   |                   |                              |                 |                                |                        | omey            |   |  |
| thould by the Menta  |  | ED MICHAEL                            |                                      |                                 |                 |   |                   |                              |                 | LAWS                           |                        | un Cinto 7      | Code)                                   |  |
| いる主義   |  | nant's Name/Reletions D L. POMME      |                                      | TER                             |                 |   |                   |                              |                 |                                | LLE, MD                |                 |   |  |
| tend<br>tealth<br>m 27<br>ther tr  |  | d of Disposition                      | T / DROII                            |                                 | Place of Dis    | nosition /Nem   | e of              |                              | T               | Data                           | 20c. Locatio           |                 |   |  |
| Pages<br>nert of 1<br>ant if the<br>any or of  |  | rial 200 Cremation                    | 3 □Removal from                      | State                           | cemetery, o     | Placa of Disposition (Name of cemetery, cremetory or other place) CREMAT( |                   |                              |                 |                                |                        |                 | JWII, Stete                             |  |
|  | 4  | onation 5 Other (Si                   | **                                   | BA                              |                 |   |                   |                              |                 |                                |                        | B LAUREL, MD    |   |  |
| permit. Pa<br>Department<br>important:<br>any injury<br>pace.  | 21, Signati  | of Edingal Salvice                    | Licensee                             |                                 | 5               | 22 Name and<br>TERLIN   | G A               | ess of Facilit<br>ASHTON     | FUN             | ERAL HO                        | OME, IN                | C.              |   |  |
| 20240  | A  | Store                                 | _                                    |                                 |                 | 36 EDM  | ONE               | SON A                        | VE.             | CATONS                         | /ILLE,                 | MD 212          | 228                                     |  |
|  | 736 EDMONDSON AVE. CATON: The first the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirator, or heart failure. List only one cause on each line.                    |                                       |                                      |                                 |                 |   |                   |                              |                 |                                |                        |                 |   |  |
| Physician  | or heart failure. List only one cause on each line.  |                                       |                                      |                                 |                 |   |                   |                              |                 |                                |                        | Onset and Death |   |  |
| /Medical   | Immediate Cause (Final disease or condition  |                                       |                                      |                                 |                 |   |                   |                              |                 |                                |                        |                 |   |  |
| Examiner   | disease or condition resulting in death)  Due to (or as a consequence of):   |                                       |                                      |                                 |                 |   |                   |                              |                 |                                |                        |                 |   |  |
| P #  | VOLVOLOS   |                                       |                                      |                                 |                 |   |                   |                              |                 |                                |                        |                 |   |  |
| and trans  | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Lest  Due to (or as a consequence of):  Due to (or as a consequence of): |                                       |                                      |                                 |                 |   |                   |                              |                 | 1                              |                        |                 |   |  |
| ian a urial-   | cause. En  | ling to immediate<br>ter Underlying   |                                      |                                 |                 |   |                   |                              |                 |                                |                        | 1               |   |  |
| ertificate be executed ling physician and se as the burial-transit   | Cause (Disease or Injury that Initiated events resulting in death) Lest Due fo (or es a consequence of):   |                                       |                                      |                                 |                 |   |                   |                              |                 |                                |                        | 4 10041         |   |  |
| ng pl  |  |                                       |                                      |                                 |                 |   |                   |                              |                 |                                |                        | 1               |   |  |
| attending  <br>Ifor use as   |  |                                       | d                                    |                                 |                 | ~~  |                   |                              |                 |                                |                        |                 |   |  |
| 0 0 2 7  | Part II. Other   | er eignificant conditio               | ne contributing to d                 | death but not re                | esulting in the | underlying ca   | use g             | iven in Part I               | l.              | 23b. Dfc                       | I tobecco use          | contribute t    | to the cause of death?                  |  |
| that the death cented by the attendind detached for use  |  |                                       |                                      |                                 |                 |   |                   |                              |                 | 1                              | Yes 25%                | 3 Pro           | bably 4 Unknown                         |  |
| 2 58 0   |  |                                       |                                      |                                 |                 |   |                   |                              |                 |                                |                        |                 |   |  |
| v requires that the been signed by the should be detached by the should be detached by Physical parts of the statement of the | 3  |                                       |                                      |                                 |                 |   |                   |                              |                 | 24a. Wa                        | s an autopsy<br>ormed? | 9/              | Vere autopsy findings veileble prior to |  |
| aw requisite the second |  |                                       |                                      |                                 |                 |   |                   |                              |                 |                                |                        | CC              | ompletion of cause<br>death?            |  |
|  |  |                                       |                                      |                                 |                 |   |                   |                              |                 | 19                             | Ves 2□No               | 1               | Yes 2 No                                |  |
| To the Hospital or Attending Physician: The I within 24 hours after death.  To the Funeral Director: After this certificata hat completely filled in by the funeral director, page  Medical Certification: To Be Com   | 25. Wes ca   | ise referred to medical               |                                      |                                 |                 |   |                   | 26. Place                    | e of Deat       | h (Check only                  |                        |                 |   |  |
| Physician:<br>this certific<br>ral director.   |  |                                       | Hospital:XX                          | Inpatient 2                     | ☐ ER/Outpe      | ient 3 DO   | A O               | thor                         |                 |                                | idence 6 🗆             | Other (Speci    | ify)                                    |  |
| Physical dispersion of the Tree of the Tre |  | of Death                              | 28a. Dete                            | of Injury                       | 28b. Time       |   | Bc. Inju          |                              |                 |                                | how injury oc          |                 |   |  |
| ath.<br>:: After<br>e fune   | 1 □Nat   | In combin                             | 8                                    | nth, Dey Year)                  | Injur           | M   |                   | onk?<br>☐Yes 2☐              | No              |                                |                        |                 |   |  |
| tal or Attending P as after death.  al Director: After the din by the funers Certification:  | 3 ☐ Su   | lcide 6 Could                         | not be 28e. Place                    | a of Injury - At                |                 | street, factory,  | , office          | •                            |                 |                                |                        | mber or Rur     | rel Route Number,                       |  |
| after a star d in by   | 4 □ Ho   | MICIGO GOLOTTI                        |                                      | ting, etc. (Spec                |                 |   |                   |                              |                 | City or To                     | own, Stete)            |                 |   |  |
| spita<br>nours<br>norai  | 29a. Certifi   | ier 1 Certifyin                       | g Phyelcien: To the                  | e best of my kr                 | nowledge, de    | ath occurred a  | it the t          | time, date ar                | nd place,       | end due to the                 | ceuse(s) and           | manner as :     | stated.                                 |  |
| he Hospi<br>in 24 hou<br>he Funer<br>pletely fill<br>edical  | (Check<br>one)   | k only Medical                        | Examiner: On the b                   | pasis of examination of stated. | nation and/or   | Investigation,  | In my             | opinion, dee                 | th occur        | red at the time                | , date and place       | a, and due t    | o the cause(s)                          |  |
| To the Hospital within 24 hours at To the Funeral completely filled  |  | ure end fitle of certifie             | 0 0                                  |                                 |                 | 29c.  | Licen             | se number                    |                 |                                | 29d. Date sig          | ned (Month,     | Day, Year)                              |  |
| F 3 F 0  | •  | VADILLE TO                            | (1) 1 X                              | 211                             |                 |   | 0                 | .C.M.E                       | Ξ               |                                | JUNE                   | 25, 1           | 998                                     |  |
| 0  | 30 Nome  | and address of                        | Married A                            | upo of docth /"                 | om 22a) /T:     | Drine)  |                   |                              |                 |                                |                        |                 |   |  |
| 10   | JU. Neme e   | and address of parson                 | /                                    |                                 |                 |   | 200               | t Pal                        | time            | nre Ma                         | fore for               | 21201           |   |  |
| 04-1   | 31. Date file  | ed (Month, Day, Year)                 |                                      |                                 |                 |   | Lee               | L, Dall                      | LLHIK           | TE, MG                         | ryland                 | 21201           |   |  |
| State<br>Registrar   |  | .1111 0 1 199                         | 8 34                                 | Registrate Sig                  | son-Ran         | tell  |                   |                              |                 |                                |                        |                 |   |  |
| i icgisti ai   |  | OOF AT 190                            | 0                                    |                                 |                 |   |                   |                              |                 |                                |                        |                 |   |  |

DHMH 16 Rev 6/95



PEDRO D. PEREZ

|     |                | State of Maryland / Department of Health and Menta   | ıı myglen |
|-----|----------------|--|-----------|
| ASP | Items: 23 part | I,27,28a-f per MEO G-761 7/6/98 Certificate of Death | Reg. N    |

| Physician |  |
|-----------|--|
| /Medical  |  |
| Examiner  |  |

1. Decedent's Name (First, Middle, Last) Pedro Dominic Perez 2. Date of Death Month JUNE 1998 27

3 Time of Death 4:40

Birthplece (State or Foreign Country)

Mď

4a Facility Name (If not institution, give street end number)

4b. City, Town, or Location of Death

4c. County of Deeth BALTIMORE

Director

the Maryland deeth

2 should be filed within 72 hours effer and Mental Hygiene. Is marked other than "natural; or ite. other t

Maryland 21215-0020

Baltimore,

**Physician** /Medical Examiner

icien and buriel-trans certificate be exe physicien the 88 950 0 the signed by t Records, page 2 Sec of Vital this uneral Aftert Division or Attending after death. filled in by

#C3 1702 HOLAVIEW COURT DUNDALK It Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year)

June 25, 1978 5. Social Security Number 7. Age (In yrs. last birthdey) **Funeral** Days M 2□ F 214-96-7872 Yrs. 20 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 7 is marked other than "naturel", or itema 23a or 28a-f show traumatic event, the Medical Examinat must be not that at Md. Baltimore Dundalk Directo 10e. Street and Number 10f. Zip Code 1702 Holaview Ct. C3 21222 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No if Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-ff Yes, specify Cuban, Mexican, Puerto Rican, etc.) Never Married 2 Married 1☐Yes 2☐No Specify: P 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) yrs. Attendant 17. Fether's Name (First, Middle, Last) Be Pedro Basilio Perez 19e. Intorment's Name/Relationship (Type, Print) permit. Pages 1 and 2 st Department of Health and important: if item 27 is n Celeste Perez mother 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition eny injury or o 1 ☐ Buriel 2 X Cremation 3 ☐ Removal trom State Metro Crematory 6 - 294 ☐ Donation 5 ☐ Other (Specify) Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one ceuse on each line. Immediate Ceuse (Final disease or condition resulting in death) NARCOTIC INTOXICATION Due to (or es a consequence ot): Examiner Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence ot): Physician/Medicai Due to (or as e consequence ot) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. by Completed 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1X Yes 2□ No 10

10d. Inside City Limits 1 ☐ Yes 2 ☑ No 10g. Citizen of What Country? USA 14. Race - American Indian, Bleck, White, etc. Specify: White 16b. Kind of Business/Industry Gas Station 18. Mother's Name (First, Middle, Meiden Sumeme) Celeste Robinson 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1702 Holaview Ct. Dundalk Md. 21222 20c. Location - City or Town, State Baltimore 22. Name and Address of Facility
7110 Sollers Point Rd. Dundalk Md. 21222
Connelly Funeral Home Of Bundalk Approximate fnterval Between Onset and Deeth 23b. Dfd tobacco uaa contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown 24b. Were autopsy tindings available prior to 24a. Was an autopsy performed? completion of cause of death? 12 Yes 2 No 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred 27 Manner of Deeth 28a. Date of Injury 28b. Time of foundjury 28c. Injury et Work? 5 Pending 1 Natural 1 ☐ Yes 2 No UNKNOWN Investigation 06/27/98 4:30 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)
Found: Home Location (Street and Number or Rurel Route Number, City or Town, State) 1702 HOLAVIEW RD. 4 Homicide BALTIMORE COUNTY, MD Understood the best of my knowledge, deeth occurred at the time, date and piace, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier (Check only one) 29c. License number 29d. Date signed (Month, Dey, Year) JUNE 27, 1998 O.C.M.E ness of person who completed cause of death (Item 23e) (Type, Print)

Certification:

edical

29b. Signature

30. Name and add

111 Penn Street, Baltimore, Maryland 21201

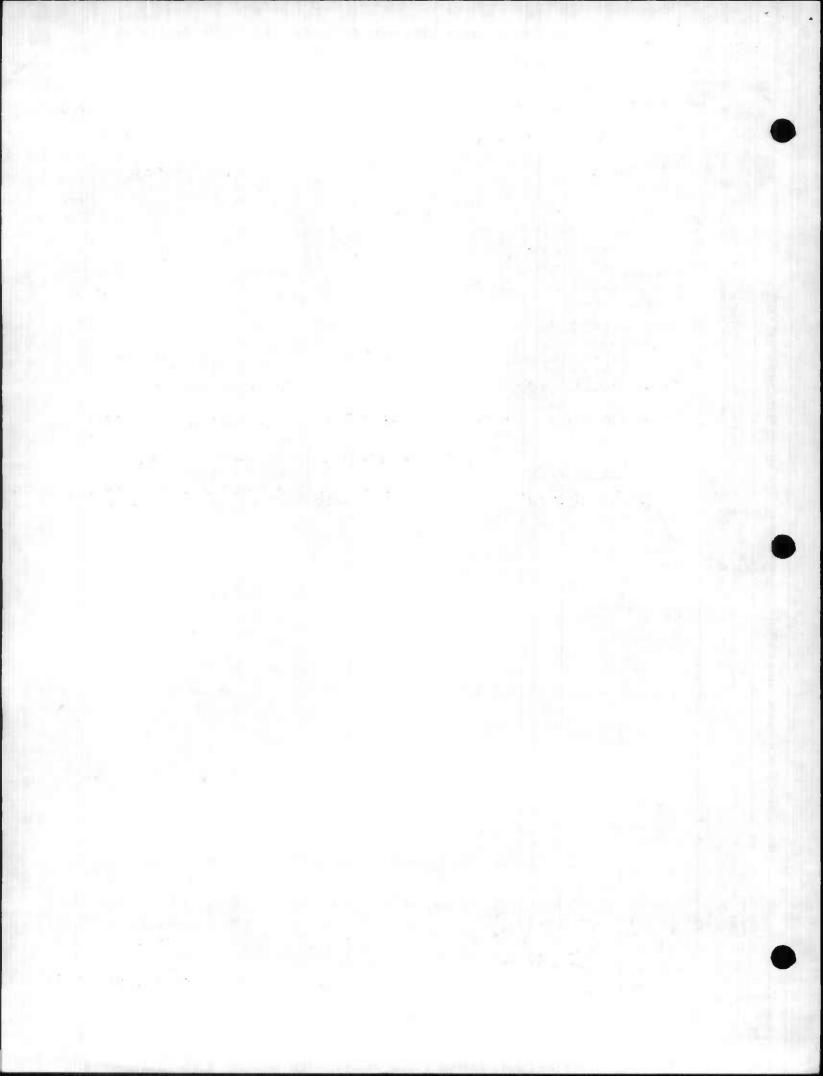
State Registrar

31. Date tiled (Month, Day, Yeer) 011998



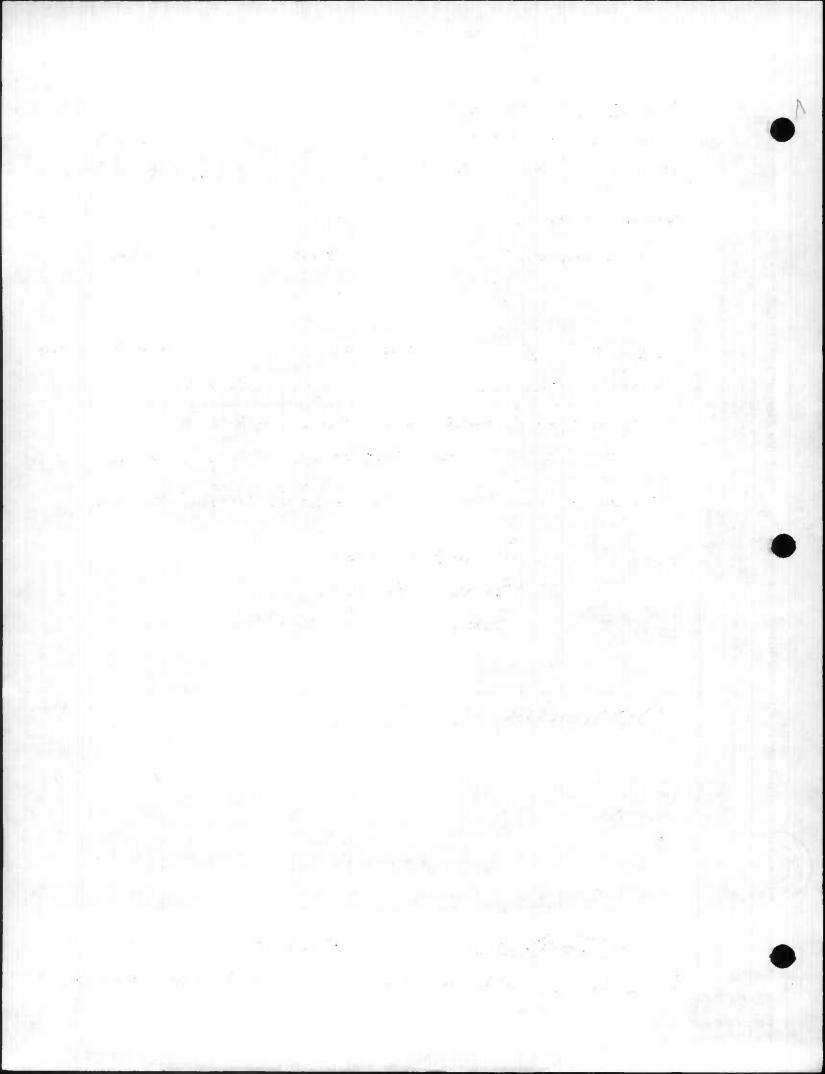
Hospitai 24 hours

To the I within 2 To the F



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 8 2002

|  | 4  | Daniel Nove (Fig. 1 tiddle 1   | -41  |   | Certifi   | cate of                                      | Death  | 2. Date of De                          | Reg. No.   |  | Time of Death                                       |  |  |  |
|--|--|--|--|---|---|--|--|--|--|--|---|--|--|--|
| Physician  | ľ  | Decedent's Name (First, Middle, Las  | B. 1=  | 11  |   |  |  | Month                                  | Pay  | Xear 2   | 1 ) C) C)   |  |  |  |
| /Medical   | 48   | LARENCE<br>Facility Neme (If not institution, give   | street and number)   | سالا  |   |  | 4b. City, Town, or L   | ocation of Deat                        | h 4c. County   | of Death                                       | i ac pr   |  |  |  |
| Examiner   | 1  | Genesis Eldercar   |  | e Cen   | ter   |  | Baltimo  |  |  |  |   |  |  |  |
| Funeral<br>Director  | 2  | 13-07-7701   |  | e (In yrs. las  |   | Undar 1 Yaar<br>onths Days                   | If Under 24 Hrs.<br>Hours Min.                               | 8. Date of Bir<br>(Month, De<br>Nov. 1 | ay, Year)  | 9. Birthplaca<br>Country<br>Maryla             | Stata or Foreign                                    |  |  |  |
| ž  | -  | e. Stata 10b. County   |  | 10c. City.  | Town or Location  | on.  |  |  |  | 10d. In  | sida City Limits                                    |  |  |  |
| 23e or 28e-f show<br>wat be notified at<br>rai Director  | 1  | laryland Baltin  | 10 <i>1</i> 1.0.   |   | Ba  | ltimore                                      | )  |  | 1 ☐ Yes 2X No  |  |   |  |  |  |
| rect   | 10   | a. Street and Number   |  |   |   | Of. Zip Code                                 |  |  | 10g. Citizen of What Country?  |  |   |  |  |  |
| 23a or<br>unitos<br>rai Di   |  | 1 Natida Ct., A  | pt. D  |   |   | 21   | 1236   | u.s.A.                                 |  |  |   |  |  |  |
| permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiane. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Medical Examination and India.  To Be Completed by Funeral Director   |  | Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced   | 12. Was Decadant<br>Armed Forces?<br>1 ☐ Yes 2 ☑ I<br>If Yes, Give<br>Year or Dates: |   |   | Decedent of H<br>s, specify Cub<br>Yes 2 (No | dispante Origin? (Sp<br>an, Mexican, Puarto<br>Specify:      | ecify Yes or No<br>Rican, atc.)        | as or No- atc.)  14. Race - Americen Indian, Black, White, etc.  Specity: White  16b. Kind of Business/Industry  Private Cab Company  Middle, Maiden Sumame) |  |   |  |  |  |
|  |  | 15. Decedent's Ed<br>(Specify only highest gra   |  | A   | 16a. Decedent'  | s Usual Occup                                | pation   | rina                                   | 16b. Kind of Bu  | 10d. Inside City Lin   1                       |   |  |  |  |
|  |  | Elementery/Secondary (0-12) 11th grade   | College (1-4or !   | i+)   |   | ab Driv                                      | during most of work<br>d)<br>IEL                             | ang                                    | Private  | cab Co   | mpany   |  |  |  |
| arked oth  | 17   | Father's Name (First, Middle, Last)  |  | D   |   |  |  |  |  | 10)  |   |  |  |  |
| To To  | Bernard Pangratsius Rudell  19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number or an information of the inf |  |  |   |   |  |  |  |  | 0 7. 0. (                                      |   |  |  |  |
| 7 is me<br>traum   |  | a. Informant's Name/Helationship (18). Faye Wilkins (  |  |   |   |  | ce, Perry  |  |  |  | )   |  |  |  |
| item 27<br>other to  |  | a. Method of Disposition   | n Jouann   | 20b. Plac   | ce of Dispositio  | n (Name of                                   |  | Deta Deta                              |  |  | itata   |  |  |  |
| Important: If it<br>any Injury or o  |  | 1 Burlat 2 Cramation 3 4 Donation 5 Other (Specific  |  | Gree  | netery, cremato<br>2.n. Mount                             | ry or other pla<br>t Cremo                   | tory :   | 7/1/98                                 | Baltimo  | re. Mar  | uland   |  |  |  |
| important: If<br>any injury or<br>once.  | 21   | . Signature of Funeral Service Licen   |  |   | 22 Na   | me and Addre                                 | ess of Facility  |  |  |  | 9   |  |  |  |
| e e a  |  | DR. C.   | wellen   |   | Sci   | rimunek                                      | r Funeral  | l Home, Inc.<br>Baltimore, MD 21236    |  |  |   |  |  |  |
| 100  | 23   | le. Part1. Enter the disease, or companies shock, or heart tailure. List only  |  |   | Do not enter th   | e mode of dyi                                | ng, such as cardiac  | or respiratory a                       | arrest,  | App  | roximate  |  |  |  |
| use as the burishwarest and use as the burishwarest and and and and and and and and and and  | Se if ce Ce the re   | sease or condition suiting in death)  equentially list conditions, any, leading to immediate use. Enter Underlying use (Disease or injury at initiated avants sulting in death) Last | · Bro  | Due to (or a  | is a consequent   | 00 of):                                      | lorge  | ev.                                    |  |  |   |  |  |  |
| by the attending etached for use in Physician/M  | Pa   | rt II. Other significant conditions of   | ontributing to death b   | ut not resulti  | ing in the under  | lying ceuse gi                               | ven in Part I.   | 23b. Did                               | tobacco use co   | ntributs to the                                | causs of death?                                     |  |  |  |
| thy line<br>stached  |  | Domans   | A CA   |   |   | ,  |  | 1 🗆                                    | Yes 2□ No  | 3 Probably                                     | Unknown   |  |  |  |
| b d  | -  | DEMIEN   | 1  |   |   |  |  |  |  | T 00 111                                       |   |  |  |  |
| page 2 should be<br>Completed by   | _  |  |  |   |   |  |  | 24a. Was<br>perf                       | s an autopsy<br>ormed?   | availabl                                       | utopsy findings<br>e prior to<br>ion of cause<br>i? |  |  |  |
| ste has<br>page 2<br>Comp  |  |  |  |   |   |  |  | 10                                     | Yes 2000   | 1 ☐ Yes  | 2 □ No  |  |  |  |
| W 44 O   | 5  | . Was cese referred to medical   | Hospital:  |   |   | 0.   | 26. Place of Dea   |  |  |  |   |  |  |  |
| entific<br>scroor<br>Be  | 25   | examiner?  | examiner? 1   Yes 20 No  |   |   |  |  |  |  | ner (Specify)                                  |   |  |  |  |
| his certifical director  | 25   | examiner?  | 1 L Inpatie  | n/ 0  |   | 200. 11110                                   | al 2   | 200. 0 630100                          | how injury occur   | 100  |   |  |  |  |
| After this certification funeral director thousand the control of the certification of the ce | 25   | examiner?  | 28a. Date of Inju<br>(Month, Da  |   | 8b. Time of<br>Injury                                     | 28c. Inju<br>Wo<br>VI 1                      | Yes 2□No   |  |  |  |   |  |  |  |
| After this certification funeral director tion: To Be  | 25   | examiner? 1 Yes 20 No  Manner of Death 1 Natural 5 Pending   | 28a. Date of Inju<br>(Month, Da  | y Year)   | Injury  | M 1  | Yes 2□No   | 28f. Location<br>City or To            | (Street and Numi<br>own, State)  | ber or Rural Rou                               | ite Number,   |  |  |  |
| Aher this certifu<br>funeral director<br>tion: To Be   | 27   | examiner?  1   | 28a. Date of Inju<br>(Month, Da  | y Year)  ury - At hom  c. (Specify)  of my knowle examinatio      | Injury e, farm, streat,                                   | factory, office                              | Yes 2 No   | City or To                             | iwn, State) ceuse(s) and ma  | anner as stated                                |   |  |  |  |
| After this certification furneral director tion: To Be   | 25   | examiner?  1   | 28a. Date of Inju (Month, Da  28e. Place of Inju building, ef                        | y Year)  ury - At hom  c. (Specify)  of my knowle examinatio      | Injury e, farm, streat,                                   | factory, office                              | Yes 2 No ime, date and place, opinion, death occur sa number | City or To                             | e ceuse(s) and many, date and place,   | anner as stated and due to the ed (Month, Day, | cause(s)  |  |  |  |
| After this certification funeral director tion: To Be  | 25   | examiner?  1   | 28a. Date of Inju (Month, Da  28e. Place of Inju building, ef                        | y Year)  ury - At hom  c. (Specify)  of my knowle examinatio      | Injury e, farm, streat,                                   | factory, office                              | Yes 2 No ime, date and place, opinion, death occur sa number | City or To                             | e ceuse(s) and many, date and place,   | anner as stated and due to the ed (Month, Day, | cause(s)  |  |  |  |
| 24 hours after deligh.  a furness Direction. After this certifulately tilled in by the furneral director director.  dical Certification: To Be   | 25 27 29 29  | examiner?  1   | 28a. Date of Inju (Month, Da  28e. Place of Inju building, ef                        | y Year)  ury - At hom c. (Specify)  of my knowle examinatio ated. | injury le, farm, straat, edge, death occ n and/or investi | factory, office                              | Yes 2 No   | City or To                             | e ceuse(s) and many, date and place,   | anner as stated and due to the ed (Month, Day, | cause(s)  |  |  |  |



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Day 29 ALVIS H. REED , Sr. June 1998 2:08 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Fallston General Hospital Fallston Harford 6. Sax 1.28 M 2□ F 5. Social Sacurity Number If Undar 1 Year | If Undar 24 Hrs. 7. Aga (In yrs. last birthdey) 8. Date of Birth 9. Birthplaca (State or Month, Day, Year) January 30, 1917 Virginia 9. Birthplaca (State or Foraign Months Hours Days 216-14-3255 81 Yrs Usual Rasidanca of Dacedant 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Harford 1 ☐ Yes 2 ☐ No Bel Air 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 204 E. Pennsylvania Ave. 21014 U.S.A. 13. Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - Amarican Indien. 11. Mentel Status 1 Navar Married 2 Married white 1 ☐ Yes 2 ☐XNo Specify: 3 Widowad 4 Divorced 16a. Dacedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Spacify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) 12 UTS College (1-4or 5+) Warehouseman Federal Government 17. Fether's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumeme) John Peter Reed Flora Izena Mannon 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Straat and Number or Rural Route Number, City or Town, Steta, Zip Coda) Mary A. Reed (Wife) 204 E. Pennsylvania Avenue, Bel Air, MD. 21014 20b. Place of Disposition (Nema of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 X Buriel 2 Crametion 3 Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Spacify) Bel Air Memorial Gardens 7/1/98 | Bel Air, Maryland 22. Nama end Address of Facility Schimunek Funeral Home of Bel Air, Inc. 610 W. MacPhail Road, Bel Air, MD. 21 21. Signature of Funeral Service Licenses 21014 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Immediata Cause (Final disaasa or condition rasulting in deeth) Due to (or as a consaquance of) Sequentially list conditions, if any, laading to immadiata ceusa. Entar Underlying Causa (Disaasa or Injury thet initiated avants rasulting in death) Last Dua to (or es a consequance of): Dua to (or as a consequanca of): Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☑ No 3 ☐ Probably 4 ☐ Unknown 24b. Wara autopsy findings evelleble prior to complation of ceuse of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yes 2 No 26. Pleca of Death (Check only ona) Hospital: 1 Inpatient 1 Yes 2 No Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 2 ER/Outpatient 3 DOA 27. Menner of Death 28e. Deta of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Netural 5 Pending Investigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be detarmined 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida

physician end the buriel-transit or Attending Physician: efter deeth. this Director

**Physician** 

/Medical

Examiner

**Funeral** 

**Director** 

28a-f show

Director

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Completed

7 is marked other than "natural", or items 23s or 28s-f show traumstic svent, the Modical Examiner must be notified at

permit. Pages 1 end 2 should be filed within 72 hours effer of Depertment of Heelih and Mental Hygiene. Important: If frem 27 is marked other than "natural, or frem any injury or other traumatic avent, the Medical Exempt

**Physician** /Medical

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Certification: To

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3altimore, Maryland 21215-0020

the Merylend

25. Was cesa referred to medicel exeminar?

29a. Certifian (Check only one)

1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data end place, and dua to the ceusa(s) end mennar es stated. 2 Medical Examinar: On the basis of axamination end/or investigetion, in my opinion, death occurred at the time, data and place, and due to the causa(s) end manner stated.

290. Signature and title of pertitle

29c. Licensa number

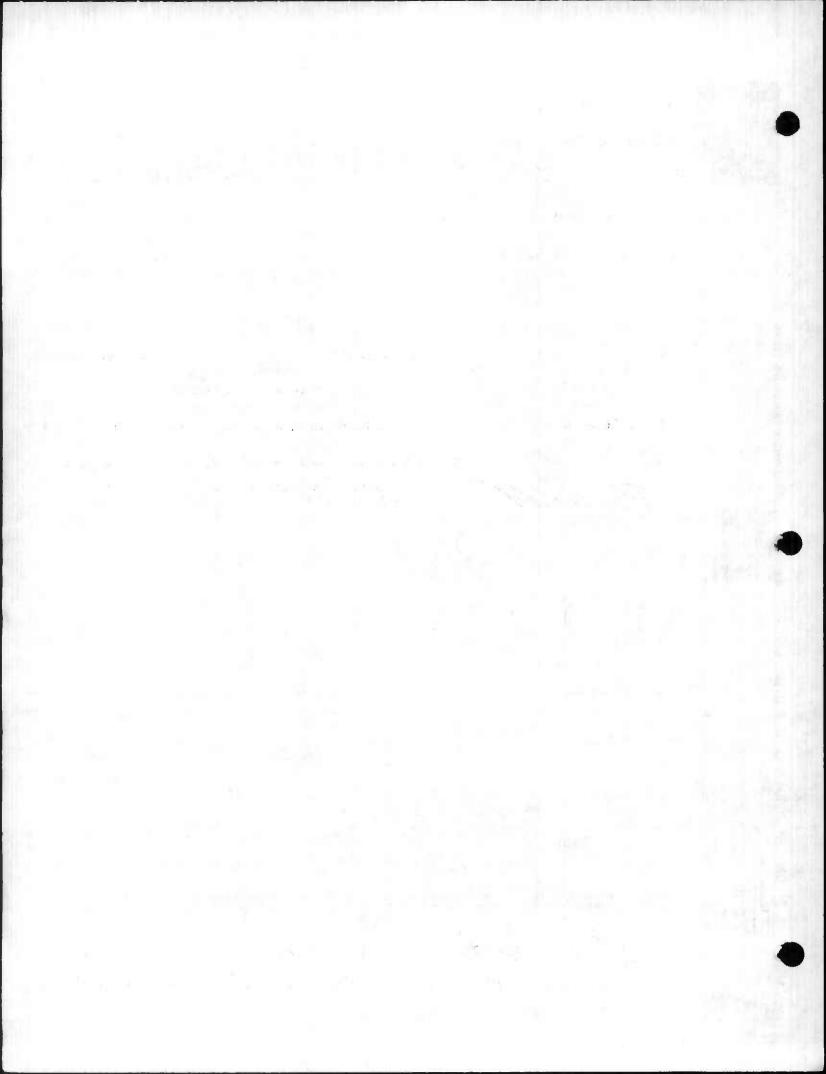
29d. Data signed (Month, Dey, Year)

30. Name and address on who complated ceuse of death (Itam 23a) (Type, Print)

Joseph Re...
31. Data filad (Month, Day, Yaer)
JUL 0 1199 2003 Rock Spring Road Forest Hill, MO 21050 Reinhardt M.D. 32. Registrar's Signetura Julia Davidson

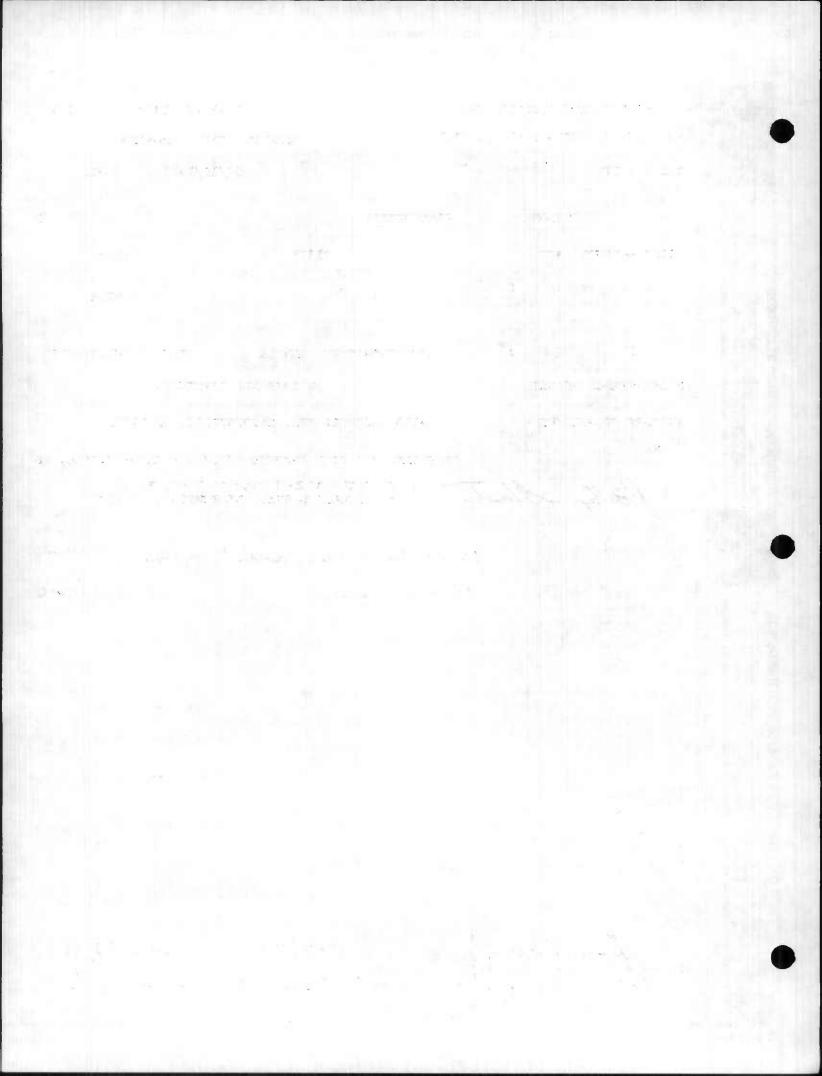
State Registrar

M



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day **Physician** FRANK VERNON RUSSELL, JR. JUNE 27, 1998 7:30PM /Medical 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street end number) 4c. County of Death Examiner ST. AGNES NURSING & REHAB. CENTER ELLICOTT CITY HOWARD Birthplace (State or Foreign Country)
 OHIO If Under 1 Year 8. Date of Birth (Month, Dey, Year) 04/10/1923 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** Months Days XXM 2DF Hours 75 215-14-8776 Yrs. Director Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☑ No MD BALTIMORE CATONSVILLE Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2130 ROCKWELL AVE. 21228 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ZYes 2 □ No If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: WHITE PV 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) ADMINISTRATIVE MANAGER SIMKINS INDUSTRIES 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) FRANK VERNON RUSSELL BESSIE MAE LEININGER 0 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. tnformant's Name/Relationship (Type, Print) SHIRLEY RUSSELL/WIFE 2130 ROCKWELL AVE. CATONSVILLE, MD 21228 20e. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Date 1 Burial 2 □ Cremetion 3 □ Removel from State CRESTLAWN MEMORIAL GARDENS 6/30/98 MARRIOTTSVILLE, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Fecilit 21. Signature of Funeral Service Licensee STERLING ASHTON FUNERAL HOME, INC. 736 EDMONDSON AVE. CATONSVILLE, MD 21228 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final metastatic Concer, blodler, to young disease or condition resulting in death) Examiner Examiner Blodder Concer ician and burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) certificate be axec Division of Vital Records, P.O. Box 68760, physician Physician/Medical the Due to (or as a consequenca of): 88 980 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 1 Yes 2 No 3 Probably 4 Unknown signed l by 24b. Were autopsy findings evailable prior to completion of cause of death? Completed 24a. Was an autopsy page 2 1□ Yes 2 No 1 ☐ Yes 2 ☐ No certificate 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Be Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Manner of Death 28h. Time of 28c. Injury at Work? Certification: After 5 Pending Investigation or Attending 1 AMaturai after death. 1 Yes 2 No 2 Accident 6 ☐ Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homlcide 24 hours a 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier Medical To the Hosp within 24 hor To the Fune completaly fi (Check only one) 29d. Date signed (Month, Dey, Year) 29c. License number 29b. Signeture end jigs of certifier D15144 terry f death (item 23a) (Type, Print) X 30. Name and address of person who completed cause 9055 Cherrolet Drive, Ellicott City und Ju Loke mo 31. Date filed (Month, Day, Year) 32. Registrar's Signature ule Davidson-Randall JUL 0 1 1998 Registrar



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Day 28 Month **Physician** Sidney H. Rupp June 1998 3:30p.m /Medical 4b. City. Town, or Location of Death 4a Facility Neme (If not institution, give street end number) 4c. County of Deeth Examiner Colonial Manor Nursing Home Linthicum Anne Arundel If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Deys XXM 2 F 099-05-1398 Yrs. Director November 21, 1915 New York Usuei Residence of Decedent 10e. State 10c. City, Town or Location 10d. Inside City Limits 10b. County 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Medical Examiner inval be recitied at Hanover Maryland Anne Arundel 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1916 Warrsutta Lane 21076 ISA Funeral 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lt Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Reca - American Indien, Black, White, etc. 11. Maritel Status 2 should be filled within 72 hours after ond Mental Hygiena. Is marked other than "natural", or ite 1XXYes 2 □ No If Yes, Give Year or Detes: WWII 1 Never Merried Married 1 ☐ Yes 2 ☐ No Specify: Specify: White λq 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done duning most of working life. DO NOT use retired) Painter / Drywall 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) Construction UNKNOWN 17. Felher's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Manning E. Rupp Helen Green 2 19e. Intorment's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 end 2: Department of Health et Important: if Item 27 is any Injury or other trau Steven Rupo - Son 1916 Warmsutta Lane, Hanover, Maryland 21076 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Evans Crematory Leola, Pennsylvania July 3, 1998 21. Surfature of Funeral Servica Licensee 22. Name and Address of Fecility Slack Funeral Home, P.A. M00535 Ellicott City, Maryland 21041 Approx. or heert failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel Lease or condition resulting in deeth) Prailvale yar Examiner Due to (or es e consequence ot): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence ot): Due to (or as e consequence of): Physician/Medi 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by 1 Yas 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings aveileble prior to completion of cause of death? 24a. Was en eutopsy performed? Completed certificata has 1 ☐ Yes No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Assisted Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No Aulit 1 Inpatient 2 ER/Outpetlent 3 DOA this funeral 28d. Describe how injury occurred 27. Menner of Deeth 28a. Date of injury (Month, Dey Year) 28b Time of 28c. Injury at Work? Certification: After 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 3 ☐ Suicide Location (Street and Number or Rural Route Number, City or Town, State) 6 4 Homicide

P.O. Division of Vital Records, Attending i or Attend siter death Director: / To the Hospital within 24 hours To the Funeral I Hospital

death.

Box 68760

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3altimore, Maryland 21215-0020

completely

Registrar

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29e. Certifier

(Check only one)

29b. Signature and title of certific

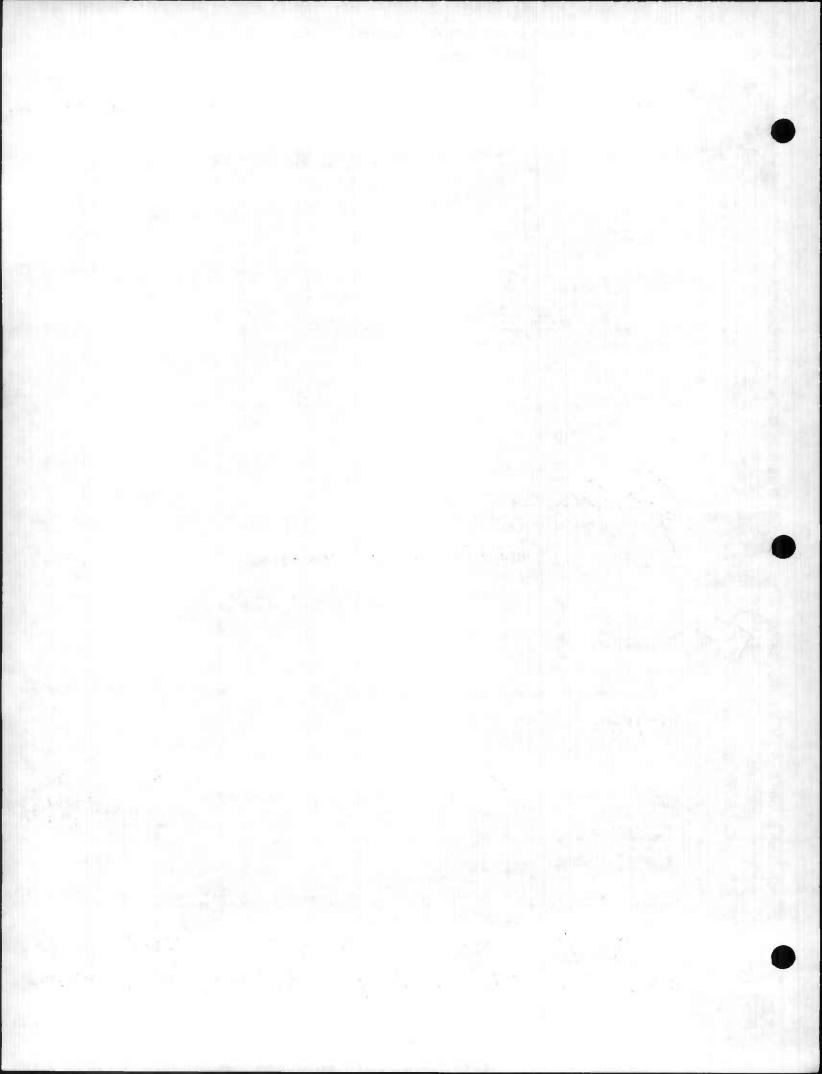
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To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) and manner as steted.

2 Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end placa, and due to the cause(s) end menner steted. 29d. Date signed (Month, Dey, Year)

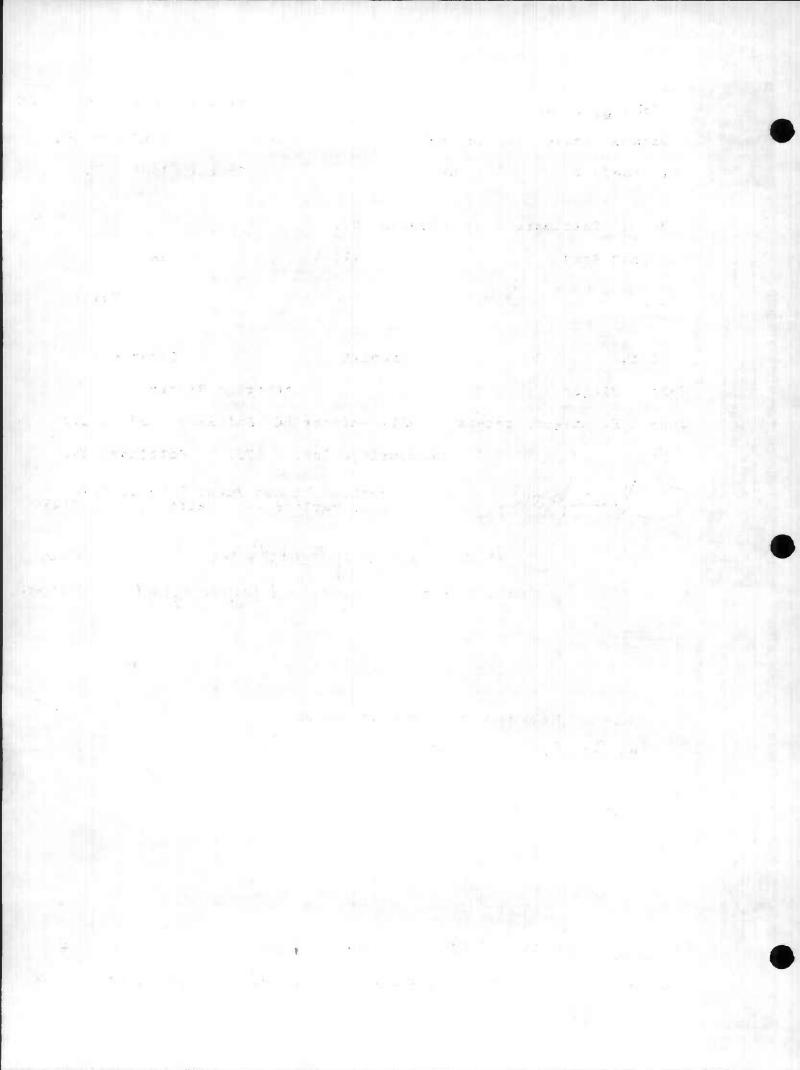
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30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Road #106 Odenten MD 21113 Dollect Suns 1413 Annaholu Elly 32. Registrar's Signeture



State of Maryland / Department of Health and Mental Hygiene

|  |                       |  |                                  |  |                |  | Certific                     | ate of  | Death                                  |  | Reg. 1   | No. 98   | 2   | 032                                | 4         |  |  |
|--|-----------------------|--|----------------------------------|--|----------------|--|------------------------------|---|--|--|--|--|---|------------------------------------|-----------|--|--|
| Dhoratata  |                       | 1. Decedant's Nam  | a (First, Middla, L              | ast)   |                |  |                              |   |  |  |  | )ev )  | Yaer  |                                    |           |  |  |
| Physicia<br>/Medic   |                       | John   | A Riege                          | er   |                |  |                              |   |  | June   | 30   | 1998   | 3   | 0600                               | AM        |  |  |
| Examin   |                       | 4a Fecility Nama (   |                                  |  | -              |  |                              |   |  |  |  |  |   | 1 19                               |           |  |  |
| (  |                       |  | -                                | on Nurs  |                |  | Will-                        | dard Van  | Towson                                 |  |  |  |   |                                    |           |  |  |
| Funeral<br>Director  |                       | 5. Social Security N<br>2 1 5 = 0 3 =  | 7352                             | Sex<br>1QM 2□F                                       | 7. Age (In yr  | rs. last birthday) If Under 1 Year If Under 24 Hrs. Months Deys Hours Min. Sept 29 1908 9. Birthplece (State or Formation of Sept 29 1908 M.d. |                              |   |  |  |  |  |   | r Foreign                          |           |  |  |
| pue *  |                       | Usuel Residence of<br>10a. Stata   | 10b. County                      |  | 10c. (         | City, Town   | or Location                  |   | -                                      |  |  |  | 11  | 0d. Inside Cit                     | ly Limits |  |  |
| ter death with the Marylar<br>flerre 23s or 28s-f show<br>free must be notified at   | Po                    | м 1  | D = 1 + 4                        |  |                | m  |                              | M.J   |  |  |  |  |   | 1 🗆 Yes                            | 2 No      |  |  |
| r 28a  | Director              | Md<br>10e. Street and Nu   | Balti<br>mber                    | more   |                | TOW  | son,                         | Zip Code  |  |  | 10g. (   | Citizen of Wit   | net Coun  | try?                               |           |  |  |
| 7 wit  |                       | 111 West   | Road                             |  |                |  |                              | 2120  | 14                                     |  | U  | JSA  |   |                                    |           |  |  |
| dea ma   | Funeral               | 11. Meritei Stetus   |                                  | 12. Was Dece<br>Armed For                            | dant Ever In   | U,S.   | 13. Was De                   | ecedent of  | Hispanic Origin?                       | (Specify Yes or erto Rican, atc.)  | No-  |  | A 4. Rece - American Indien, Bleck, White, etc.  Specify: White  Id of Business/Industry  gar Co.  Sumama)  r Town, State, Zip Code)  Md. 21212  Seation - City or Town, Stete  timore Co.  Ome, CHTD.  Ore, Md. 2123  Approximate Intervel Between Onset and Dec |                                    |           |  |  |
| 020<br>ors at  | by                    | 1 ☐ Nevar Marri<br>3 ☑ Widowed   | ied 2 Married<br>4 Divorced      | 1 ⊠Yas<br>If Yes, Give<br>Yeer or De                 | 2   No         |  |                              |   | Specify:                               |  |  |  |   |                                    |           |  |  |
| ed within 72 hours<br>ygiene.<br>or than "naturel",<br>t, the Medical Ex-            | eted                  | (Spec  | 15. Decedent's l                 | Education rade completed)                            |                | 16e.   | Decedent's U                 | work done   | during most of w                       | Baltimore Co.  24 Hrs. 8. Data of Birth (Month, Dex.) (Part) Sept 29 1908 Md.  10d. Inside City Limits 1 Yes 2 No.  10g. Citizen of Whet Country?  USA  10gin? (Specify Yes or Non, Puerto Rican, atc.)  16b. Kind of Business/Industry  16b. Kind of Business/Industry  Sugar Co.  16r's Nama (First, Middle, Maiden Sumama)  therine Rieger  16r or Rural Route Number, City or Town, State, Zip Code)  d., Baltimore, Md. 21212  Dete 20c. Location - City or Town, State  7/3 Baltimore Co.  18y  18 |  |  |   |                                    |           |  |  |
| within ene.  | du                    | Elementery/Seco  |                                  | College (1-  | 4or 5+)        |  | life. DO NO                  | T use retir   | 9d)                                    |  |  |  |   |                                    |           |  |  |
|  |                       | 12th<br>17. Fether's Neme  | /First Middle I as               | 2  |                |  | Chemi                        | st  | 18 Mother's N                          | ama (First Midd  | Accounty of Death   Baltimore Co.  |  |   |                                    |           |  |  |
| ild be fillental H<br>ked ott<br>ic ever   |                       |  | Rieger                           | ,,,  |                |  |                              |   |  |  | Sugar Co.  (First, Middle, Maiden Sumama) ine Rieger Route Number, City or Town, State, Zip Code) altimore, Md. 21212 Dete 20c. Location - City or Town, State / 3 Baltimore Co. |  |   |                                    |           |  |  |
| Maryland of 2 should be filk tith and Mental Hy ty is marked oth traumatic event     | F                     | 19e. Informent's Na  | 19b.                             | Mailing Add  | ress (Stree    |  |                              | al Route Number, City or Town, State, Zip Code)   |  |  |  |  |   |                                    |           |  |  |
| Magazine 27 1s   | -                     | Joseph E   | her                              | 6  | 307 W          | eidn   | er Rd.                       | ,Balti  | nore                                   | 1212   |  |  |   |                                    |           |  |  |
| of the second  |                       | 20e. Method of Disp  | Place of                         | Disposition (  | Neme of        | ace)   | Dete                         | Specify: White  16b. Kind of Business/Industry  Sugar Co.  First, Middle, Maiden Sumama)  The Rieger  Route Number, City or Town, State, Zip Code)  Litimore, Md. 21212  Dete 20c. Location - City or Town, State  Baltimore Co.  Suneral Home, CHTD.  Baltimore, Md. 21234  espiratory errest, Md. 21234  espiratory errest, Md. 21234  espiratory errest, Md. 21234  espiratory errest, Md. 21234  espiratory errest, Md. 21234  espiratory errest, Md. 21234  espiratory errest, Md. 21234  espiratory errest, Md. 21234 |  |  |  |  |   |                                    |           |  |  |
| Page Harrie  |                       |  | ☐ Cremetion 3<br>5 ☐ Other (Spec | ☐Removel from S<br>eify)                             | Stete          |  | owrid                        |   |  | 7/3  | Ba   | At the second point of the |   |                                    |           |  |  |
| Baltimore<br>semit. Pages 1 i<br>Repartment of He<br>iny injury or oth<br>abos.      |                       | 21. Signature of Fu  | neral Service Lio                | ensee  |                |  |                              |   | ess of Fecility                        |  |  | Sugar Co.  Maiden Sumama)  Leger  or, City or Town, State, Zip Code)  ore, Md. 21212  20c. Location - City or Town, State  Baltimore Co.   |   |                                    |           |  |  |
| 20118  | 1                     | A.   | a Dire                           | rillin   |                |  | Har                          | tley  | Mille                                  | r Fune:  | ral  | Home   | , CI  | HTD.                               | 3/1       |  |  |
| 8 000 1  |                       | Hartley Miller Funeral 7527 Harford Rd., Balt shock, or heart failure. List only one ceuse on each line. |                                  |  |                |  |                              |   |  |  |  |  | rrest, Approximate Intervel Between   |                                    |           |  |  |
| Physician  |                       |  |                                  | ^  |                |  |                              |   |  | 2  |  |  |   | Onset and I                        | eeth      |  |  |
| /Medical<br>Examiner   |                       | Immediate Cause (<br>disaese or condition<br>resulting in deeth)   |                                  | e. Ac  | ule            | pul  | mena                         | M   | Em bol                                 | nosi   |  |  |   | hour                               | 1         |  |  |
|  | -                     | resulting in deelin)   |                                  | -1 1   | Due to         | (resec   | onsequence                   | of):  | 1.60                                   |  |  | 4.4  |   |                                    | 0         |  |  |
| Defi Insit   | Examiner              |  |                                  | · Startu   | post           | -te  | maa                          | U P   | philes                                 | bypar  | 20   | raft   | 1   | mei                                | veel      |  |  |
| Dy<br>execu  | Exa                   | Sequentially list co<br>if eny, leeding to in<br>ceuse. Enter Unde<br>Ceuse (Diseese or                  | nditions,<br>nmediete            |  | * Due to       | (or as e c   | onsequence                   | 01): 4  |  | 0.0  |  |  |   |                                    |           |  |  |
| 68760,<br>tificata be executed<br>g physician and<br>as the burial-transit           | edicai                | thet initieted events  |                                  | C  | Due to         | (or es e c   | onsequence                   | of):  |  |  |  |  |   |                                    |           |  |  |
| 5 0 8  | Med                   | rasulting in deeth)  | Last                             |  |                | ,  |                              |   |  |  |  |  |   |                                    |           |  |  |
| S, P.O. BOX es that the death cer igned by the attendin be detached for use          | Physician/M           |  |                                  | d  |                |  |                              |   |  |  |  |  | 1   |                                    |           |  |  |
| O. BO le death the attenthed for u   | /sici                 | Part II. Other eignificent conditions contributing to death but not resulting in the ur                  |                                  |  |                |  |                              |   |  |  | ld tobac   | co uee cont  | ributa to   | the cause o                        | of death? |  |  |
|  |                       | 201  | reno n                           | oninher  | 2 van          | carlo  | n d                          | inea  | re                                     | 1  | ☐ Yes  | 2□ No  | 3 Prol  | babiy 4 🕕                          | bhknown   |  |  |
| Kecords, P.O he law requires that the e has been signed by th age 2 should be detach | 1 by                  |  |                                  | eriphers<br>on depe                                  | - 0003         |  |                              |   |  | 240 144  | 00.00.00   | topou  | 24h W   | ere eutonsy f                      | indinas   |  |  |
| aw requir  | ete                   | no   | Insul                            | ondene   | oder           | td   | rabel                        | ten   | clelin                                 | ) 27a. v   | formed   | ?  | avi   | mileble prior to<br>impletion of c | 0         |  |  |
| Hec<br>e law<br>has b  | Completed             |  |                                  | 0 -  |                |  |                              |   |  |  |  | 2/   |   |                                    |           |  |  |
| = F # a  |                       | 25. Wes cese refer   |                                  |  |                |  |                              |   |  |  |  | 2 LIVNO  | 1 [   | Yes 2                              | No        |  |  |
|  | o Be                  | exeminer?  | -                                | Hospitel:  | patient 2      | □ ER/Ou  | enations 2                   | DOA   | thor:                                  | eeth (Check on   |  | € □Other   | /Snacih   | ut.                                |           |  |  |
| Ing Phys   | n: To                 | 27. Menner of Deet   |                                  | 28a. Date o  |                | 28b. T   | ime of                       | 28c. Inj  |  | -  |  |  |   | //                                 |           |  |  |
| Olvision of Anading Familiar dath.  Director: After din by the funer                 | atio                  | 1 Maturel 2 Accident   | 5 Pending<br>Investigeti         |  | n, Dey Year)   | Ir   | ijury<br>M                   |   | ork7<br>]Yes 2 □ No                    |  |  |  |   |                                    |           |  |  |
| S S S S S S S S S S S S S S S S S S S  | tific                 | 3 ☐ Suicide<br>4 ☐ Homicide  | 6 Could not determine            | be 28e. Place  | of Injury - At | home, fai  | m, street, fed               | ctory, office   |  | 28f. Location  | (Street<br>Town, St  | and Number   | r or Rura   | I Route Num                        | ber,      |  |  |
|  | Ce                    |  |                                  | 33.0   | g, otor (oper  |  |                              |   |  |  |  |  |   |                                    |           |  |  |
| Far Service  | edical Certification: | 29a. Certifier<br>(Check only<br>one)  | 1 Certifying F<br>2 Medical Exa  | thyelclan: To the la<br>miner: On the ba<br>end menn | sis of examin  | nowledge,<br>netion end  | deeth occur<br>Vor investiga | red et the t<br>tion, in my   | ime, date end pla<br>opinion, death oc | ce, end due to to<br>curred at the time  | ne ceuse<br>e, dete e  | e(s) end men<br>end plece, ar  | ner es si<br>nd due to  | ated.<br>the cause(s               | )         |  |  |
| To the Howithin 24 h<br>To the For<br>completely                                     | Me                    | 29b. Signatura and   | titla of certifiar               |  |                |  |                              | 29c. Licar  | isa number                             |  | 29d. l   | Data signed  | (Month,   | Day, Year)                         |           |  |  |
|  |                       | mo   | in ch                            | Nh N   | 11)            |  |                              | D .   | 50600                                  | 5  | de   | NE 3   | 30  | 1991                               | 8         |  |  |
| 0,   | -                     | 30. Neme and eddr  | ess of person who                | completed ceuse                                      | of deeth (It   | em 23e) (  | Type, Print)                 |   | 11                                     |  | 1404   | ~  | , 1   | , , ,                              |           |  |  |
|  |                       | Silvin   | 4 54                             | , h, M.  | D.             | 28   | 22                           | 40  | IlINS !                                | ERRY   | Md   | , BA,  | 1to   | 212                                | 130       |  |  |
| Stat   | te                    | 31. Data filed (Mon  |                                  | 32. Re   | gistrer's Sig  | neture   |                              |   |  |  |  |  |   |                                    |           |  |  |
| Registra   | ar                    | JUL  | 11998                            | frence   | Davidso        | n-Aan  | dell                         |   |  |  |  |  |   |                                    |           |  |  |



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

20325

|            |   |                        |  |   |                         | Ce            | rtificate            | of De                 | eath            |                   | Reg. No.               |              |  |
|------------|---|------------------------|--|---|-------------------------|---------------|----------------------|-----------------------|-----------------|-------------------|------------------------|--------------|--|
| П          |   |                        | 1. Decement's Nama (First, A   | viiddla, Last)  |                         |               | ,                    |                       |                 | 2. Date of D      | aath                   | Marin        | 3. Tima of Daath   |
| п          | Physic  |                        | MARY   | 200-  |                         | ME            | 1/1120               | ad.                   |                 | -Month            | Day Day                | 998          | 10 Am  |
| Ŋ.         | /Medi<br>Examiı   |                        |  | itution, giva straat and numba                                | ar)                     | S/1/17        | 114000               | 4b. (                 | City, Town, or  | Location of Dee   |                        |              | 10 11111   |
|            | Exami   | 101                    | Joseph   | Ritala:   | 0                       | 1100          | oic.                 | 0                     | Rui             | 1.                |                        | NIA          |  |
| Н          | Funeral   |                        | 5. Social Security Number  | 6. Sax 7.   | Aga (In yrs. I          | ast birthday) | If Undar 1           | Yaar If               | Undar 24 Hrs    |                   | irth                   | 9. Birthol   | leca (Stata or Foreign   |
|            | Director  |                        | 212-60-4561  | 1□ M 2-F  | 47                      | Yrs.          | Months E             | ays 1                 | Hours Min       | 9-8-5             | av. Year)              | Coun         | try)   |
| ١.,        |   |                        | Usual Rasidanca of Dacedar   | nt  |                         |               |                      |                       |                 | 3 0 3             | •                      |              |  |
|            | ylan  |                        | 10a. Stata 10b. Co   |   | 10c. City               | , Town or Lo  | cation               |                       |                 |                   |                        | 10           | 0d. Inside City Limits   |
|            | the Marylar<br>28a-f ehow   | tor                    | MD   | N/A   |                         |               |                      | BA                    | LTO             |                   |                        |              | 1 Yas 2 No   |
|            | r 28s   | rec                    | 10e. Street end Numbar   |   |                         |               | 10f. Zip Co          | oda                   |                 |                   | 10g. Citizen of        | What Count   | try?   |
|            | 3a o  | 0                      | 1739 N. DUI  | NCAN ST   |                         |               |                      | 2121                  | . 3             |                   | U.S.                   | Α.           |  |
|            | filed within 72 hours after death with the Maryland<br>Hygiene.<br>ther than "natural", or Itama 23a or 28a-f show<br>int, the Medical Examiner must be notified at | Funeral Director       | 11. Marital Status   | 12. Was Dacedar   | nt Evar in U,           | S. 13.        | Was Dacedan          | t of Hispa            | anic Origin? (S | Specify Yas or N  | o- 14. Rac             | ce - America |  |
| 0          | or its  | F                      | 1 ☐ Navar Married 2 📉  | Armed Force Married 1 ☐ Yes 2                                 |                         |               |                      |                       |                 | to Rican, atc.)   |                        | ck, Whita, a |  |
| 21215-0020 | urs a   | by                     | 3 ☐ Widowad 4 ☐ Divo   | orced If Yas, Giva<br>Yaar or Datas                           | s:                      |               | 1□ Yas 🎾             | JNo S                 | Specify:        |                   | Specif                 | y: BLA       | Ch   |
| 0-10       | should be filed within 72 hours<br>nd Mental Hygiene.<br>marked other than "natural",<br>metic event, ma Medical Exa  | Completed              | 15. Dace   | edant's Education   |                         | 18a. Dece     | dant's Usual C       | Occupatio             | n               |                   | 16b. Kind of B         | usinass/Ind  | lustry   |
| 21         | hin 7   | pie                    | (Spacify only no<br>Elemantary/Sacondary (0-                                 | nighast grada complatad) 12) Collaga (1-4o                    | vr 5+)                  | lifa.         | DO NOT use           | dona duni<br>retirad) | ng most of wo   | rking             |                        |              |  |
| 21         | d wit   | OT                     | 11th   | N/A   | ,, 51,                  |               | UNEMP                | LOYE                  | ED              |                   | N                      | /A           |  |
| p          | be file<br>d othe<br>event  | Bec                    | 17. Fathar's Nama (First, Mic  | idia, Last)   |                         |               |                      | 18                    |                 |                   | e, Maidan Sumar        |              |  |
| lai        | vuid be filed with<br>Mental Hygiene.<br>arked other than   | To                     | DAVID FRA  | ZIER  |                         |               |                      |                       | FLORE           | ENCE CA           | MPBELL                 |              |  |
| Maryland   |   |                        | 19a. Informant's Name/Relat  | tionship (Type, Print)  |                         | 19b. Maili    | ng Address (S        | itreet end            | Number or R     | ural Routa Numi   | ber, City or Town      | , Steta, Zip | Code)  |
|            | 1 and 2 :<br>Health or<br>sm 27 is  |                        | EVELENA MU   | RPHY  |                         | 3761          | RAVE                 | NWOC                  | DD AVE          | E BALT            | O, MD                  | 2121         | 3  |
| re,        | f He<br>f He<br>othe  |                        | 20e. Mathod of Disposition   |   |                         |               | sition (Name         |                       |                 | Data              | 20c. Location          | - City or To | wn, Steta  |
| 9          | Peges<br>nent of<br>nt: If ite  |                        | 1 □ Burial 2 □ Cramat<br>4 □ Donation 5 □ Dtha                               | tion 3 ☐ Ramovai from States (Specify)                        | I A                     |               | natory or othe N CEM |                       | 1               | 7-2-98            | BALTO                  | , MD         |  |
| altimore,  |   |                        | 21. Signature of Funeral San   |   |                         | 22            | 2. Nama end A        | Addrass o             | f Facility -    | DEMOC I           | TINTEDAT               | HOM          | T  |
| B          | permit. Departri  |                        | 1 /4   | Lui III   |                         |               |                      |                       | . 1             |                   | FUNERAL                |              |  |
| -          |   |                        | 220 Part Enter the disease   | accomplications that are                                      | G the death             |               |                      |                       |                 |                   | ALTO, M                | D ZI         | _  |
|            |   |                        | shock, or haart failure.   | ea, or complications that caus<br>List only ona cause on each | lina.                   | . Do not am   | ar ma moda c         | ii dyirig, s          | och es cardia   | c or raspiratory  | arrast,                |              | Approximate<br>Interval Batween<br>Onset and Death             |
|            | Physician /Medical  |                        | Immadiata Cause (Finel   |   | AU                      | b ACI         | JE                   |                       |                 |                   |                        |              |  |
|            | Examiner  |                        | diseasa or condition<br>rasulting in daath)                                  | a CHRe  | NIC                     | 11/6          | MORK                 | HAC                   | SE              |                   |                        |              | ZMON HS  |
|            |   | -                      |  |   | Dua to (or              | as a consec   | quanca of):          |                       |                 |                   | CE                     | EVIX         | -  |
| П          | ped<br>led  | - Lu                   |  | b. STAB   | E T                     | 1 C           | ARCIA                | VOM                   | 4 OF            | THE U             | PELINE                 | 1            | Onset and Death  2 Man AB  3 Months                            |
|            | and<br>Brransi  | Examiner               | Sequentially list conditions, if any, leading to Immediate                   |   | Dua to (or              | es a consec   | juance of):          |                       |                 |                   |                        | "            |  |
| 09         | 8 197   |                        | cause. Enter Undarlying<br>Causa (Disaesa or injury<br>that initiated avants | C   |                         |               |                      |                       |                 |                   |                        | i            |  |
| 68760,     | cate.   | Medical                | rasulting in daath) Last   |   | Due to (or              | es e consaq   | uanca of):           |                       |                 |                   |                        |              |  |
| ×          | The law requires that the death certificates to has been signed by the attending physpege 2 should be deteched for use as the                                       |                        |  | d   |                         |               |                      |                       |                 |                   |                        | į            |  |
| Bo         | eath ce<br>attend<br>I for us   | Completed by Physician |  |   |                         |               |                      |                       | _               |                   |                        |              |  |
| o.         | the short   | yslc                   | Part II. Other significant con   |   |                         |               |                      | sa givan l            | n Part I.       | 23b. Dio          | tobacco use co         | entribute to | the cause of death?  |
| 0          | that the de<br>ed by the<br>deteched  | P.                     | HUMAN LMM  | NOUS DRU  | NCY                     | 1/100         |                      |                       |                 | 1                 | Yes 2 No               | 3 Prob       | pably WUnknown   |
| Records,   | res that  | by                     |  |   |                         | V ( CV.       |                      |                       |                 |                   |                        | T            |  |
| Oro        | been si   | tec                    | LAITE LIE  | NAME DON  | A                       | RIS           |                      |                       |                 |                   | s an eutopsy<br>ormad? | ava          | ara autopsy findings<br>alleble prior to<br>applation of cause |
| ec         | e law<br>has b<br>ge 2 sl   | p d                    | 190 1200   | Vous Size   | 6                       | ,,,,,,        |                      |                       |                 |                   |                        | of c         | death?   |
| 3          |   | 5                      |  |   |                         |               |                      |                       |                 | 1 🗆               | Yas 2 No               | 1□           | Yes 2 No   |
| Vital      | Physician: The this certificate ral director, page  | Be                     | 25. Was case rafarrad to me  | dical   |                         |               |                      | 26                    | 6. Place of De  | ath (Check only   | one)                   |              |  |
| of V       | 0 D   | 2                      | 1 Yas 2 No   | Hospital: 1 ☐ Inpa  | itiant 2                | ER/Outpetian  | t 3□ DOA             | Othar:                | 4 Nursing H     | Homa 5 Ras        | Idance 6 Ott           | nar (Specify | HOSAGE   |
| 0          | ing Ph<br>J.<br>After th<br>funeral   |                        | 27. Mannar of Deeth  | 28e. Data of In<br>(Month, D                                  | jury<br>Day Year)       | 28b. Tima of  | 28c.                 | Injury at<br>Work?    |                 | 28d. Dascribe     | how Injury occur       | rred         |  |
| Division   | Attending or death. actor: After by the fune  | atle                   | E C Mooidaile  | vastigation   | , , , ,                 | ,,            | М                    |                       | 2 🗆 No          |                   |                        |              |  |
| Vis        | Atte<br>ar de<br>acto<br>by th  | E E                    |  | ould not be terminad 28a. Place of I                          | njury - At ho           | ma, farm, str | eet, factory, o      | ffice                 |                 |                   | (Straet and Numi       | ber or Rure  | l Routa Number,  |
| Ö          | af or   | Certification:         | - I Homeida  | building,   | etc. (Specify           | ,             |                      |                       |                 | Only of 10        | iwii, Diala)           |              |  |
|            | hour<br>nera<br>y fille   |                        | 29a. Cartifiar Cart  | tifying Physicien: To the bes                                 | st of my know           | vladga, daatt | occurred at t        | ha tima, d            | deta and plece  | e, and dua to the | causa(s) and m         | annar as st  | ated.  |
|            | n 24<br>N Fu  | edicai                 | (Check only 2 Med  | licat Examiner: On the besis end mannar:                      | of axaminati<br>stated. | on and/or In  | vastigation, in      | my opinio             | on, daath occi  | urred at tha tima | , date and plece,      | and dua to   | tha causa(s)   |
|            | To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completely filled in by the funer                                       | Z                      | 29b. Signature end title of ce   | rtifiar   |                         |               | 29c. L               | icense nu             | ımber           |                   | 29d. Data signa        | d (Month, L  | Day, Year)   |
|            |   |                        | Mad  | 10 Hm   | MT                      |               | T                    | 20                    | 327             | 2_                | 6-28                   | 5-98         | 8  |
|            | m   |                        | 30. Name end eddress of per  | rson who completed cause of                                   | deeth (Itam             | 23e) (Type    |                      |                       |                 |                   |                        |              |  |
|            |   |                        | David  | DASE.   | 40                      | / 11L         | 1 And                | 1050                  | D= /            | X/ LIAA           | SIANA                  | 7 "          | 21045  |
|            | Sta   | te                     | 31. Deta filed (Month, Day, Y  | 'ear) 32. Regis   | strar's Signat          | W(8)          |                      |                       | 6, 6            | 0-01-11           |                        | V 2          | 1043   |
|            | عاد<br>Registr  |                        | uu 0 1 19  | / / / /   | avidson                 | -Mandal       | 2                    |                       |                 |                   |                        |              |  |
|            |   |                        | ANT AT 19  | 0   |                         |               |                      |                       |                 |                   |                        |              |  |

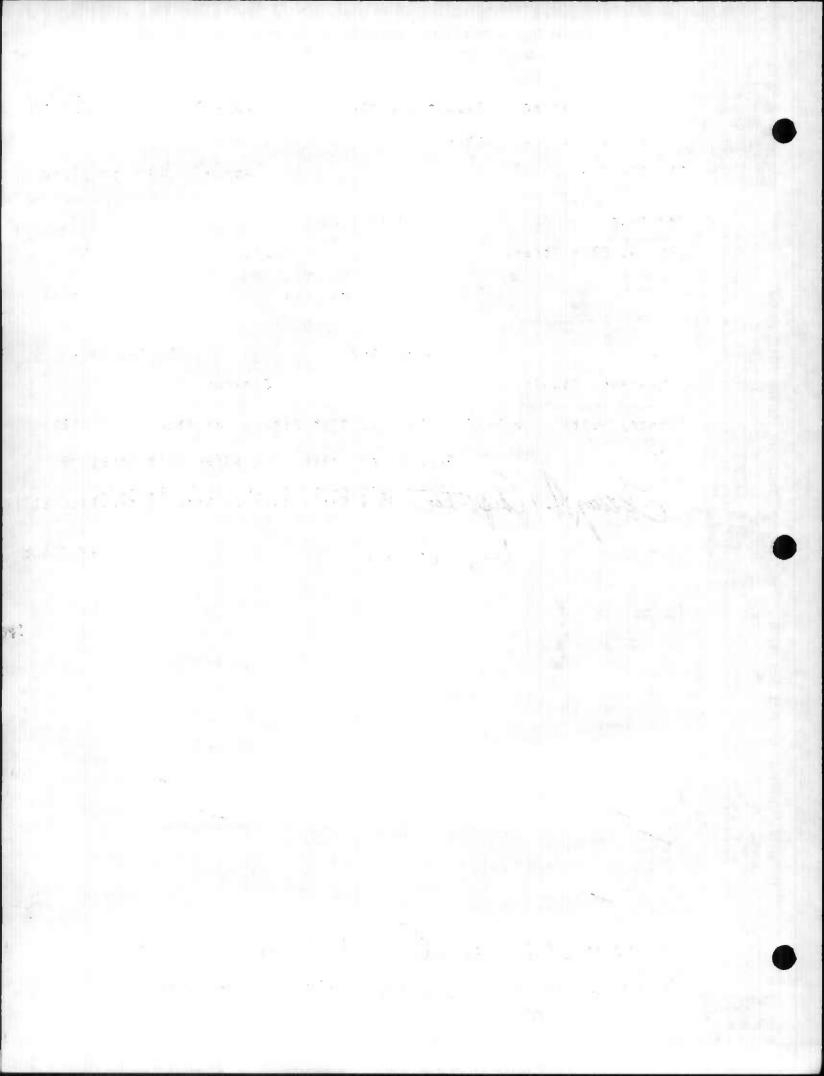
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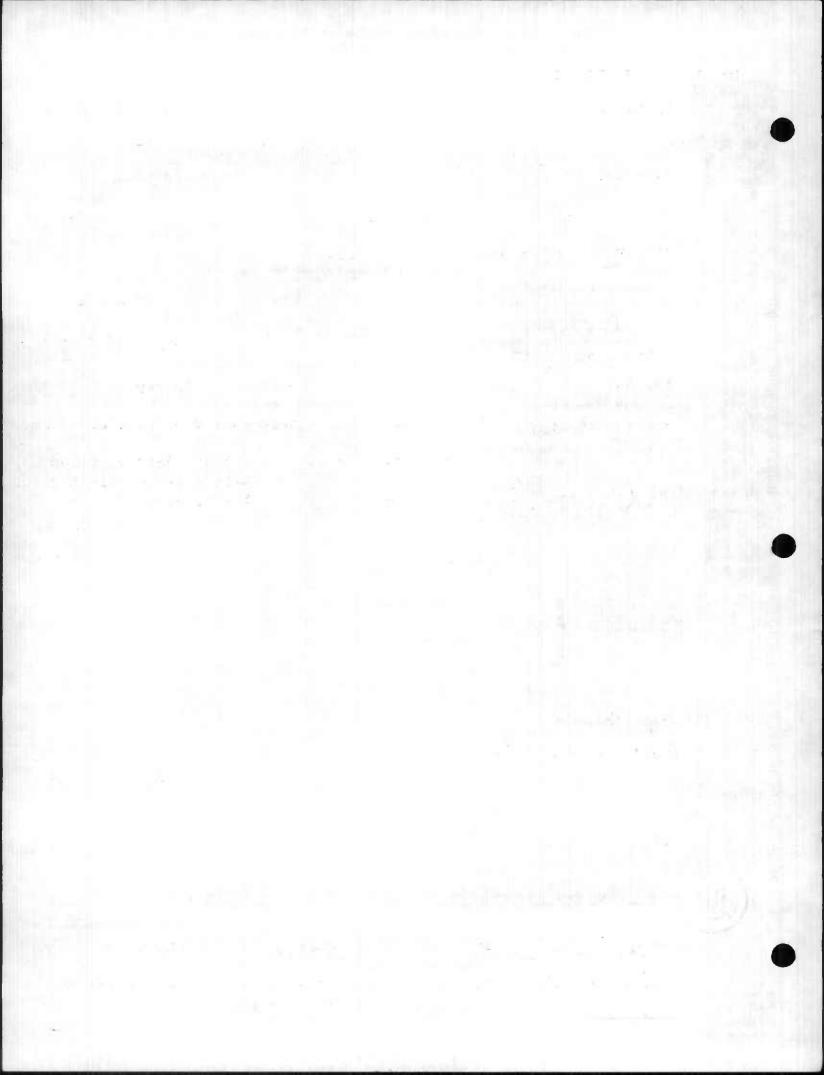
State of Maryland / Department of Health and Mental Hygiene 9 8 20326

|  |   |   | C                                    | ertificat                           | e of l                   | Death   | R  | eg. No.                             | -                               |   |
|--|---|---|--------------------------------------|-------------------------------------|--------------------------|---|--|-------------------------------------|---------------------------------|---|
|  | 1. Decedent's Name (First, Middle,                            | Last)   |                                      |                                     |                          |   | 2. Dete of Dee<br>Month                            |                                     | Yeer                            | 3. Time of Deeth  |
| Physician<br>/Medical  | Mar   | garet Eliz  | abeth                                | Smith                               |                          |   | June 20  | 5,1998                              | 1001                            | 2 so less   |
| Examiner   | 4e Fecility Name (If not institution, § Home, 1324 W.         |   | t                                    |                                     | 4                        |   | or Location of Deeth                               | N/                                  | / A                             |   |
| Funeral<br>Director  | 214-20-6920   | . Sex 1 M X□XF 7. Age (II   | 7 2 Yrs.                             | Months                              | Deys                     | If Under 24 H                                   | lrs. 8. Dete of Birth<br>lin. (Month, Dey<br>March | Year)<br>23,1926                    | 9. Birthpla<br>Country<br>5 Mar | ce (Stete or Foreign<br>y)<br>y land                                |
| Du M   | Usuel Residence of Decedent  10a. Stete 10b. County           | 10  | c. City, Town or                     | Location                            |                          |   |  |                                     |                                 | d. Inside City Limits   |
| vith the Maryling or 284-f sho   | Maryland N  | I/A   | В                                    | altin                               |                          |   |  |                                     |                                 | YYes 2 No   |
| th with the 23a or 2 and 15a or |   | Street  |                                      | 10f. Zi                             | Code                     | 212   |  | log. Citizen of W                   | /het Countr                     | USA   |
| be filed within 72 hours after death with the Maryland ital Hygiens. d other than "natural", or items 23s or 28s-f show event, the Medical Exercities must be notified at Be Completed by Funeral Director   | 3 ☐ Widowed 4 ☐ Divorced                                      | 12. Was Decedent Eve<br>Armed Forces?<br>1 ☐ Yes 2 ☑ No<br>If Yes, Give<br>Year or Dates: | r in U,S. 1                          | 3. Wes Dece<br>if Yes, spe<br>1 Yes | cify Cube                | lispanic Origin?<br>en, Mexicen, Pu<br>Specify: | (Specify Yes or No-<br>erto Ricen, etc.)           |                                     | - America<br>k, White, et       |   |
| 72 ho  | 15. Decedent's (Specify only highest)                         |   | 16e. De                              | cedent's Usu                        | el Occup                 | ation<br>during most of s                       | working  | 16b. Kind of Bu                     | siness/Indu                     | istry   |
| od within 72 ho<br>ygiena.<br>Ner than "naturi<br>rt, in Wedsall<br>Completed  | Elementery/Secondery (0-12)                                   | College (1-4or 5+)  |                                      | maker                               |                          | during most of v<br>d)                          | 20 - 10 1  | In Ov                               | wn Ho                           | ome   |
| S la b w   | Clarence Gio  |   |                                      |                                     |                          |   | lame (First, Middle,                               | Meiden Sumeme                       | е)                              |   |
|  | 19a. Informent's Neme/Reletionship                            | (Type, Pnint)   | 19b. Ma                              | ailing Addres                       | s (Street                | end Number or                                   | Rural Route Numbe                                  | r, City or Town,                    | Stete, Zip (                    | Code)   |
| C/ c/ -  | Anthony Smith   | Husband   | 132                                  | 4 W.                                | 37t                      | h Stre  | et Bal   | timore.                             | , MD                            | 21211   |
| oernit. Peges 1 and<br>Department of Heatin<br>Important: if Itam 27<br>any Injury or other ti<br>pnce.  | 20e. Method of Disposition                                    | Hemover from Stete  | Cob. Plece of Discemetery, of Garden |                                     | -                        |   | Dete   | 20c. Location -                     | City or Tow                     | m, State  |
| permit. Peges 1 at<br>Department of Hea<br>Important: if Itam i<br>any injury or other<br>once.  | 4 Donetion 5 Other (Spe                                       |   | daruen                               |                                     |                          | ss of Facility                                  | 6/30/98  | Daili                               | nore,                           | , MD  |
| certificate be axecuted with the continuation and continu |   | C   | e to (or es e cons                   |                                     |                          |   |  |                                     |                                 |   |
| F 0 0 2  | resulting in deeth) Lest                                      | d   |                                      |                                     |                          |   |  |                                     |                                 |   |
| death de atten   | Pert II. Other significant conditions                         | contributing to death but a   | ot resulting in the                  | a underlying                        | ceuse aiv                | en in Peri I                                    | 23b Did t  | obacco usa con                      | atribute to                     | the cause of death!   |
| the ach  |   | contributing to death but is  | Ot 1030king ii 1 wi                  | o underlying                        | ocuse giv                | off iff of the                                  | 15   |                                     |                                 | ably 4 Unknow   |
| The law requires that rate has been signed by page 2 should be deta  |   |   |                                      |                                     |                          | N.  | 24e. Wes o   | en autopsy<br>med?                  | avei                            | re eutopsy findings<br>leble prior to<br>upletion of cause<br>eath? |
| The la   |   |   |                                      |                                     |                          |   | 1 🗆 Y  | es 20 No                            | 1 🗆                             | Yes 2□ No   |
| certificate<br>rector, pag   | 25. Was case referred to medical                              |   |                                      |                                     |                          |   | Death (Check only o                                | ne)                                 |                                 |   |
| hya<br>his<br>T  | 1 Yes 2€ No   | Hospital:   | 2 ER/Outpa                           |                                     |                          | 4 LI Nursin                                     | g Home 5 Resid                                     |                                     |                                 | )   |
| Attending P in daath.  actor: After the tha funantial (fication:   | 27. Menner of Deeth  1 Netural 5 Pending 2 Accident investiga |   | 9ar) 28b. Time<br>Injur              | y M                                 | 28c. Injur<br>Wor<br>1 🗆 | yet<br>k?<br>Yes 2 □ No                         | 28d. Describe r                                    | ow injury occurr                    | ed                              |   |
| e spec   | 3 Suicide 6 Could no<br>4 Homicide determin                   |   | - At home, farm,<br>Specify)         | street, fecto                       | ry, office               |   | 28f. Location (S<br>City or Tow                    | itreet end Numbern, Stete)          | er or Rural                     | Route Number,   |
| To the Hospital or within 24 hours efter To the Funeral Dir completely filled in Medical Cert  | 29a. Certifier 1 Certifying (Check only one)                  | Physician: To the best of maminer: On the basis of exemples and menner steted             | eminetion and/or                     | eth occurred<br>Investigation       | et the tir               | me, dete end pl<br>pinion, deeth o              | ece, end due to the c<br>courred at the time, o    | euse(s) end ma<br>dete end plece, e | nner es ste<br>end due to       | eted.<br>the ceuse(s)   |
| Nithin To the complex  | 29b. Signature and title of certifier                         | , 0   | /                                    | 29                                  | c. Licens                | e number  |  | 29d. Date signed                    | d (Month, D                     | Pey, Year)  |
| ~ \  | > ( helian  | 1 ( ) ac  | ul                                   |                                     | 7                        | 2307  | 6  | 6.29                                | 3.58                            |   |
| 10   | 30. Name and address of person with Richard DiA               | no completed ceuse of deet  |                                      |                                     | Ba                       | ltimor  | e, Maryl   | and 21                              | 211                             |   |
| State  | 31. Dete filed (Month, Dey, Yeer)                             | 32. Regist  | Signature                            | Rande                               | 12                       |   | og many i  | unu el                              |                                 |   |



# Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

|   | 001 0111 01  | 60 7/1/98 EW   |                                     |  | Cen  | ificate of  | Death  |                      | R  | Reg. No.   | 6   | UJO  | . /  |
|---|--|--|-------------------------------------|--|--|---|--|----------------------|--|--|---|--|--|
| ololon  | 1. Decedent's N  | ame (First, Middle, La   | ist)                                |  |  | of the  |  | 2                    | . Dete of Deal<br>Month  | th<br>Day  | Year  | 3. Time  | of Death   |
| nysician<br>Medical   | Willi  | am E   | . Stanl                             | 67   |  |   |  |                      | 06   | 77   | 98  | 114  | 15   |
| kaminer   | 4a Facility Name   | e (If not institution, giv   | re street and number)               |  |  |   | 4b. City, Town   | n, or Loca           | ition of Death   | 4c. County   | of Death  |  |  |
|   | Univers  | sity of 1  | Maryland                            | Med  | 1cal   | Central Under 1 Year  | Bald.  |                      |  | NA   |   |  |  |
| neral   | 5. Social Securit  | 1  | Sex ′ 7.Age<br>1120 M 2 □ F         | 67   | Yrs.   | Months Dey  |  | Min.                 | . Date of Birth<br>(Month, Day   | , Year)  | 9. Birthp   | lace (Stat<br>ltry)  | e or Foreign   |
| ector   | 21/-2<br>Usual Residence   | 6-1359   |                                     | 07   |  |   |  |                      | 08-01  | -30  | PA  |  |  |
| w   | 10e. Stete   | 10b. County  |                                     | 10c. City, T   | own or Loca                                    | ation   |  |                      |  |  | 1   | 0d. Inside   | City Limits  |
| to to   | Md   | NA   |                                     | Bal  | timor  | re  |  |                      |  |  |   | XXY  | es 2 No  |
| river must be notified at<br>Funeral Director   | 10e. Street and  | Number   |                                     |  |  | 10f. Zip Code   |  |                      | 1  | 10g. Citizen of V  | What Cour   | ntry?  |  |
| a   | 1509   | Holbrook   | Street                              |  |  | 2120  | 2  |                      |  | USA  |   |  |  |
| ner   | 11, Maritel Statu  | s  | 12. Was Decedent E<br>Armed Forces? | Ever in U,S.   | 13. Wa   | as Decedent of  | Hispanic Origin<br>ban, Mexican, I   | n? (Speci            | fy Yes or No-  | 14. Rac  | e - Americ  |  |  |
|   |  | arried 2 Merried   | 1 Yes 2 XN                          | io   |  | □Yes 21© No   |  |                      |  | Specify  |   |  |  |
| d by  | 3 Widowe   | d 4 Divorced   | Yeer or Detes:                      |  |  |   |  |                      |  |  | рта   |  |  |
| ete   | (S)  | 15. Decedent's Ed<br>pecify only highest gra   | ducation<br>ade com <i>pleted)</i>  | 1  | (Give ki                                       | ent's Usual Occi<br>ind of work don<br>O NOT use retii  | e durina most o  | of working           | 7  | 16b. Kind of Bi  | usiness/Inc   | dustry   |  |
| Completed   |  | econdary (0-12)  | Coilege (1-4or 5                    |  | Core   | JIVOT USB FBIII   | <i>64)</i>   |                      |  | Dept.  | of  | Educ   | cation   |
|   |  | Grade ne (First, Middle, Last)   | NA                                  |  | COLE   |   | 18. Mother's   | s Name /             | First, Middle  | Meiden Surnen  | ne)   |  |  |
| 9 Be  | Charl  |  | Stanley                             | 7  |  |   | Emma   |                      |  | Conway   |   |  |  |
| 5   |  | Name/Relationship (  |                                     |  | 19b. Mailing                                   | Address (Stre   |  |                      |  | r, City or Town,   | State. Zin  | Code   | 21217  |
| To Be Comp  | Hazel  | Stanle   |                                     |  |  |   |  |                      |  | 102 Ba   |   |  |  |
| 3   | 20a. Method of [   |  | <u>Y</u>                            | 20b. Place   | e of Disposi                                   | ition (Name of  |  | C A                  |  | 20c. Location -  |   |  |  |
| 5   |  | 2 Cremetion 3 C  |                                     |  |  | etory or other p  |  | OT (                 | 22 00  | D = 14   |   |  |  |
| anne  |  | n 5 Other (Specification of Specification)   |                                     | Dal  |  | Name end Add  | etery  |                      |  | Balt   |   |  |  |
| OUG   | D /  |  | 160                                 | /  |  |   |  |                      |  | ore, M   |   |  | 21202  |
|   | On Part St   | nen  | piications that caused              | the death F  |  |   |  |                      |  | North  | Ave   | nue  | nata   |
|   | Immediate Ceus   | se (Finai  | Sans                                |  |  |   |  |                      |  |  |   | Onset ar   |  |
|   | disease or cond<br>resulting in deal   | lition<br>(h)  | b                                   | Due to (or as  | ·  |   |  |                      |  |  | 1   |  | hones  |
| Examiner  | disease or cond<br>resulting in deal   | lition<br>(h)  | b                                   | Due to (or as  | ·  |   |  |                      |  |  |   |  |  |
| dical Examiner  | disease or cond<br>resulting in deat   | conditions,<br>b immediate<br>derlying<br>or injury<br>ens   | b                                   | Due to (or as  | s a conseque                                   | ence of):   |  |                      |  |  |   |  |  |
| dical Examiner  | disease or cond<br>resulting in deal<br>Sequentially list<br>if any, leading to<br>cause. Enter Uf-<br>Cause (Disease<br>that initiated ever<br>resulting in deat  | conditions,<br>b immediate<br>nderlying<br>or Injury<br>snts<br>h) Last  | b                                   | Due to (or as  | s a conseque                                   | ence of):   |  |                      |  |  |   | 36   | hones  |
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| dical Examiner  | disease or cond resulting in deal Sequentially list if any, leading to cause. Enter U. Cause (Disease that initiated everesulting in deat  | conditions, or immediate nderlying or injury shis h) Last  | b                                   | Due to (or as  | s a conseque                                   | ence of):   | given in Part I.   |                      | 1 □ Y  | Yes 2□ No  | 3 Pro   | 3 6  | hones  e of death?  Wunknown  sy findings or to  |
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| il director, page 2 should be deteched for use as the bur<br>To Be Completed by Physician/Medical                     | disease or cond resulting in deal services of condresulting in deal services. Enter United Sequentially list if any, leading to cause. Enter United Sequential Sequen | conditions, immediate addriving or injury shis h) Last  conditions, immediate addriving or injury shis h) Last  conditions or injury shis h) Last  conditions or injury shis h) Last  conditions or injury shis h) Last  conditions or injury ship ship ship ship ship ship ship ship  | d                                   | Due to (or as  Due to (or as  Due to (or as  Due to (or as  Due to (or as  Due to (or as  Due to (or as  Due to (or as  Due to (or as                | VOutpatient Bb. Time of Injury a, farm, street | ence of):  ence of):  derlying cause of the second of the | 26. Place of there: 4 \( \text{Nurse} \) Nurse ork? \( \text{Ves} \) 2 \( \text{Nire} \) Note time, date and opinion, death one number \( \text{Nire} \) 9266  | piace, an            | 1 Y  24a. Was a perfor  1 Y  (Check only or  6 5 Resid  3d. Describe h  3f. Location (S  City or Tow  ad due to the color than the color | an autopsymed?  (es 2 No me)  lence 6 Oth now injury occur  Street and Numb m, Stete)  cause(s) and m date and place. 29d. Date signe  | 3 Pro  24b. W av co of  1[  ner (Special rred  anner as s and due te ad (Month,   | o the cause bably 4 gere autopaliable primpletion death?  Yes 2 gere autopaliable primpletion death? | Mones  Tonom  To |
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Day Year **Physician** 7.49 pm HILDA SPENCER 1998 JUNE 25 /Medical 4b. City, Town, or Location of Deeth 4e Facility Neme (If not institution, give street end number) 4c. County of Death Examiner HOSPITAL CENTER BALTIMORE If Under 24 Hrs. If Under 1 Year Dete of Birth (Month, Dey, Year) 06-27-38 5. Social Security Number Birthplace (State or Foreign Country) 6. Sex 7. Age (In vrs. lest birthday) **Funeral** Months Days Min 1□M 2□xF Hours 59 213-36-5349 MD Director Usual Residence of Decedent the Maryland a or 28a-f show 10a, Stete 10c. City. Town or Location 10b. County 10d. Inside City Limits Md Baltimore NA XXYes 2 □ No Director 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? od 2 should be filed within 72 hours after death with Ih and Mental hygiene.
7 is marked other than "natural", or itema 23e or traumatic event, its Medical Exertice manual. 601 F. Cherrycrest Road 21225 USA Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status Black, White, etc. 1 ☐ Yes 2 🔀 No If Yes, Give 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2√ No Specify: Specify: p 3 NWidowed 4 □ Divorced Black Yeer or Detes: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 10th Grade NA Laborer Factory Worker 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Pages 1 and 2 should be sent of Health and Mental Willodis Davis Esther Coates 21225 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Health a Spencer 601 F. Cherrycest Road Baltimore, Maryland If Item 27 or other 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Department of Important: If any injury or once. Zion Cemetery 07-01-98 Lansdowne, Md. Mat. 22. Name and Address of Fecility part Superal Service Licensee Baltimore, Maryland 21202 WM.C.March FH 1101 E. North Avenue Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Deeth **Physician** /Medical Immediate Cause (Final 2 DAYS SEPSIS disease or condition resulting in deeth) Examiner Due to (or es a consequence of): Examiner 8 MONTHS CERVIX CARCINOMA METASTATIC and i-transit law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): physician a 10 DAYS PNEUMONIA Box 68760 Physician/Medical Due to (or as e consequence of): for use es t signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the causa of death? 1 Yes 2 No 3 Probably 4 Nonknown ģ 24b. Were autopsy tindings available prior to should should Completed 24e. Was en autopsy completion of cause of death? Phe 1 Yes 2 No 1 Yes 2 LNO Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 Impatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 ER/Outpatient 3 DOA

2 Certification:

27. Mennes of Deeth

1 Watural

2 Accident

3 ☐ Suicide

29a. Certifier

4 Homicide

(Check only one)

29b. Signature and title of certifier

31. Dete filed (Month, Dey, Year)

SAINGEETHA

5 Pending

6 Could not be determined

Investigation

JUL 0 1 1998

certificata has blinector, page 2 s

Division of Vital Records, P.O.

Hospital or Attending Physician: 24 hours effer death. Funeral Director: After this certifica stely filled in by the funeral director, To the Hospital or within 24 hours at To the Funeral Dr completely filled in

State Registrar

edicai

Sugrella hus la HOUSE OFFICER

28e. Date of Injury (Month, Dey Year)

32. Registra Signara
Suha Davidson-Randale

28b. Time of

28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

1 🖫 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(a) and manner as atated. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number 29d. Date signed (Month, Dey, Year)

28d. Describe how injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

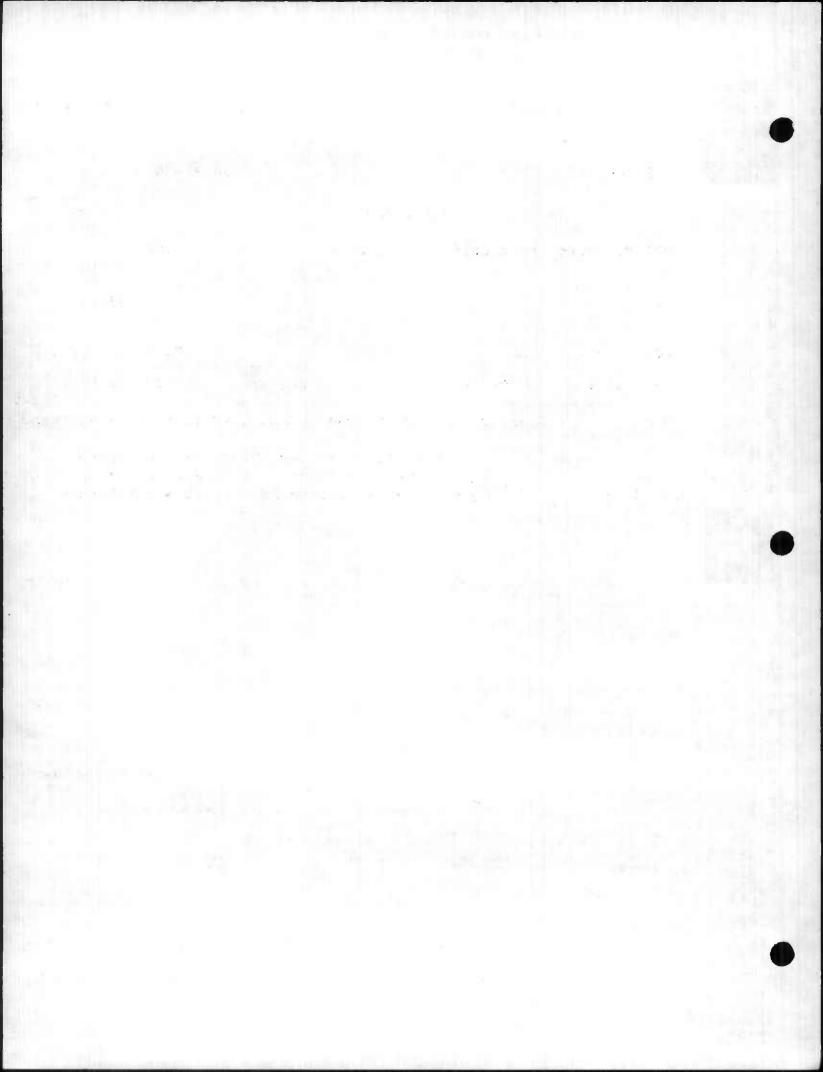
1998 P10647 JUNE 30

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MURTHY

3001, S. HANDVER STREET BALTIMORE 21225

28c. Injury at Work?

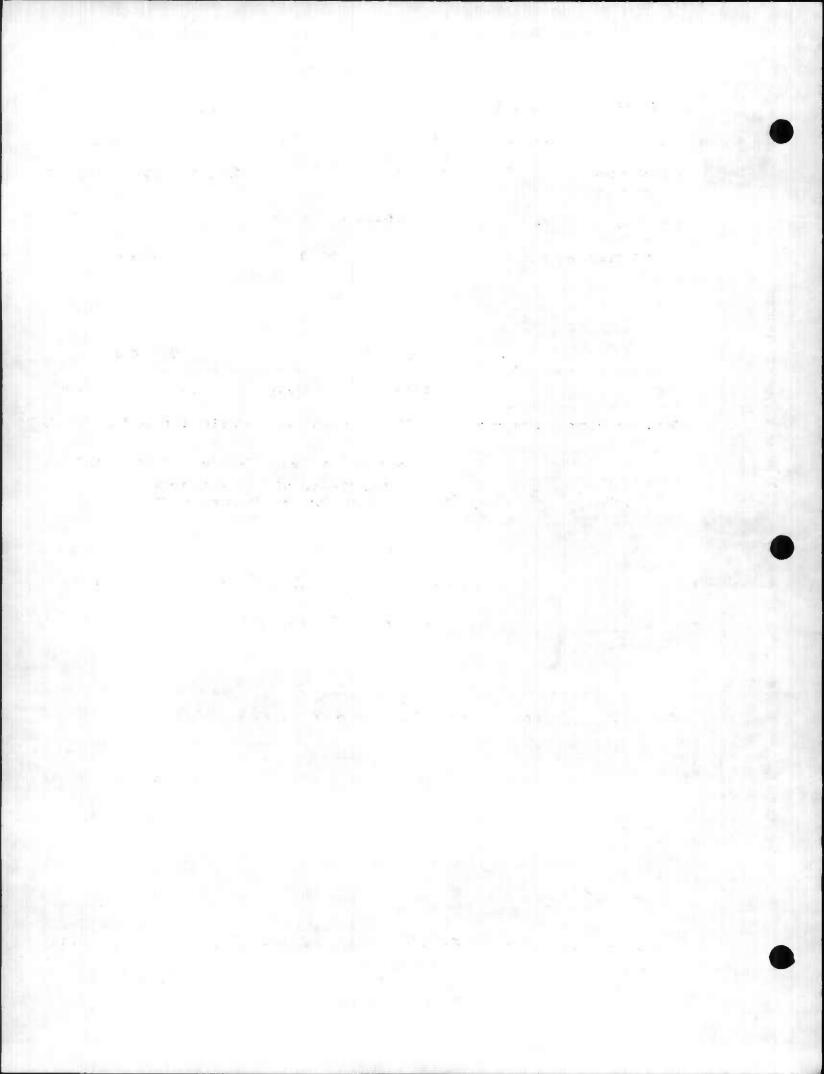
1 Yes 2 No



### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

| nysician                              | 1 Decedents Nome /First Middle  | ( feet)  |  | oramouto  | of Death   | 2. Date of De  | Reg. No.  | 3. Tima of Death  |
|---------------------------------------|---|--|--|---|--|--|---|---|
| iyəlciali.                            | 1. Decedent's Name (First, Middle ALMA J. S   |  |  |   |  | Month  | Day   | Year CIOO   |
| lical                                 | 4a Facility Name (If not institution,   |  |  |   | Ab City Town o   | JUNE<br>r Location of Death  |   | 10  |
| niner                                 |   | SPITAL   | CENTE  | R   |  | MORE   | 4c. County  | N/A   |
|                                       | 5. Social Security Number   | 911111   | ge (In yrs. last birthda   |   |  |  | th  |   |
| r                                     | 231–20–1289 Usual Residence of Decedent   | 1□M 2 <b>⊠</b> F   | 73 Yrs.  | Months  | Days Hours Min   |  | , 1925  | 9. Birthplace (State or Foreign<br>Country)<br>Virginia   |
|                                       | 10a. State 10b. County  |  | 10c. City, Town or   | Location  |  |  | 1,000   | 10d. Inside City Limits   |
| io lo                                 | Maryland  | N/A  | B  | altimor   |  |  |   | 1 M Yes 2 □ No  |
| Director                              | 10e. Street and Number  |  |  | 10f. Zip C  |  |  | 10g. Citizen of W   | het Country?  |
|                                       | 1717 Clarkson   | Street   |  |   | 21230  |  | U.S   | .A.   |
| Funeral                               | 11. Marital Status  | 12. Was Decedent<br>Armed Forces   | Ever in U,S.   | 3. Was Deceder  | nt ot Hispanic Origin? (<br>Cuban, Mexican, Pue  | Specify Yes or No  | - 14. Race  | - American Indian,  |
| by Fu                                 | 1 ☐ Never Married 2 ☐ Marrie<br>3 M Widowed 4 ☐ Divorced  |  |  | 1 ☐ Yes 2   |  | onto rican, etc.)  | Specify:  | white, etc. White   |
| pet                                   | 15. Decedent  | 's Education   | 16a. De  | cedent's Usual  | Occupation   | and the co   | 16b. Kind of Bu   | sinass/Industry   |
| Completed                             | (Specify only highes<br>Elementary/Secondary (0-12)   | College (1-4or   | 5+1  |   | Occupation<br>done during most of w<br>retired)  | UNITY  |   |   |
| Sorr                                  | 11  | 0  | Hou  | sewife  |  |  | Own Ho  | me  |
| Be                                    | 17. Father's Name (First, Middle, L   | Last)  |  |   | 18. Mother's N   | ame (First, Middle,  | Maiden Sumam  |   |
| 10                                    | Guy   |  | King   |   | Mary   |  | D.  | Sydnor  |
| (The                                  | 19a. Intormant's Name/Relationsh  | nip (Type, Print)  |  |   | Street and Number or i   |  |   |   |
| H                                     | Rita Ann Darrow   | (Daughter  |  |   |  |  |   | ille, Md.21228  |
|                                       | 20a. Method of Disposition  | 2 Domewalfrom State  | 20b. Placa of Dis  | sposition (Name<br>rematory or oth  | of<br>er placa)  | Date   | 20c. Location -   | City or Town, State   |
|                                       | 1   Burial 2 □ Cremation 4 □ Donation 5 □ Other (Sp   |  |  |   | .A. Cem.   | 7-2-98   | Crownsv   | ille, Md.   |
| 8                                     | 21. Signature of Funeral Service L  | icensee  | //   | 22 Name and   | Address of Facility  | Eurowa 1   | Homo  |   |
| 8                                     | 1 land  | 0 1/2  | 10   |   | y-Polyniak<br>Fort Ave   |  |   | and 21230   |
|                                       | 23a. Part 1. Enter the disease, or shock, or heart teilure. List of   | complications that course  | d the death. Do not  | enter the mode  | of dying, such as cardi  | ac or respiratory a  | rrest,  | Approximate   |
| an                                    | shock, or heart teilure. List of  |  |  |   |  |  |   | Interval Between<br>Onset and Death   |
| cal                                   | Immediate Cause (Final  | HYI  | OVOLEN   | tlc c   | SHOCK  |  |   | IDAY  |
| er 🔝                                  | disease or condition resulting in death)  | a  | 11102312   |   |  |  |   | 1   |
| ē                                     |   | CRAST  | ROINTES  | TINA  | BLE  | EDINO  |   | IDAY  |
| Examiner                              | Sequentially list conditions  | b  | Due to (or as a cons   |   |  |  |   |   |
| EX                                    | Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initieted events                               | CAN  | ICER O   | FE  | ESOPHAU  | nus  |   | 2 MONTHS  |
| edicai                                | that Initieted events resulting in death) Last  | c  | Due to (or as a cons   |   |  |  |   |   |
|                                       | resulting in death) Last  |  |  |   |  |  |   |   |
| an                                    |   | d  |  |   |  |  |   |   |
| sici                                  | Part il. Other significant condition  | ne contributing to death   | but not resulting in the   | e underlying cau  | se given in Part I.  | 23b. Dld   | tobacco use con   | tributa to the causa of death?  |
| Phy                                   | CHOMNIC MO  | STRUCTI  | 1/E DI.  | MALE  | DV NICE  | ACE 10   | ¥00 2□No  | 3 Probably 4 Unknown  |
| >                                     | CHRONIC OB  | SIRUCII  | · L FUL  | PIONE   | NI DISE  |  |   |   |
| 0                                     |   |  |  |   |  |  | an autoney  | 24b. Were autopsy tindings  |
| d bet                                 |   |  |  |   |  | 24a. Was   | rmed?   | available prior to  |
| pleted b                              |   |  |  |   |  |  |   | available prior to<br>completion of cause<br>of deeth?  |
| completed b                           |   |  |  |   |  |  | ormed?  | available prior to  |
| 3e Completed by Physician/M           | 25. Was case reterred to medical  |  |  |   | 28. Place of D   | perfe  | Yes 2000  | available prior to completion of cause of deeth?  |
| ro Be                                 | 25. Was case reterred to medical examiner? 1 □ Yes 2 ₩ No   | Hospital: 1 □44pat   | ient 2□ ER/Outpa   | tient 3□ DOA  | Othor  | perfo  | Yes 2000  | available prior to completion of cause of deeth?  |
| To Be                                 | examiner? 1 ☐ Yes 2 ☑ No  27. Manner of Death   | 28a. Date of In  |  |   | Other: 4 Nursing   | perfo  | Yes 2000  | available prior to completion of cause of deeth?  1 □ Yes 2 □ No  |
| To Be                                 | examiner?  1 Yes 2 No  27. Manner of Death  1 Natural 5 Pending 2 Accident investig   | 28a. Date of Ing<br>(Month, D  |  |   | Othor  | perfo  | Yes 2 1 Mo  | available prior to completion of cause of deeth?  1 □ Yes 2 □ No  |
| To Be                                 | examiner?  1 Yes 2 No  27. Manner of Death  1-Natural 5 Pending  2 Accident investig  3 Suicide 6 Could in  | 28a. Date of In (Month, D)   | ay Year) 28b. Time<br>Injury - At home, tarm,  | e ot 286<br>y M   | Other: 4 Nursing Linjury at Work? 1 Yes 2 No   | perfo  | Yes 2 No one) denca 6 Other how injury occurr   | available prior to completion of cause of deeth?  1 □ Yes 2 □ No  |
| cation: To Be                         | examiner?  1  Yes 2 No  27. Manner of Death  1 Natural 5 Pending 2 Accident investig 3 Suicide 6 Could n  | 28a. Date of In (Month, D)   | ury 28b. Time<br>ay Year) Injur  | e ot 286<br>y M   | Other: 4 Nursing Linjury at Work? 1 Yes 2 No   | perfo  | Yes 2 No one) denca 6 Other how injury occurr   | available prior to completion of cause of deeth?  1 Yes 2 Vo  |
| the funeral director<br>cation: To Be | examiner?  1   Yes   2   No  27. Manner of Death  1   Natural   5   Pending investig  3   Suicide   6   Could n determi   | 28a. Date of In (Month, D)   | ury ay Year) 28b. Timinjur sijury - At home, tarm, tc. (Specify) ot my knowledge, de ot examinetion end/or   | e ot y M 286 street, tactory,   | Other: 4 Nursing Injury at Work? 1 Yes 2 No office   | perfo  | Yes 2 1 Mo one) denca 6 1 Othe how injury occurr  Street and Numb wm, State)  | available prior to completion of cause of deeth?  1  Yes 2 No  er (Specify)  ed  er or Rural Route Number,  |
| cation: To Be                         | examiner?  1 Yes 2 No  27. Manner of Death  1 Natural 2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only one)  29b. Signature and title of cartifier   | 28a. Date of Inglation (Month, Date of Inglation and Date of Ingla | ury ay Year)  28b. Tim Injur  sijury - At home, tarm, tc. (Specify)  ot my knowledge, de t examinetion end/orleted.  | street, tactory,  auth occurred at Investigation, ii                      | Other: 4 Nursing b. Injury at Work? 1 Yes 2 No office the time, date and pla a my opinion, death oc-           | performance perfor | Yes 2 No one)  denca 6 Othe how injury occurr  Street and Numb wm, State)  cause(s) end me date end plece,  29d. Date signer        | available prior to completion of cause of deeth?  1  Yes 2 No  er (Specify)  ed  er or Rural Route Number,  nner as stated. end due to the cause(s)  d (Month, Day, Year)           |
| edicai Certification: To Be           | examiner?  1 Yes 2 No  27. Manner of Death  1 Natural 2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only one)  29b. Signature and title of cartifier   | 28a. Date of Inglation (Month, Date of Inglation and Date of Ingla | ury ay Year)  28b. Tim Injur  sijury - At home, tarm, tc. (Specify)  ot my knowledge, de t examinetion end/orleted.  | street, tactory,  auth occurred at Investigation, ii                      | Other: 4 Nursing b. Injury at Work? 1 Yes 2 No office the time, date and pla a my opinion, death oc-           | performance perfor | Yes 2 No one)  denca 6 Othe how injury occurr  Street and Numb wm, State)  cause(s) end me date end plece,  29d. Date signer        | available prior to completion of cause of deeth?  1  Yes 2 No  er (Specify)  ed  er or Rural Route Number,  nner as stated. end due to the cause(s)  d (Month, Day, Year)           |
| edicai Certification: To Be           | examiner?  1 Yes 2 No  27. Manner of Death  1-2 Natural 2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only one)  29b. Signature and title of cartifier | 28a. Date of Ingation (Month, Date of Ingation (Month, Date of Ingation and Date of Ingation  | ury ay Year)  28b. Time Injur  28b. Time | e ot y M 286 street, factory, eath occurred at Investigetion, in 29c. AS  | Other: 4 Nursing: Injury at Work? 1 Yes 2 No office the time, date and planmy opinion, death occlicense number | performance perfor | Yes 2 1 Mo  one)  denca 6 □ Othe how injury occurr  Street and Numb wm, State)  cause(s) end me date end plece, c  29d. Date signed | available prior to completion of cause of deeth?  1  Yes 2 No  er (Specify)  ed  er or Rural Route Number,  nner as stated. end due to the cause(s)  d (Month, Day, Year)  2 9 1998 |
| uneral director                       | examiner?  1 Yes 2 No  27. Manner of Death  1 Natural 2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only one)  29b. Signature and title of cartifier   | 28a. Date of Ingation (Month, Date of Ingation (Month, Date of Ingation and Date of Ingation  | ury ay Year)  28b. Time Injur  28b. Time | e ot y M 286 street, factory, eath occurred at Investigetion, in 29c. A S | Other: 4 Nursing: Injury at Work? 1 Yes 2 No office the time, date and planmy opinion, death occlicense number | performance perfor | Yes 2 1 Mo  one)  denca 6 □ Othe how injury occurr  Street and Numb wm, State)  cause(s) end me date end plece, c  29d. Date signed | available prior to completion of cause of deeth?  1  Yes 2 No  er (Specify)  ed  er or Rural Route Number,  nner as stated. end due to the cause(s)  d (Month, Day, Year)           |



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene () Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Dey Month **Physician** Hazel Gennettia Stewart 7:50 A.M. June 29, 1998 /Medical 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner Anne Arundel 6305 Orchard Road Linthicum 5. Social Security Number 7. Age (In yrs. last birthdey) 80 yrs. If Under 24 Hrs. Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) **Funeral** 1 M 2 XF Months Deys Hours Yrs. Director 217-20-3966 Aug. 28, 1917 Kentucky Usuel Residence of Deceden 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits Md. Anne Arundel Linthicum 1 Yes 2X No 28a-fr Director ž 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? must be n 6305 Orchard Road U.S.A. 21090 Funeral 12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes ≥ 2 [XNo If Yes, Give Yeer or Detes: 14. Race - American Indian, then "natural", or liens the Medical Examiner my Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marijal Status Black, White, etc. 1 ☐ Never Married 2 Married 1 ☐ Yes 2 🕅 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Hygiene. Westinghouse Wire Assembler 12th 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) 2 should be fi and Mental F Be marked Mamie Mullins Arbra McPherson 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Relationship (Type, Print) s 1 and 2 s of Health at A lisen 27 if P.O. Box 333 Linthicum, Maryland 21090 Claude Stewart ( Husband ) Baltimore, 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Pages 1 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Department of Important: If Glen Haven Memorial Park 17/2/98 | Glen Burnie, Maryland McCully-Polyniak Funeral Home 21. Signature of Funeral Service Licensee 237 E. Patapsco Ave., Balto., Md. 21225 23a Pent Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner physician and the bunal-transit death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In death) Last P.O. Box 68760. Physician/Medical Due to (or as a consequ 88 USB for signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy Completed certificate has b director, page 2 s 1 ☐ Yes 2 No 1 Yes 2 No director Be 25. Was case referred to medical exeminer? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Date of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After Attending 1 Natural 5 Pending 1 Yes 2 No death. investigation ne Hospital or Attendii n 24 hours efter death. ne Funeral Director: A pietely filled in by the fo 2 Accident 6 Could not be 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the cause(s) end menner as stated. 29e. Certifie To the Hosp within 24 hou To the Fune completely fi edical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) end menner stated. (Check only one) 29d. Date signed (Month, Dey, Year) 29b. Signature and title of pertition 29c. License number

Dr. Carter 1600 Crain Highway Suite 208 Glen Burnie, Maryland 21061

32. Register Signature

Sucha Davidson

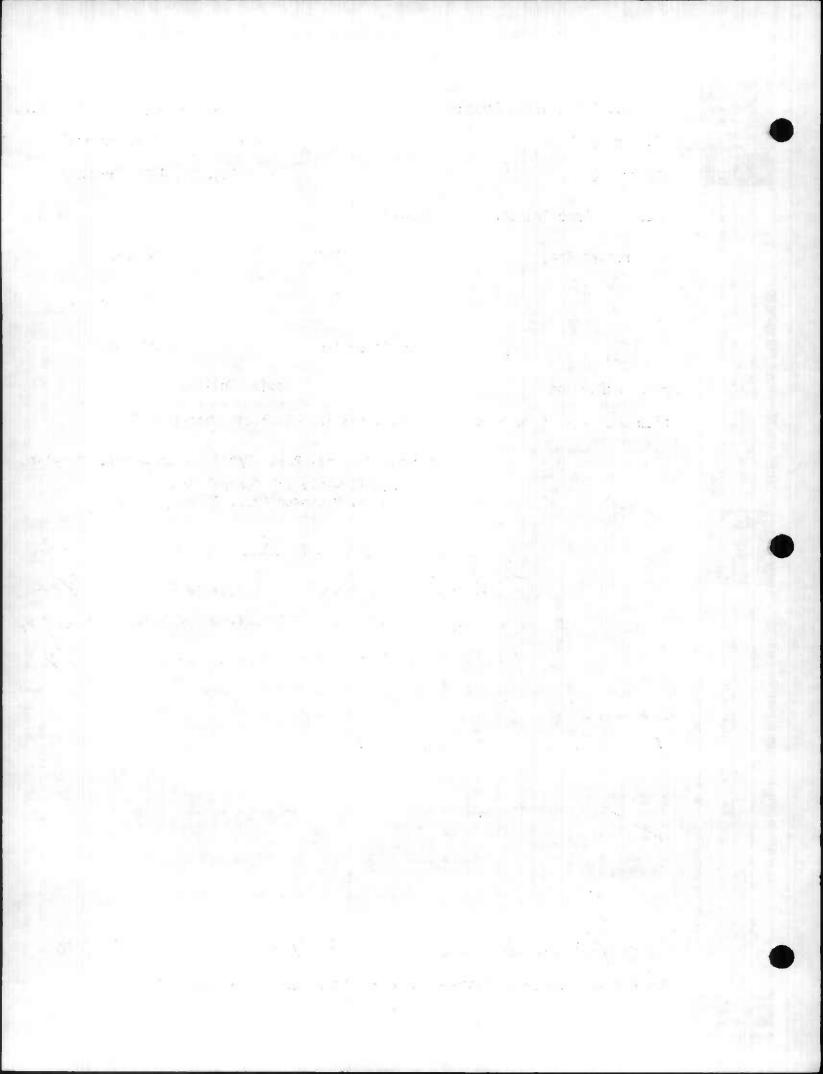
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

JUL 0 1 1998

DHMH 16 Ray 6/95

State

Registrar



#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3 Time of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death **Physician** 30 Pm Jung Donald Thomas Sheehan /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not Institution, give street and number) Examiner 205 ita) Arunde 5/2n Burnie Anne Arundel 8. Date of Birth (Month, Day, Year) DeC • 23, 1925 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days 1⊠M 2□ F 212-20-2767 72 Washington, D.C Director Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Anne Arundel Pasadena 1 Yes 2 No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Examiner must be 7809 Catherine Ave. 21122 U.S.A. Funeral 72 hours after death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Bace - American Indian Black, Whita, etc. 1 Yas 2 No WWII If Yes, Give Yaar or Datas: 1 Nevar Marriad 20 Married 1 ☐ Yas 2 No Specify: White p 3 ☐ Widowed 4 ☐ Divorcad "netural" Completed 7 is marked other than "natur traumatic event, tre Medical 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) filed within Elementary/Secondary (0-12) College (1-4or 5+) Hygiene. 12 State Of Maryland Tax Auditor 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be 1 and 2 should be f Health and Mental P William Sheehan Katherine Watts 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) Health Pm 27 I Genevieve M. Sheehan Wife 7809 Catherine Ave. Pasadena, Maryland 21122 item 27 other t 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State Data Pages nent of h 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State & han = 8 Green Mount Crematory July 1,1998 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility McCully-Polyniak Funeral Home 3204 Mountain Road Pasadena, Maryland 21122 23a. Part1. Entar the disease, or complications that counted the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on such line. Approximata Interval Between Onset and Death **Physician** Obstructive pulmunary Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or as a consequenca ot): Examine physician and s the bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events rasuiting in death) Last Due to (or as e consequence of): Physician/Medical Due to (or as a consequenca ot): USB 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by t 1 Yee 2 No 3 Probably 4 Unknown þ Records. 24b. Were autopsy findings available prior to completion of cause ot death? Completed 24a. Was an autopsy performed? cartificata has b lirector, page 2 s 1 ☐ Yes 2 No Division of Vital 25. Was case referred to medical exeminer? Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 20 No 10 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 28e. Dete of Injury (Month, Day Year) Certification: or Attending 1 Netural 5 Pending 2 No 1 Yes investigation 2 Accident after death 6 Could not be datermined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) in 24 hou. The Funeral Direction by 4 | Homicide Hospital Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) end menner as steled. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier Medicai To the Hosp within 24 hor To the Fune completely fi (Check only one)

0

Jona a

29c. License number

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) OWUSU-BOAITE

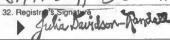
Hosp. Dr. Glen Burnie, MD 21061

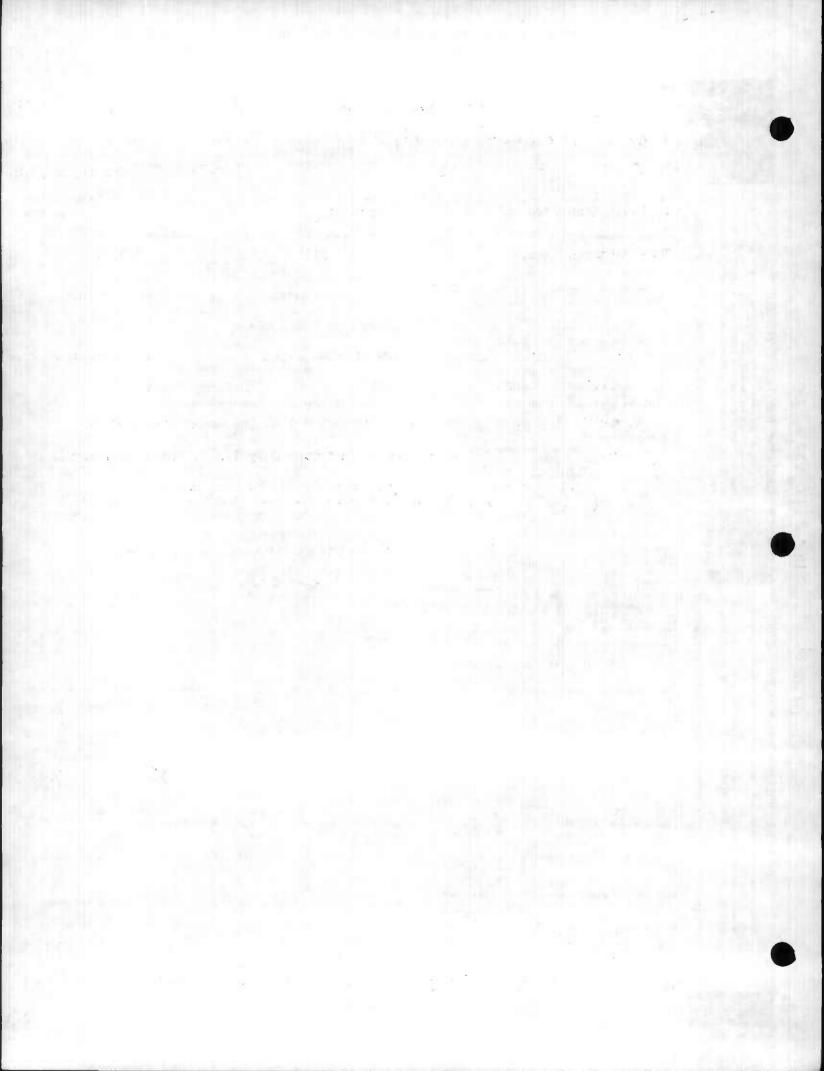
Registrar

0 1 1998

29b. Signature and little of certifie

31. Dete filed (Month, Day, Year)

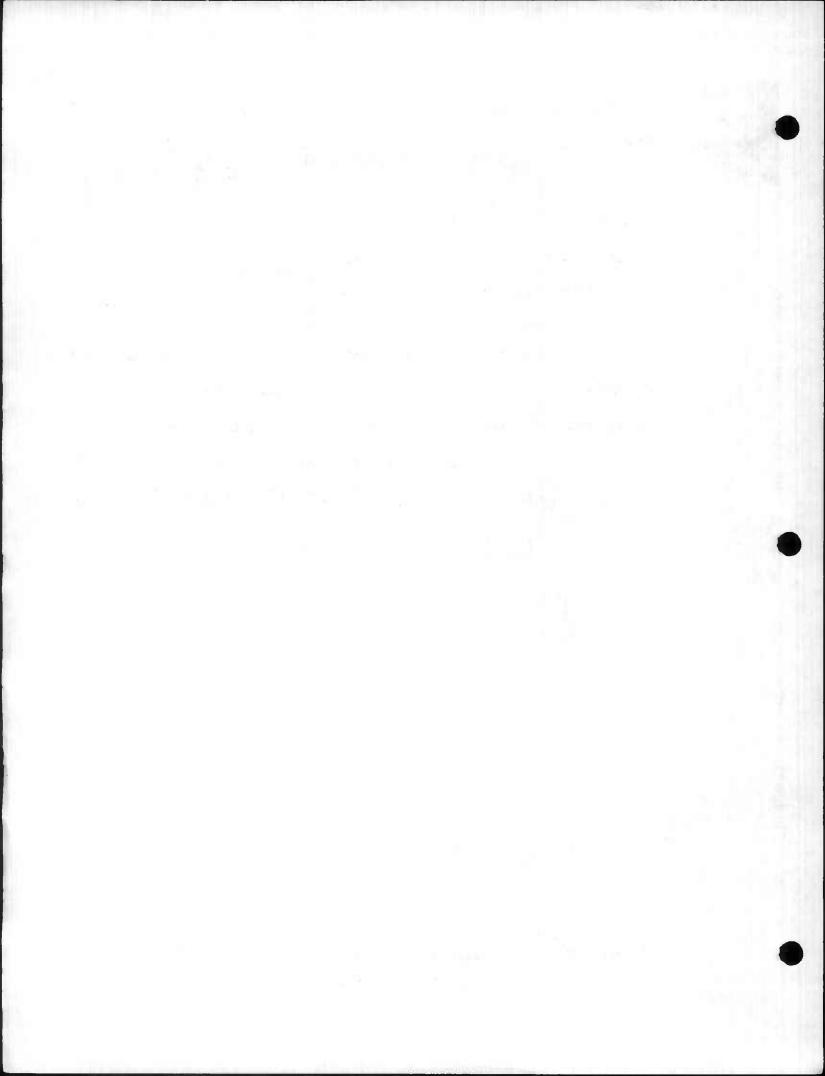




## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

|   |                  |   |   | ,,,,,,,,                | Cen                           | tificate of                          |   | Re  | g. No.                           | 8                         | 20332  |
|---|------------------|---|---|-------------------------|-------------------------------|--------------------------------------|---|---|----------------------------------|---------------------------|--|
| Dhualai   |                  | 1. Decedent's Name (First, Middle, Las  |   |                         |                               |                                      |   | 2. Date of Deeth<br>Month                       | Day                              | Year                      | 3. Time of Death                                   |
| Physici<br>/Medic   |                  | NANCY LEE SIATKOW   | ISKI  |                         |                               |                                      |   | June 29   | , 1998                           | Toal                      | 3:00 a.m   |
| Examir  |                  | 4a. Facility Name (If not institution, give   | street and number)                                      |                         |                               |                                      | 4b. City, Town, or                        | Location of Death                               | 4c. County                       | of Death                  |  |
|   |                  | 609 Winslow Drive   |   |                         |                               |                                      | Bel Air                                   |   | Harfo                            | rd                        |  |
| Funeral<br>Director   |                  | 5. Sociel Security Number 6. Sec. 218-46-7344 11  | x 7. Age 7. Age 52                                      | e (In yrs. las          | Yrs.                          | Months Days                          |   |   | 1946                             | 9. Birthp<br>Cour<br>Alab | place (State or Foreigntry)  OMMA                  |
| pu at   |                  | 10a. State 10b. County  |   | 10c. City,              | Town or Loc                   | ation                                |   |   |                                  | 1                         | 0d. Inside City Limit:                             |
| Many<br>1 sh  | Į.               | Maryland Harford  | 1   | Rol                     | Air                           |                                      |   |   |                                  | 0                         | 1 ☐ Yes 2 N  |
| the 128s  | 5                | 10e. Street and Number  |   |                         | - 1000                        | 10f. Zip Code                        | -   | 10  | g. Citizen of V                  | Vhat Cour                 | ntry?  |
| 3a o  | Q I              | 609 Winslow Drive   |   |                         |                               | 21015                                |   |   | U.S.A.                           |                           |  |
| deeti<br>ms 2   | Funeral Director | 11. Marital Status  | 12. Wes Decedent I                                      | Ever In U,S.            | 13. W                         |                                      | Hispenic Origin? (S<br>ban, Mexicen, Puer |   | 14. Race                         |                           | an Indian,   |
| s 1 and 2 should be filed within 72 hours after deeth with the Maryland if Health and Mental Hygiena. Item 27 Is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examples must be mainled. | by               | 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced  | Armed Forces? 1 ☐ Yes 2 🐼 N If Yes, Give Yeer or Dates: | No                      |                               | Yes, specify Cul                     |   | to Rican, etc.)                                 | Specify                          | k, White,                 | oic.<br>rite                                       |
| 2 ho  | ted              | 15. Decedent's Edu  |   |                         | 18e. Decede                   | nt's Usual Occu                      | pation                                    | 1   | 6b. Kind of Bu                   | siness/in                 | dustry   |
| hin 7   | Completed        | (Specify only highest grad  | College (1-4or 5  | (+)                     | life. D                       | ind of work done<br>O NOT use retin  | ipation<br>a during most of wo<br>ad)     | rking   |                                  |                           |  |
| filed with<br>Hygiena.<br>Ither ther  | no.              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | 2 years   |                         | Accou                         | intant                               |   |   | Car De                           | aler                      | ship   |
| al Hy   | Be               | 17. Fether's Name (First, Middle, Last)   |   |                         |                               |                                      | 18. Mother's Na                           | me (First, Middle, M                            | aiden Sumam                      | e)                        |  |
| Ment arked  | 2                | Ralph Coumbes   |   |                         |                               |                                      | Virgin                                    | ria Armst                                       | rong                             |                           |  |
| 2 should be f<br>and Mental I<br>is marked of<br>raumatic eve   |                  | 19a. Informant's Neme/Relationship (T   | /pe, Print)   | 7                       |                               |                                      |   | ural Route Number,                              |                                  |                           |  |
| 1 and<br>Health<br>em 27  |                  | Jerome Siatkowski   | . (Husband  |                         | 609                           | Winslow                              | Drive,                                    | Bel Air,  | MD. 2                            | 1015                      |  |
|   |                  | 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ I   | Removal from State                                      | 20b. Plac               | ce of Dispos<br>netery, cremi | ition (Name of<br>atory or other pla | ace)                                      | Date 2  | Oc. Location -                   | City or To                | own, State   |
| Pages<br>ment of h<br>ant: If Ite<br>ury or of  |                  | 4 □ Donation 5 □ Other (Specify,  |   | Oak                     | Grove                         | Baptis                               | t Cem.                                    | 1/2/98  | Bel Air                          | . Ma                      | ryland   |
| permit. Pages<br>Department of<br>Important: If I<br>any Injury or<br>once.   |                  | 21. Signature of Funeral Service Licens  **Market* 7. Zer   |   |                         | 22.<br>Sc                     | Name and Addr<br>himunek             | ess of Facility Funeral                   | Home of I                                       | Bel Air                          | , In                      | c.   |
|   |                  | 23a. Part1. Enter the disease, or comp  |   | the death               | Do not enter                  | O W. Ma                              | cPhail Ro                                 | ad, Bel   | Air, M                           | D.                        | 21014  |
| Physician   |                  | shock, or heart failure. List only o  | ne cause on each lir                                    | 16.                     |                               | ,                                    |   | or roop and y                                   |                                  |                           | Approximate<br>Interval Between<br>Onset and Death |
| /Medical  |                  | Immediate Cause (Final  | Ch  |                         | C                             |                                      | 0   |   |                                  | ì                         | RL   |
| Examiner  |                  | disease or condition resulting in death)  | a. METAS  |                         |                               |                                      | CANCE                                     | 2   |                                  |                           | 32 yrs   |
|   | e                |   |   | Due to (or e            | es a consequ                  | ence of):                            |   |   |                                  | 1                         | 9  |
| tificate be executed<br>g physician and<br>es the buriel-trensit  | Examiner         | Conventio by list conditions  | b   | Due to (or e            | is e consequ                  | ence of):                            |   |   |                                  | - 1                       |  |
| exec<br>in an<br>rief-tr  |                  | if any, leeding to immediate  |   | Due to (or a            | a e consequ                   | erioa ory.                           |   |   |                                  | 1                         |  |
| tificate be executed ig physician and es the buriel-trensit   | Aedicai          | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events | D   | Due to (or a            | s a consequ                   | ence of):                            |   |   |                                  | -                         |  |
| g phy<br>es th  | P                | resulting In death) Last  |   | Due to (or a            | s a consequ                   | bride ory.                           |   |   |                                  |                           |  |
|   | 5                |   | d   | _                       |                               |                                      |   |   |                                  |                           |  |
| death ce<br>a attandir<br>od for use  | icia             | Part II. Other significant conditions co  | ntributing to death by                                  | it not resulti          | ng in the un                  | derivino ceuse a                     | iven in Part I                            | 23h Did tob                                     | ACCO USA COL                     | tribute to                | the cause of death                                 |
| the sche  | Physician/       | Tallin Street arginitosin conditions co   | mileding to death be                                    | it flot festiti         | ing in the dis                | Jerrymig Cease 9                     | Well HIT all I.                           | 1 □ Ye  | 11                               | 3 □ Pro                   |  |
| as tha<br>igned<br>be det   | by P             |   |   |                         |                               |                                      |   |   | - 34110                          | 0                         | DEDITY 4 OF ONKION                                 |
| w requiras that<br>been signed b<br>should be deta  |                  |   |   |                         |                               |                                      |   | 24a. Wes en                                     |                                  | 24b. W                    | ere autopsy findings<br>alleble prior to           |
|   | Completed        |   |   |                         |                               |                                      |   | perform   | eur                              | CO                        | mpletion of cause death?                           |
| 0 - 0   | mo               |   |   |                         |                               |                                      |   | 1□ Yes  | 20 No                            | 1[                        | Yes 2□ No  |
| ican: Th  | 6                | 25. Was cese referred to medical  |   |                         |                               |                                      | 26 Place of Dec                           | ath (Check only one                             | -                                |                           |  |
| S ce  | 0                | evaminer?   | Hospital:   | nt 2∏EF                 | VOutpatient                   | 3 DOA O                              | ther: 4 \( \text{Nursing F}               | 1.  | nce 6 Othe                       | er (Snecil                | (v)  |
| 9 4 4   | L                | 27. Manner of Death   | 28a. Date of Injur                                      | y 2                     | 8b. Time of                   | 28c, Inju                            | ury at                                    | 28d. Describe hov                               |                                  |                           | ,  |
| A Print   | atio             | 1 Natural 5 ☐ Pending<br>2 ☐ Accident investigation   | (Month, Dey   | (Year)                  | Injury                        |                                      | ork?<br>]Yes 2∐No                         |   |                                  |                           |  |
| af or Alle<br>after des<br>Director<br>d in by th   | ertification:    | 3 Sulcide 6 Could not be<br>4 Homicide determined   | 28e. Place of Injubuilding, etc                         | ry - At home. (Specify) | e, farm, stree                | et, factory, office                  | 17.                                       | 28f. Location (Stre<br>City or Town,            |                                  | er or Rure                | al Route Number,                                   |
| To the Hospital or<br>within 24 hours and<br>To the Funeral Dis<br>complately filled in   | edicai C         | 29a. Certifier (Check only one)  29a. Certifying Phy 2 Medical Exami  | sicien: To the best of<br>ner: On the basis of          | examination             | edge, death on and/or inve    | occurred at the testigetion, in my   | ime, date and place opinion, death occu   | a, and due to the car<br>arred at the time, dat | use(s) end me<br>te and place, a | nner as s                 | tated.<br>the cause(s)                             |
| To the<br>within 2<br>To the<br>compla  | Mec              | 29b. Signature and title of certifier   | end manner sta  | t <b>e</b> 0.           |                               | 29c Licen                            | se number                                 | 29  | ♦ Date signed                    | 1 (Month                  | Dav. Year)   |
| Son With  |                  | 11.11   | 1/  |                         | /                             |                                      |   |   |                                  |                           |  |
|   |                  | // Mohall   | uns   | iac                     | n                             | 103                                  | 2221                                      | 1   | UNE                              | 30                        | 1998   |
| ν.  |                  | 30. Name and address of person who co   | impleted cause of de                                    | eath (Item 2            | 3a) (Type, P                  | rint)                                | 1.1 Ca                                    | 200   | 20/4                             | need                      | 21237  |
|   |                  | MICHAEL HUER  | BACH,   | 7000                    | 2 F/                          | ANKI                                 | 1N 7 d                                    | UR., C  | )/V/T//                          | nare                      | t  |
| Sta<br>Registr  | -                | 31. Dete filed (Month, Day, Year)   | 32. Registra  | Signatur                | Midney                        | Randall                              |   |   |                                  |                           |  |



98-3665-047 CMK

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene \

EDWARD SHINGLE, SR. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** EDWARD WILLIAM SHINGLE, SR. 25,\_ JUNE 1998 1728PM /Medical 4b. City, Town, or Location of Death 4e Fecility Neme (If not institution, give street and number) 4c. County of Death Examiner ATLANTIC GENERAL HOSPITAL BERLIN WORCESTER COUNTY If Under 1 Yeer 5. Social Security Number If Under 24 Hrs. 6. Sex 1 M M 2 ☐ F 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) **Funeral** Deys Months Hours Min. 48 Yes PA 189-40-2658 04/08/1950 Director Usuel Residence of Decaden the Maryland 10e Stete 10h County 10c. City. Town or Location 10d. toslde City Limits 28a-f show in than "natural", or items 23a or 28a-f ahov. the Medical Examiner must be notified at 14 Yes 2 No Director DONEGAL W. ALEXANDER 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code with P.O. BOX 4 NORTH LIBERTY & RT 40 15376 Funeral U.S.A. deeth 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after of Depertment of Heelth and Mentel Hygiena. Important: If Item 27 is marked other than "natural", or Henlany Injury or other traumatic event, the Moural Example 1 ☐ Yes 2 🛣 No If Yes, Give Yeer or Detes: 1 Never Married 2 N Married Baltimore, Maryland 21215-0020 WHITE 1 Yes 2 No Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b Kind of Business/Industry (Specify only highest grade completed) College (1-4or 5+) Elementery/Secondary (0-12) HEAVY EQUIPMENT OPERATOR PLASTICS 8 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be MARY E. JACKSON JAMES A. SHINGLE 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5376 19e. Informent's Name/Reletionship (Type, Print) BETTY SHINGLE/WIFE P.O. BOX 4 NORTH LIBERTY & RT 40 W. ALEXANDER, 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from State ALEXANDER CEMETERY 6/29/98 W. ALEXANDER, PA 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensus STERLING ASHTON FUNERAL HOME INC STERLING ASHTON FUNERAL HOME, INC. 736 EDMONDSON AVE. CATONSVILLE, MD 21228 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting In death) /Medical DWHING Examiner Due to (or es a consequenca of): Examiner attending physician and for use as the bunal-transit certificate be executed Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting In deeth) Lest Due to (or es e consequença of): Physician/Medicai Due to (or es e consequenca of): use as t Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of desth? the signed by the 1 Yes 2 No 3 Probably 4 Inknown by 24b. Were autopsy tindings available prior to completion of cause of death? Completed 24e. Was en autopsy peen page 2 certificate has 1 Yes 2□ No 1 Xes 2 □ No 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Dete of Injury (Month, Dey Year) 28b. Time of Injury 27. Manner of Deeth 28d. Describe how Injury occurred Certification: 28c. tnjury et Work? 1 Neturel 5 Pending investigation ject drowned sub 6/25/98 1649P 1 Yes 2 No death. after death Director: A d in by the fi 2 Accident 6 ☐ Could not be Location (Street end Number or Rurel Boute Number, City or Town, Stete) 32 nd St & Back 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f.

Box 68760 P.O. Records, of Vital Division

filled in by

Medical

Hospital 24 hours a Funeral D

To the Hosp within 24 hos To the Fune completely fi

4 Homicide

29e. Certifier

State Registrar

end manner steted. 29b. Signature and the of certifier

1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) 29d. Date signed (Month, Dey, Year) 29c. License number

Ocean Coty

O.C.M.E. Luiford 30. Name and address of person who

JUNE 26, 1998

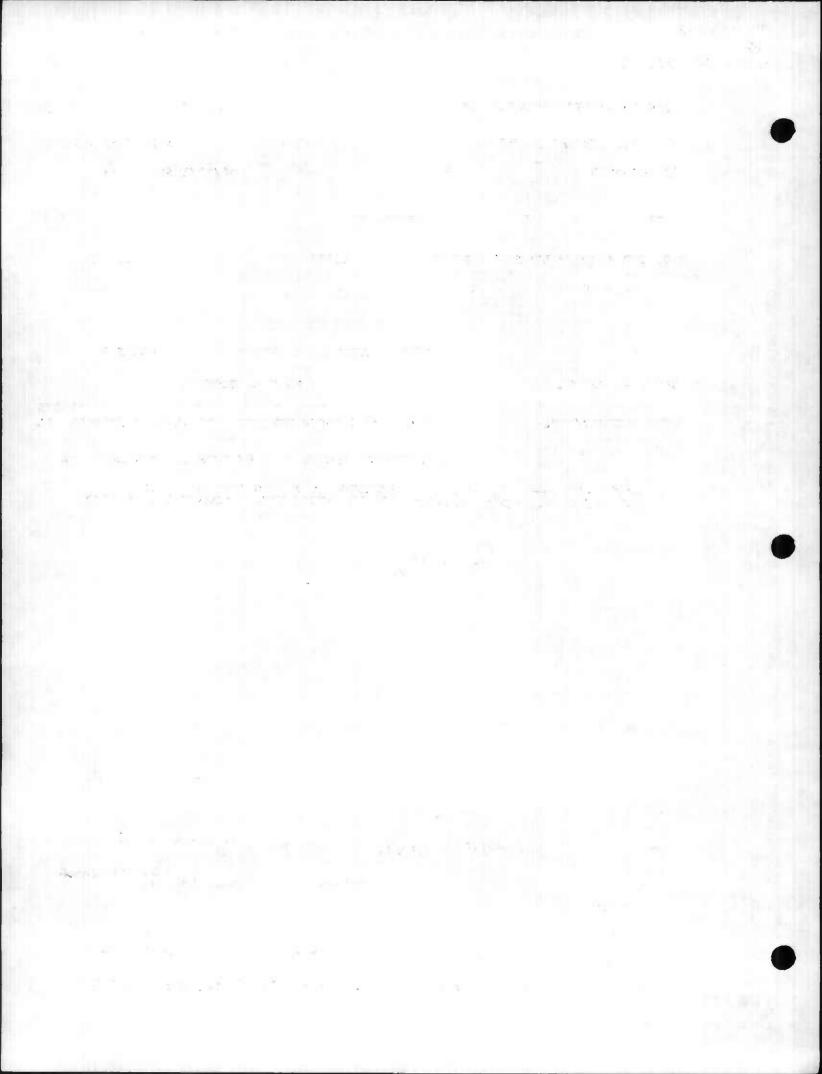
Mel

ed cause of death (Item 23a) (Type, Print)

ocean

111 Penn Street, Baltimore, Maryland 21201

31. Date filed (Month, Dey, Year)
JUL 0 1 1998 ute MO 22 Register's Signeture June Davidson-Randall



|           |  |                |   |  |                            | Certific             | ate of          | Death                        | R                                      | leg. No.         | 0          | 40334  |
|-----------|--|----------------|---|--|----------------------------|----------------------|-----------------|------------------------------|--|------------------|------------|--|
| Г         | Dhoolat  |                | 1. Decedent's Name (First, Middle, Last,  |  |                            |                      |                 |                              | 2. Dete of Dear<br>Month               | th               | Vaar       | 3. Time of Death                                   |
|           | Physici<br>/Medic  |                | THEODORE ROOSE  | ELT SMIT                                     | H                          |                      |                 |                              | JUNE                                   | 28,19            | 198        | 8:07 PM  |
|           | Examir   |                | 4e. Facility Name (If not institution, give   | street end number)                           |                            |                      |                 | 4b. City, Town, or           | Location of Deeth                      | 4c. County       | of Deeth   |  |
|           |  |                | STELLA MARIS A  |  |                            |                      |                 | BALTIMO                      |  |                  | I/A        |  |
|           | Funeral  |                | 5. Social Security Number 6. Sec  | 7. Age (                                     | 'In yrs. last birt         | rrs. If Un           |                 | if Under 24 Hrs<br>Hours Min | . (Month, Day                          | Year)            | 9. Birth   | place (State or Foreign<br>ntry)                   |
|           | Director   |                | 246-48-7113  Usual Residence of Decedent  |  | 64                         | 113.                 |                 |                              | 11/18/                                 | 33 1             | IORT       | H CAROLII  |
|           | anyland<br>show  |                | 10e. State 10b. County  | 1  | Oc. City, Town             | or Location          |                 |                              |  |                  |            | 10d. inside City Limits                            |
|           | r 28s-f sh   | to             | MD N/A  |  |                            | BAT.                 | TIMO            | D E                          |  |                  |            | 1 Yes 2 □ No                                       |
|           | or 28s   | Director       | 10e. Street end Number  |  |                            |                      | Zip Code        | KL                           | 1                                      | Og. Citizen of V | /hat Cou   | ntry?  |
|           | death with the Maryland<br>ms 23a or 28a-f show<br>mast be not fed at  | alD            | 1701 E. 30TH ST   | TREET  |                            |                      | 212             | 1.8                          |  | T                | J.S.       |  |
|           | deat   | Funeral        |   | 12. Was Decedent Ev<br>Armed Forces?         | er in U,S.                 | 13. Was De           |                 |                              | Specify Yes or No-<br>rto Rican, etc.) | 14. Rece         | - Ameri    | cen indian,  |
| 070       | within 72 hours effer death with<br>ene.<br>then "natural", or frems 23a or<br>the Medical Examiner mast be  | by             | 1 ☐ Never Merried 2 ☒ Married<br>3 ☐ Widowed 4 ☐ Divorced   | 1 Yes 2 No<br>if Yes, Give<br>Year or Dates: |                            |                      |                 | Specify:                     | ito ricali, etc.)                      |                  | k, White,  |  |
| 2-00      | 72 ho  | ted            | 15. Decedent's Edu<br>(Specify only highest grade   | cation                                       | 16a.                       | Decedent's U         | sual Occu       | pation                       | ortina                                 | 16b. Kind of Bu  |            |  |
| 7 7       | ithin<br>lee.  | Completed      | Elementary/Secondary (0-12)   | College (1-4or 5+)                           |                            | life. DO NO          | T use retire    | during most of wo            | orking                                 |                  |            |  |
| -         |  | Con            | 12  | -0-  |                            | TRUCK                | DRI             |                              |  | FOOD S           |            | ICE  |
| ana       | d off  | Be             | 17. Father'a Name (First, Middle, Last)   |  |                            |                      |                 | 18. Mother'a Na              | me (First, Middle, I                   | Maiden Sumam     | e)         |  |
| Z Z       | 2 should be in end Mantel is merked or aumetic eve   | To             | AMOS SMITH  |  |                            |                      |                 |                              | AUSTIN                                 |                  |            |  |
| Z Z       |  |                | 19e. informant'a Name/Relationship (Ty  |  |                            | - 0                  |                 |                              | lural Route Number                     |                  | State, Zij | Code)  |
| ָּנֶ<br>ע | Heelther 1   |                | EDNA SMITH (WIT   | E)   | 17<br>20b. Place of        | 01 E.                | 30t             | h STB                        | ALTIMOR                                | E, MD            | -          | 218  |
| 2         | Peges 1 end 2<br>ment of Heelth e<br>ant: If Item 27 Is<br>ury or other tra  |                | 1 ☐ Burial 2 ☐ Cremation 3 🛱 R  |  | cemerer)                   | y, crematory o       | or other pie    | ice)                         |  |                  |            |  |
| Dallimor  | 무원은 등  |                | 4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funerel Service License                                  |  | WAYNE                      |                      |                 |                              | 7/3/98                                 |                  |            |  |
| 000       | Depending Indiana  |                | 21. Signature of Purieter Service License   | 1-+  |                            |                      |                 |                              | LIZABET                                |                  |            |  |
| 4         |  |                | Caracka C   | Decla C                                      | FSP                        | 1                    |                 |                              | OE ST                                  |                  | , M        |  |
|           |  |                | 23a. Pert1. Enter the disease, or compli-<br>shock, or heart failure. List only or                          | e cause on each line.                        | e death. Do h              | ot enter the m       | node of dy      | ng, such as cardia           | ic or respiretory err                  | est,             |            | Approximete<br>Interval Between<br>Onaet and Death |
|           | Physician<br>/Medicai  |                | Immediate Ceuse (Final  |  | 14 44                      | - 1 -                |                 |                              |  |                  | 1          | onast and beam                                     |
|           | Examiner   |                | disease or condition resulting in death)  |  |                            |                      |                 | yelong                       |  |                  |            | lyen   |
|           |  | -e-            |   | Du   | ie to (or as e c           | onsequence           | of):            |                              |  |                  |            |  |
|           | d<br>ansit   | Examiner       |   | . ————————————————————————————————————       | e to (or as a c            |                      | -6.             |                              |  |                  |            |  |
| ĵ         | exec<br>an an<br>riel-tn   | Еха            | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury |  | ie to (oi as a c           | onsequence (         | JI).            |                              |  |                  |            |  |
| 00/00     | centificate be executed nding physicien and use as the buriel-transit  | edicai         | that initiated events   | Du   | e to (or as e co           | onsequence o         | of):            |                              |  |                  | -          |  |
| 0         | 5 0 6  | Med            | resulting in death) Last  |  | , , ,                      | ,                    | ,               |                              |  |                  |            |  |
| Š         | leath certifica<br>ettanding pl  |                |   |  |                            |                      |                 |                              |  |                  | +          |  |
|           | The lew requires thet tha death cer<br>ata has been signed by the ettendir<br>page 2 should be detached for use  | Physician/     | Pert ii. Other significant conditions con   | tributing to death but r                     | not resulting in           | the underlyin        | g cause gi      | ven in Part i.               | 23b. Did to                            | bacco use con    | tribute t  | o the cause of death?                              |
|           | of the   | Phy            |   |  |                            |                      |                 |                              | 1□ Y                                   | 08 2 No          | 3 Pro      | bably 4 Unknown                                    |
| ń         | es the   | by             |   |  |                            |                      |                 |                              |  |                  |            |  |
| COLOS,    | plnor  | ted            |   |  |                            |                      |                 |                              | 24a. Was a perform                     |                  | av         | ere autopsy findings<br>ellable prior to           |
| ט         | lew ras by 2 st  | ple            |   |  |                            |                      |                 |                              |  |                  | of         | empletion of cause death?                          |
|           | The ata h  | Completed      |   |  |                            |                      |                 |                              | 1 □ Ye                                 | s 2 No           | 1 [        | ☐ Yes 2☐ No  |
| 2         | slan:<br>ertific<br>ector,   | Be             | 25. Was cese referred to medical examiner?  |  |                            |                      |                 | 26. Place of De              | ath (Check only on                     | e)Stellan        | naris      | at mercy   |
| 5         | hysic<br>his c   | 2              | 1 Yes 2 10  | ospital:                                     | 2 ER/Out                   | _                    | DOA             |                              | Home 5 Reside                          |                  |            | y hospry   |
|           | To the Hospital or Attending Physician: The lew within 24 bours after death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2. | Certification: | 27. Manner of Death  1 Naturat 5 Pending  2 Accident Investigation  | 28a. Date of Injury<br>(Month, Day Y         | (ear) 28b. T               | ime of<br>ijury<br>M | 28c. inju<br>Wo | ryet<br>rk?<br>]Yes 2 □ No   | 28d. Describe ho                       | ow injury occurr | ed         |  |
|           | aftar de<br>Directo<br>d in by ti  | ertific        | 3 Suicide 6 Could not be determined   | 28e. Place of Injury<br>building, etc. (     | - At home, far<br>Specify) | m, street, fact      | tory, office    |                              | 28f. Location (St<br>City or Town      |                  | er or Run  | al Route Number,                                   |
|           | papita<br>hours<br>meral<br>ly fille   |                | 29a. Certifier 1 Certifying Phys  | ician: To the best of n                      | ny knowledge,              | death occurre        | ed at the ti    | me, date and plac            | e, and due to the ca                   | ause(s) and ma   | nner as s  | tated.   |
|           | he H<br>in 24<br>he Fr   | edical         | (Check only 2 Medical Examir one)   | er: On the basis of ex<br>and manner state   | amination and<br>d.        | vor investigati      | on, in my       | opinion, death occ           | urred at the time, d                   | ate and place, a | ind due to | o tne cause(s)                                     |
|           | To t<br>com  | Σ              | 29b. Signature end title of certifier   |  |                            | :                    | ~               | se number                    | 2                                      | 9d. Dete signed  | (Month,    | Day, Year)   |
|           |  |                | Don a land  | M  |                            |                      | ()              | 40854                        |  | 6/               | 29/        | 18   |
|           | 5  |                | 30. Name and address of person who co   | mpleted ceuse of deat                        | h (Item 23a) (             | Type, Print)         | 54              | Pul Pl                       | Bulden                                 | u ind            | 21         | 303  |
|           | Sta<br>Registr   |                | 31. Date filed (Month, Day, Year)  JUL 0 1 199  | 32. Registrar's                              | Signature                  | -Andel               | L               |                              |  |                  |            |  |

Manager and Manager

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Year ESCO TOLLIVER UNE 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of De ANSBOON AVENUE BALTIMORE 5. Social Security Number if Under 1 Year If Under 24 Hrs. 6. Sex 1X M 2 ☐ F 7. Age (In yrs. lest birthday, Birthpiace (State or Foreign Country) Hours 216-50-2950 Maryland January 16 1945 Usual Residence of Decedent 10a State 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Baltimore Lansdowne Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3202 Bryant Ave. 21227 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Yeer or Dates: 11. Maritai Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. Never Married 2 Married 1 Yes 2 No Specify: Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) Coltege (1-4or 5+) 6 Laborer City Government 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Esco S. Tolliver Sr. Phyllis Harmon 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) James R. Barrett/Attorney 8 PARK CONTER COURT OWINGS MIlls, MD 21117 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State Meadowridge Memorial 6/27/98 4 ☐ Donation 5 ☐ Other (Specify) Dorsey 22. Name and Address of Facility Ambrose Funeral Home of Lansdowne 21227 2719 Hammonds Ferry Rd. 23a. Part i. Enter the disease, or domptications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List chily one ceuse on each tine. 2719 Hammonds Ferry Rd. Lansdowne Md. Approximate Interval Between Onset end Death Tie CARDIO VASCULAR PISERSE 9 tmmediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest Due to (or es a consequence of): Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? BETRUCTIVE AIRWAY DI 3 Probably 4 Unknown 1 Tyes 2 No. 24a. Was en eutopsy performed? 24b. Were autopsy findings evailable prior to completion of cause of death? 200 25. Was case referred to medical exampler? 12 Yes 2 No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturel 5 Pending investigation 1 Yes 2 No 2 Accident 3 ☐ Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete)

P.O. Box 68760 the pege 2 should be detact Records, cartificate Division of Vital

Physician/Medical p Completed Hospital on Attending Physician:
24 hours after deeth.
Funera Difector: After this cartification illed in by the funeral director.

I ataly filled in by the funeral director. Be Certification: To Medicai To the Hosp within 24 hp To the Fune complataly f

**Physician** 

/Medical

Examiner

Director

Funeral

þ

Completed

**Funeral** 

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Hygiene.

permit, Pages 1 and 2 should be filed will Department of Health and Mentel Hygien, Important: If Item 27 is marked other the any Injury or other trainment.

**Physician** 

/Medical **Examiner** 

altimore, Maryland 21215-0020

State Registrar 4 ☐ Homicide

31. Date filed (Month, Dey, Yeer)

JUL 0 1 1998

29a. Certifier

29b. Signature

d title

32. Registrar's Signature

whia Davidson Mandall

1 Certifying Phyeiclan: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

2 Defedical Examinar: On the best of examination end/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) and menner stated. 29c. License number

and the first war will be server they are the manufacture of the Mile As a second 

WRC 98-3700-510 STEVEN TA

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 98 2020

29d. Data signed (Month, Day, Year)

JUNE 29,1998

| ORMINA   |  |  |                                     | Cer                    | tificate                                   | of I            | Death  |                                  | Reg. No.                        | 0 4                                  | .0000  |
|--|--|--|-------------------------------------|------------------------|--|-----------------|--|----------------------------------|---------------------------------|--------------------------------------|--|
|  | 1. Decedent's Nama (First, Middle, L   | ast)   |                                     |                        |  |                 | Table 1  | 2. Date of De                    | ath                             | West                                 | 3. Time of Death   |
| Physician  |  | St   | ephen                               | Taor                   | mina                                       |                 |  | JUNE                             | 28, 199                         | 98 <sup>Yaar</sup>                   | 3:36 PM.   |
| /Medica<br>Examine   | An Chaliffer Manna (Mana Institution of  | ve street and numb   | oer)                                |                        |  | 4               | b. City, Town, or L                                    | ocation of Death                 |                                 |                                      |  |
| Lamine   | 19 HAMMIL RD. A  | PT.E.  |                                     |                        |  |                 | BAL'   | TIMORE                           |                                 | N/A                                  |  |
| Funeral  |  |  | Age (In yrs. la                     | st birthday)           | If Undar 1                                 |                 | If Under 24 Hrs.                                       | 8. Date of Bir<br>(Month, Da     | th                              |                                      | ice (State or Foreign  |
| Director   | 213-30-1348  | 1 🔀 M 2 🗆 F  | 65                                  | Yrs.                   | Months                                     | Days            | Hours Min.   | Jan. 25                          | , 1933                          | Balti                                | more, Md.  |
|  | Usual Rastdance of Decedent  |  |                                     |                        |  |                 |  | panie 20                         | , 1000                          | 50101                                |  |
| anylan   | 10a. State 10b. County   |  | 10c. City,                          | Town or Lo             | cation                                     |                 |  |                                  |                                 | 100                                  | d. Inside City Limits  |
| the Mar  | Md .   | I/A  |                                     |                        | Ba<br>10f. Zip C                           |                 | imore Cit  | .y                               | 10g. Citizen of                 | What Countr                          | 1 ∑ Yes 2 □ No   |
| offer death with the Maryland of terms 23s or 28s-f show man be notified at  | 19 E   | Hamill C   | t.                                  |                        |  |                 | 21210  |                                  | Unite                           | d Stat                               | tes  |
| P 2 2 2  | 11. Marital Status 1 Never Married 2 Marrted   | 12. Was Decede<br>Armed Force<br>1 X Yes 2<br>If Yes, Give | as?<br>□ No                         |                        | Was Deceder<br>f Yas, specify<br>I ☐ Yes 2 |                 | ispanic Origin? (S)<br>in, Maxican, Puerto<br>Specify: | pecify Yes or No<br>Rican, atc.) | Bta<br>Specif                   | ce - Americar<br>ck, White, et<br>v: | tc.  |
| 21215-0020<br>d within 72 hours of<br>glene.<br>or than "natural", or<br>for Medical Exern.  |  | Yaar or Date   | s: Korea                            |                        |  |                 |  |                                  |                                 | l h                                  | White  |
| 72 h   | 15. Decedent's E<br>(Specify only highest gi   | ducation<br>ade completed)                                 |                                     | 16a. Deced<br>(Give    | lent's Usual<br>kind of work               | done of         | ation<br>during most of word<br>f)                     | king                             | 16b. Kind of B                  | usiness/Indu                         | istry  |
| 1 21215-0 led within 72 ho lygiene. her than "naturunt, the Medical  | Elementary/Secondary (0-12)  | College (1-4   | or 5+)                              |                        |  |                 | 1)   |                                  | Auto                            | (Reta                                | 11)  |
| CA BUTTON  | 12   | 2  |                                     | 30163                  | Manag                                      | Jei             | 40. Mastrada Marris                                    | o /Finnt & Biddle                |                                 | •                                    | 1117   |
| C 0 = 0 > 0  |  | Cosimo   | Taowmir                             |                        |  |                 | 18. Mother's Nan                                       |                                  |                                 | пеј                                  |  |
| should be of Mental merked of metic average av | •  |  | Taorilli                            |                        |  |                 |  | ie Mal                           |                                 |                                      |  |
| Aar 2 shot and is multiple mand  | 19a. Informant's Name/Relationship   |  |                                     |                        |  |                 | end Number or Ru                                       |                                  |                                 |                                      |  |
| CENE   | Bridget M. Taorm   | ına (Daug  |                                     |                        | Taylo                                      |                 | ave. Ba  | ltimore                          |                                 |                                      | 21234  |
| Baltimore,<br>semit. Pages 1 e<br>separtment of He<br>mportant: If item<br>mort injury or othe<br>ance.  | 20a. Method of Disposition  12 Burial 2 Cremation 3 l  | Removat from St  | ata cer                             | metery, cren           | sition (Name<br>natory or oth              | er plac         |  | Date                             | 20c. Location                   | - City or Tow                        | n, State   |
| Baltim<br>permit. Pag<br>Department<br>Important:<br>any Injury o  | 4 Donation 5 Other (Spec   |  | Mor                                 | eland                  | Memor                                      | ial             | l Park 7/  | 2/98                             | Baltim                          | ore                                  | Maryland   |
| Physician<br>/Medical<br>Examiner  | 23a. Part1. Enter the disease of conshook, or heart failure. Left on Immediate Cause (Final disease or condition resulting in death) |  | ensive                              |                        | rioscl                                     |                 | tic Card   |                                  |                                 |                                      | Approximate<br>Intarval Batween<br>Onset and Death                   |
| D = 2  |  | L  |                                     |                        |  |                 |  |                                  |                                 |                                      |  |
| 58760,<br>icate be executed<br>physician and<br>s the bunk-transit   |  | b  | Due to (or                          | as a conseq            | uence of):                                 |                 |  |                                  |                                 |                                      |  |
| The see  | resulting in death) Last   | d  | Due to (or a                        | as a conseq            | uence of):                                 |                 |  |                                  |                                 |                                      |  |
| D ta to o  | Part II. Other significant conditions  | nastributina ta dani                                       | h but not rooul                     | ling in the w          | adorlulas cou                              | una ahu         | on in Part I   | 23h Did                          | tohecco use co                  | ntribute to t                        | the cause of death   |
| P.O. nat the d by the detached   | Tatti. Outer argimeant conditions  | Softin Duting to deal                                      | 11 00(110(1030)                     | ang in the di          | noonying odd                               | 130 giv         | on we are  |                                  | Yes 2□ No                       |                                      |  |
| aw requires to been sign to should be  |  |  |                                     |                        |  |                 |  | perfo                            | an autopsy<br>ormed?<br>PECTION | com                                  | re autopsy findings<br>llable prior to<br>apletion of cause<br>eath? |
| The land and a page  |  |  |                                     |                        |  |                 |  | 10                               | Yes ANO                         | 10                                   | Yas 2 No   |
| of Vital I Physician: The this certificate ral director, pag   | 25. Was case referred to medical examiner?   | 11   |                                     |                        |  |                 | 28. Piece of Dea                                       | th (Check only                   | one)                            |                                      |  |
| Sign F   | 1X Yes 2□ No   | Hospitat:  |                                     | -                      | at 3 DOA                                   | _               | 4 LI Nursing F   | ome 5XXAesi                      |                                 |                                      | )  |
| Vision o Attending Ph or death. ector: After th by the funeral   | 27. Manner of Death  1 Naturet 5 Pending 2 Accident Investigetic   |  | Injury<br>Day Year)                 | 28b. Time of<br>Injury | M 280                                      | O. Injur<br>Wor | yat<br>k?<br>Yes 2□No                                  |                                  | how injury occu                 |                                      |  |
| - Page 5   | 3 Suicide 6 Could not determined   | 28e. Place of building                                     | Injury - At hon<br>, etc. (Specify) | ne, farm, str          | eet, factory,                              | office          |  | 28f. Location (<br>City or To    | Street and Num<br>wn, Stete)    | ber or Rural                         | Route Number,  |
| Hospital 24 hours e Funeral I etely filled   | 29e. Certifier 1 Certifying P  | hysician: To the be<br>miner: On the bas                   |                                     |                        |  |                 |  |                                  |                                 |                                      |  |

Medical

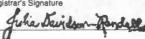
31. Date filed (Month, Day, Year)

David Fowler, M.D.

29b. Signature and title of certifier

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature

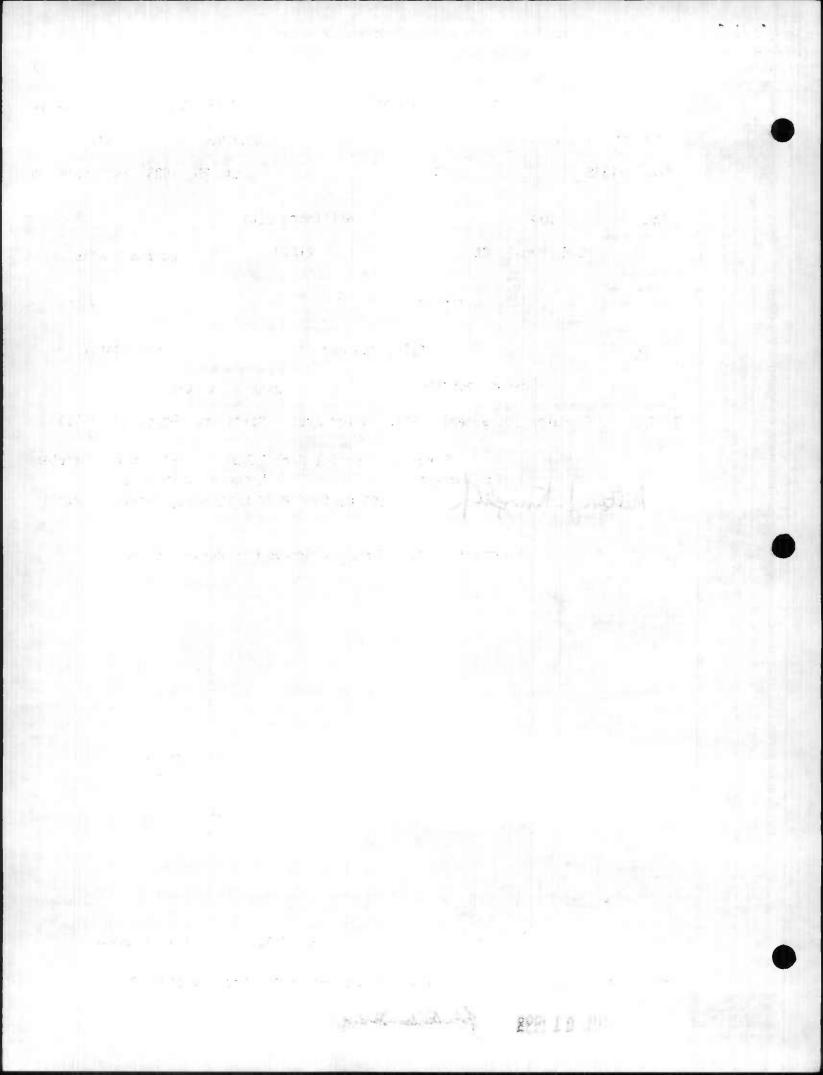
30. Nama and address of person who completed cause of death (ttem 23e) (Type, Print)



29c. Licanse number

O.C.M.E.

Registrar



98-2080-510 jhm UNK.

### UNK. 98-083 Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

| #98        | 8-083  |                     |  |                          |                   |  | (                        | Certifica                       | ate of                   | Death                                      |   | Reg. No.                          | ) (                                    | 0331  |
|------------|--|---------------------|--|--------------------------|-------------------|--|--------------------------|---------------------------------|--------------------------|--|---|-----------------------------------|--|---|
|            | FLE I  |                     | 1. Decedent's Nan  | ne (First, Middle,       | Last)             |  |                          |                                 |                          |  | 2. Data of De                           | ath                               |  | 3. Tima of Death  |
|            | Physici  |                     | UNKNOWN  | #98-0                    | 183               |  |                          |                                 |                          |  | Month<br>APRIL                          | Day 13. 199                       | Yaar                                   | 00:31 AM  |
|            | /Medi<br>Examir  |                     | 4a Facility Nama   |                          |                   | number)  |                          |                                 |                          | 4b. City, Town, or                         |   |                                   |  | 00.51 AM  |
|            | LAGIIII  | ici                 | тони н   | OPKINS I                 | AOSDITAI          |  |                          |                                 |                          | BALTIMO                                    | RE                                      |                                   |  |   |
| ŀ          | Funeral  |                     | 5. Social Sacurity   |                          | 6. Sax            | 7. Aga (In y   | rs. last birth           |                                 | dar 1 Yaar               | If Undar 24 Hrs                            |   | th                                | 9. Birthp                              | place (State or Foreign   |
|            | Director   |                     | UNKNOWN Usual Rasidence of   | of Decedent              | 1□ M 2⊠ F         | UNKNOV   | N Y                      | rs. Month                       | s Days                   | Hours Min.                                 | UNKNOW                                  |                                   | UNKN                                   | Maria Santa   |
|            | ylend  |                     | 10a. Steta   | 10b. County              |                   | 10c.   | City, Town               | or Location                     |                          |  |   | 1                                 |  | Od. Inside City Limits  |
|            | Mar<br>Sfled   | tor                 | UNKNOWN  | UNKNOW                   | VIV               | 1,014  | UNKN                     | IOMN                            |                          |  |   |                                   | U                                      | INKNOWN 2 No  |
|            | h th   | irec                | 10e. Street and Nu   | mber                     |                   |  |                          |                                 | Zip Coda                 |  |   | 10g. Citizen of                   |  |   |
|            | th wi  | al                  | UNKNOWN  |                          |                   |  |                          | T                               | INKNO                    | MATAI                                      |   | UNKNO                             | WN                                     |   |
| 21215-0020 | n 72 hours effer death with the Maryland<br>"natural", or frems 23a or 28a-f show<br>solical Examiner must be nutified at  | by Funeral Director | 11. Marital Status  1 Never Mer  3 Widowed   | THOU ZU MATTIE           | Armed             | ecedant Evar in<br>Forcas?<br>s 2 ☐ No<br>Giva<br>r Datas: UNK |                          | 13. Was Dec<br>If Yes, s        |                          | Hispanic Origin? (S<br>pan, Mexican, Puert | pecify Yas or No<br>o Rican, atc.)      | 14. Red<br>Bla<br>Specif          | ce - Americ<br>ck, White,<br>y:<br>BLA | atc.  |
| 2-0        | netura   | Completed           | 16-0   | 15. Decedant's           | Education         |  | 16e. C                   | Decedant's U                    | sual Occu                | pation                                     | rkina                                   | 16b. Kind of B                    |  |   |
| 21         | C . E  | nple                | Elamantary/Sac   |                          |                   | o (1-4or 5+)   | 7                        | lifa. DO NOT                    | usa retire               | during most of wo                          | King                                    |                                   |  |   |
|            | filed within<br>Hyglene.<br>ther then "  | Con                 | UNKNOWN  |                          | UNKNO             | NWO  |                          | UNKN                            | NWC                      |  |   | UNKN                              |  |   |
| Pu         | should be filed withind Mentel Hyglene.  marked other then imatic event, the Mentel Men | Be                  | 17. Fathar's Neme  | (First, Middle, L        | est)              |  |                          |                                 |                          | 18. Mothar's Ner                           | na (First, Middla                       | , Meiden Sumer                    | na)                                    |   |
| Xa         | 2 should be<br>and Mentel<br>ie marked o   | 2<br>L              | UNKNOWN  |                          |                   |  |                          |                                 |                          | UNKN                                       |   |                                   |  |   |
| Maryland   | 2 9 9 6  |                     | 19a. Informant's N   | lame/Ralationsh          | ip (Type, Print)  |  | 19b. l                   | Mailing Addre                   | ess (Strea               | t and Number or Ru                         | ural Routa Numb                         | er, City or Town                  | , State, Zip                           | Code)   |
|            | 1 and<br>Health<br>am 27<br>ther tr  |                     | unknown  |                          |                   | 100  |                          | cnown_                          | town of                  |  |   | 00.1                              | 011 7                                  | 0   |
| altimore,  | 00-  |                     |  | Cramation  5 XOther (Sp. |                   | m Stata  | cemetery,                | Disposition (A<br>, cramatory o | r othar pia              | ace)                                       | Data                                    | 20c. Location                     | - City or To                           | own, Stata  |
| 量          |  |                     | 21. Signeture of F   |                          |                   | ace  |                          | 22. Nama                        | and Addr                 | ass of Facility                            |   |                                   |  |   |
| Ba         | permit. Departr Importa any Inje   |                     | Name of the last   | Ronald                   |                   | Direc  | tor                      | State                           | e Ana                    | tomy BOa:                                  | rd, 655                                 | W. Balt                           | imore                                  | Street  |
| -          | _  |                     | 3a Parti Enter   | the disease or           | omplications the  | at caused the de   | ath Dono                 | Balt:                           | imore                    | e, Marylai<br>ing, such es cardia          | nd 2120                                 | rraet                             | -                                      | Approximate   |
|            | Physician<br>/Medical<br>Examiner  | lner                | Immediata Causa<br>disaasa or conditi<br>rasulting In daath)   | (Final                   | . A               | Typer  |                          |                                 |                          | ischest                                    |   |                                   | Pise                                   | Onset and Death   |
| ox 68760,  | death certificate be executed<br>e attending physician end<br>of for use es the burial-transit   | n/Medical Examiner  | Sequentially list or if any, leading to licause. Enter Und Cause, (Disaasa othat Initiated avant resulting in death) | 5                        | c                 |  |                          | nsequanca o                     |                          |  |   |                                   | 1                                      |   |
| Box        | Jeath cer<br>attendir<br>d for use   | cla                 | Part II. Other signi   | ficent condition         | e contributing to | doath but not r  | aculting la t            | the underlyin                   | a cours a                | iven in Part I                             | 23h Did                                 | tobacco usa co                    | ntribute to                            | o the cause of death?   |
| P.O.       | requires that the deen signed by the   | by Physician/M      | raitii. Other signi  | neart condition          | s contributing to | o death but not i  | asuming in               | ina undanyin                    | g ceuse gi               | von in rotti.                              |   | Yas 2□ No                         |  | _1  |
| Records,   | _ 0  | Completed b         |  |                          |                   |  |                          |                                 |                          |  |   | an autopsy<br>ormed?              | ev                                     | ere autopsy findings<br>reilabla prior to<br>emplation of causa<br>death? |
| Re         | 0 - 0  | mo                  |  |                          |                   |  |                          |                                 |                          |  | 100                                     | Yas 2□No                          | 1[                                     | Axes 2□ No  |
| Vital      | delan: The   | BeC                 | 25. Was casa refa  | rred to medical          |                   |  |                          |                                 |                          | 28. Placa of De                            | ath (Check only                         |                                   |  |   |
| >          | Physician:<br>r this certific<br>arel director,  | To B                | examinar?<br>1∑ Yas 2□   | ] No                     | Hospital:         | ☐ Inpatiant 2  | .□ £R/Outp               | patiant 3                       | DOA Ot                   | ther:                                      | ioma 5□Ras                              |                                   | her (Specif                            | fy)   |
| 10         | a Ph   |                     | 27. Magnar of Dea  |                          | 28a. Da           | ta of Injury<br>onth, Day Year,                                | 28b. Tir                 | ma of ury                       | 28c. Inju                | ury et                                     | 28d. Dascribe                           | how injury occu                   | rred                                   |   |
| io         | Attending<br>r death.<br>ector: After<br>by the fune   | atlo                | 1 Naturel 2 Accidant   | 5 Pending investiga      |                   | omin, Day roan,  | 1117                     | M                               |                          | Yas 2□No                                   |   |                                   |  |   |
| Division   | after de<br>Directo<br>d in by th  | Certification:      | 3 ☐ Suicida<br>4 ☐ Homicide  | 6 Could no<br>detarmin   | 288. PI8          | ice of Injury - Aliding, atc. (Spe                             | home, fam                | m, straet, fact                 | ory, office              |  | 28f. Location (<br>City or To           |                                   | ber or Rure                            | al Route Number,  |
|            | To the Hospital or Attending Ph<br>within 24 hours after death.<br>To the Funeral Director: After thi<br>completely filled in by the funeral   | edicai C            | 29a. Certifier<br>(Check only<br>one)  | 1 Cartifying             | xaminar: On the   | he best of my k<br>a basis of axam<br>anner stated.            | nowledge,<br>nation and/ | daath occurre<br>or invastigati | ed at tha t<br>on, in my | ima, data and place<br>opinion, daeth occu | a, and due to tha<br>urred at tha time, | causa(s) end m<br>data end place, | annar as s                             | itated.<br>o tha causa(s)   |
|            | vithin 2<br>To the   | Me                  | 29b. Signature end   | title of certifiar       |                   | /  |                          |                                 | 29c. Lican               | se number                                  |   | 29d. Data signa                   |  |   |
|            | - > - 0  |                     | 111  | 1                        | 11-11             | 1  |                          |                                 | OCI                      | ME .                                       |   | APRIL 1                           | 14, 19                                 | 998   |
|            |  |                     | 30. Name and add   | ress of person w         | ho completed ca   | aute of death (I   | tam 23a) (T              | ype, Print)                     |                          |  |   |                                   |  |   |

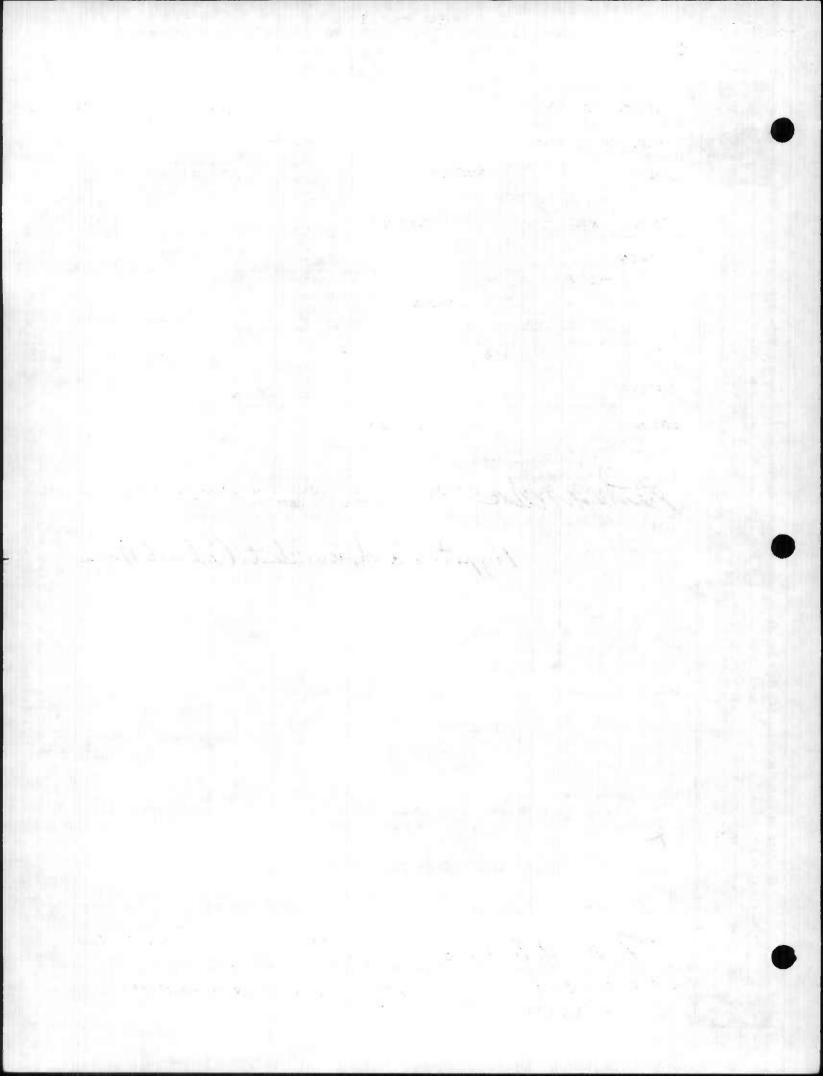
State Registrar

THEODORE MKING
31. Data filed (Month, Day, Year) JUL 0 1 1998 32. Registare Signature

32. Registare Signature

32. Registare Signature

Andelle



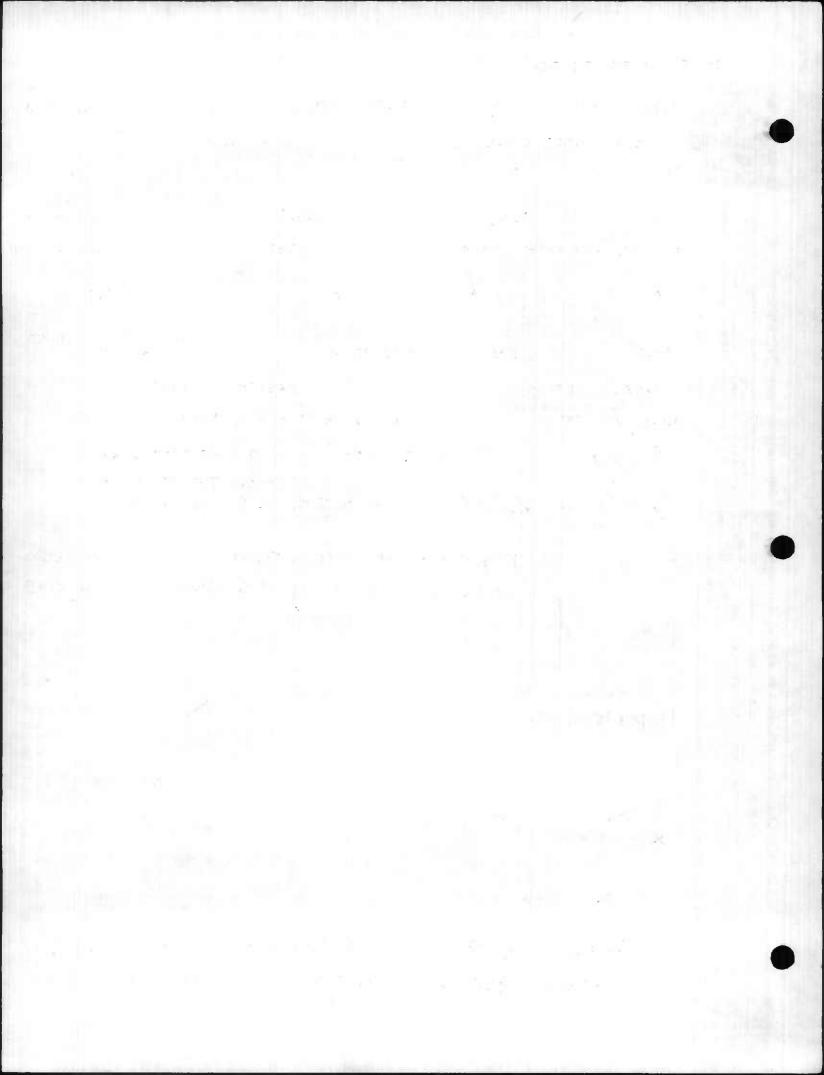
# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ilm G761 7-1-98 rja Certificate of Death Reg. No. 98

|                            | 1001  |     | Per FH Film  |  |   | 1                                   | Cei                 | tificate o                                    | t Death                                | 2. Date of De                              | Reg. No.                       | 131  | ime of Death                                  |
|----------------------------|---|-----|--|--|---|-------------------------------------|---------------------|---|--|--|--------------------------------|--|---|
|                            | Physician   |     | MIRIA  | 1M                                     | (   | 1                                   | W                   | ILLIA   | MS                                     | Month<br>JUNE                              | Day                            | Year   | 3 07 PM                                       |
|                            | /Medica<br>Examine  |     | la Facility Name (If n   | ot institution, giv                    | re street and nu  | mber)                               |                     |   | 4b. City, Town,                        | or Location of Deat                        |                                |  |   |
|                            |   |     |  | INS HOPK                               |   |                                     |                     | M Haday & Va                                  |  | ORE CITY                                   |                                |  |   |
|                            | Funeral<br>Director   |     | 5. Social Security Num<br>215-24-3   | 962                                    | Sex<br>I□M 2√2 F  | 7. Age (In yrs                      | s. last birthday)   | If Under 1 Ye<br>Months Day                   |  | Hrs. 8. Date of Bi                         | rth<br>ey, Year)<br>, 1910     |  | State or Foreign                              |
|                            | end w   | -   | Usual Residence of D<br>10a. State 1   | lob. County                            |   | 10c. C                              | City, Town or Lo    | cation  |  |  |                                | 10d. in  | side City Limits                              |
|                            | Ba-f sh   | 2   | MD   |  | N/A   |                                     |                     |   | BALTO                                  |  |                                | K  | Yes 2 No                                      |
|                            | ifer deeth with the Mar<br>r items 23a or 28sf singled  | 9   | 10e. Street and Numb<br>1717 N •   |  | SON F   | PARK                                |                     | 10f. Zip Code                                 | 2121                                   | 3  | 10g. Citizen of                | What Country?<br>U.S.                            | Α.  |
| 020                        | urs a   | 2   | 11. Marital Status  1 □XNever Married 3 □ Widowed 4  |  | 12. Was Dec<br>Armed Fo<br>1 Tes<br>If Yes, Gi<br>Year or D | 2 XNo                               |                     | Vas Decedent of Yes, specify C                |  | ? (Specify Yes or No<br>uerto Rican, etc.) |                                | ce - Americen find<br>ck, White, etc.<br>y:BLACK | dian,   |
| 5-0                        | n 72 hours<br>natural',   |     | 1.<br>(Specify   | 5. Decedent's E                        | ducetion<br>ade completed)                                  |                                     | 16a. Deced          | lent's Usual Occ<br>kind of work do           | cupation<br>ne during most of<br>ired) | working                                    |                                | usiness/Industry                                 |   |
| 21215-0020                 |   | 2   | Elementary/Second  | lary (0-12)                            | College (   | 1-4or 5+)                           |                     | TODIA!  |  |  |                                | CITY S<br>YSTEM                                  | SCHOOL  |
|                            | should be filed within of Mental Hygiene. marked other than imatic avent, the M   | 0   | JAMES  | irst, Middle, Last<br>WILLIA           |   |                                     |                     |   |  | Neme (First, Middle<br>TIE WIL             |                                | ne)  |   |
| Maryland                   | 2 2 2 2   |     | 19a. Informant's Nam<br>JULIA BR   |  | Type, Print)  |                                     |                     |   |  | N PK BA                                    |                                |  |   |
| Baitlmore,                 | 80 = 6  |     | 20a. Method of Dispos<br>1 Burial 2 4 Donation 5   | Gremation 3 E                          |   | 1                                   | cemetery, crer      | sition (Name of<br>natory or other p<br>I CEM | olace)                                 | 7-2-98                                     | 20c. Location<br>BALTO         | - City or Town, S                                | tate  |
| Baitl                      | permit. Pa<br>Departmen<br>Important:<br>any injury<br>pncs.  | -   | 21. Signature of Fund  | 1                                      | -   | 2/                                  |                     |   | dress of Facility                      |  | NERAL I                        |  |   |
|                            |   | +   | 23a. Part1. Enter the shock, or heart  | disease, or comfailure. List only      | plicetions that o   | ceused the de<br>each line.         |                     |   |  | E ST BA                                    |                                | Appr   | oximate<br>val Between<br>et end Deeth        |
|                            | Physician<br>/Medical<br>Examiner   |     | Immediate Cause (Findisease or condition resulting in death)   | nel                                    | e m   | Yoca                                | rdia                | ( in-   | farch                                  | ion  |                                |  | weeks   |
|                            |   | 21  | resulting in obality   |  | CC  | Due to                              | (or as a consec     | ruence of):                                   | eru c                                  | ion<br>diseas                              | e                              | 20   | years   |
| ,                          | ate be axecuted hysician and the bunal-transit  |     | Sequentially list cond if any, leeding to imm cause. Enter Underly Ceuse (Disease or Inj that initiated events | litions,<br>pediete                    | b   |                                     | (or es a cooseo     |   |  |  |                                |  |   |
| 68760,                     | ate be<br>hysicia<br>the bur  | 5   | Cause. Disease or Inj<br>that initiated events<br>resulting In death) La                                       | jury<br>st                             | C   | Due to                              | (or es e conseq     | uence of):                                    |  |  |                                |  |   |
| Box (                      | that the death certificated by the ettending produced for use es  |     |  |  | d   |                                     |                     |   |  |  |                                |  |   |
|                            | the et  | 1   | Part II. Other significa   | ant conditions                         | ontributing to d  | eath but not re                     | esulting In the u   | nderlying ceuse                               | given In Part I.                       |  | , _                            | ontribute to the                                 |   |
| , P.O.                     | ned by<br>a detac   |     | hypert   | ensio                                  | n   |                                     |                     |   |  |  | 2□ No                          | 3 Probably                                       | 4 Unknow                                      |
| cords                      | The law requires that the death cert cate has been signed by the ettending page 2 should be detached for use.   | 200 | <u> </u>   |  |   |                                     |                     |   |  | 24a. Wa                                    | s en autopsy<br>ormed?         | available  | atopsy findings<br>o prior to<br>lon of ceuse |
| Re                         | The law ate has b page 2 s  | 5   |  |  |   |                                     |                     |   |  | 10   | Yes 20(No                      | 1 □ Yes  |   |
| /ital                      | ysician: The law sis cardificate has director, page 2   | 3   | 25. Wes cese referred  | d to medicel                           |   |                                     |                     |   |  | Deeth (Check only                          |                                |  |   |
| Division of Vital Records, | £ # .   | 2   | 1 ☐ Yes 2 No.<br>27. Manner of Deeth<br>1 Natural  | 5 Pending                              | 28a. Date<br>(Mon   |                                     | 28b. Time of Injury | 28c. ly                                       | Other: 4 Nursin                        | ng Home 5 ☐ Res<br>28d. Describe           | how Injury occu                |  |   |
| Divlsic                    | ital or Attanding Pirs offer death.  al Diractor: After to de in by the funeral continuers.   |     | 2 Accident 3 Sulcide 4 Homicide  | Investigatio 6 Could not be determined | e 28e. Place  | e of Injury - At<br>ing, etc. (Spec |                     | eet, factory, offi                            | 18316                                  | 28f. Location<br>City or To                | (Street and Num<br>own, State) | ber or Rural Rou                                 | te Number,                                    |
|                            | To the Hospital or Attanding Phywithin 24 hours effect death. To the Funeral Diractor: After thi completaly filled in by the funeral Madical Cardiffcesion: |     |  |  | niner: On the b   |                                     |                     |   |  | stace, and due to the                      |                                |  | ceuse(s)                                      |
|                            | within<br>To the<br>compl   |     | 29b. Signature and tit   | le of certifier                        |   |                                     |                     |   | ense number                            |  |                                | ed (Month, Day,                                  |   |
|                            |   |     | >812V  | edrici                                 | son, t  | UD                                  |                     | RE  | 5-00                                   | 0  | June                           | 28,19  | 198   |
|                            | 3   |     | 600 N. W   | Joife S                                |   |                                     | om 23a) (Type,      | ND 2  | 1287.                                  | O<br>Sonja                                 | Fredric                        | Kson,  | MD  |

State Registrar

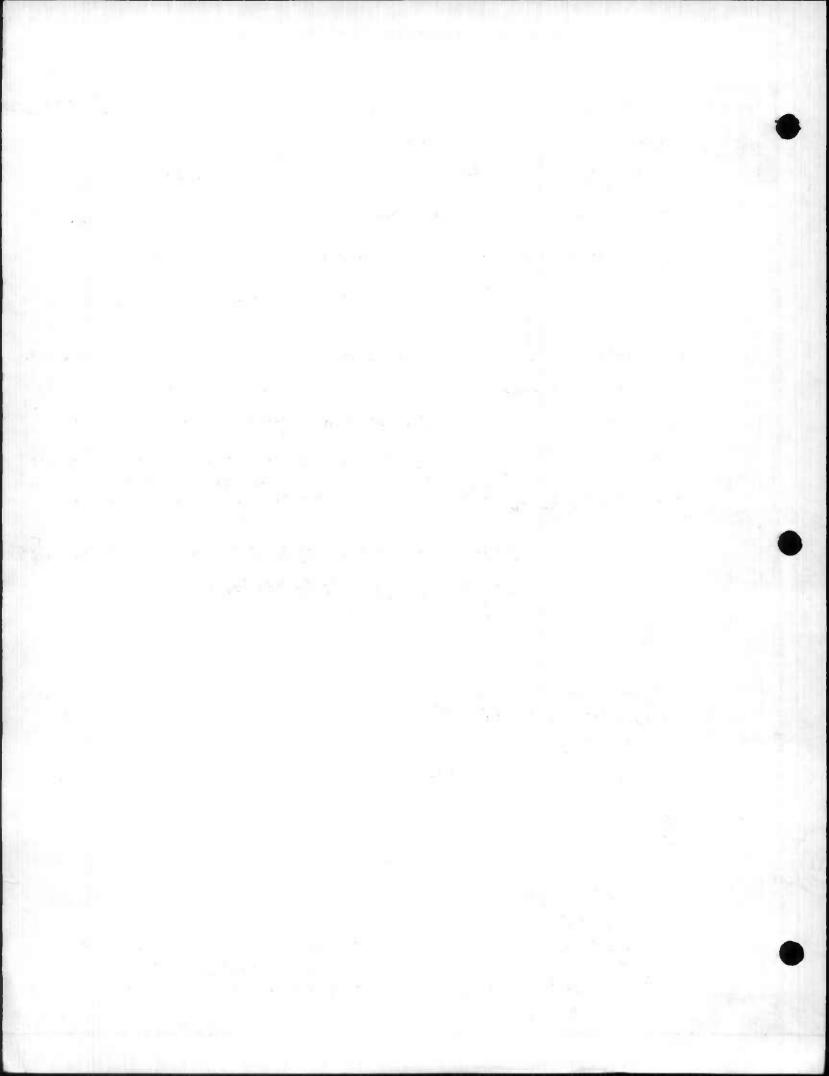
JUL 0 1 1998 Jul Savi

32. Registrar's Signature
July Davidson Randelle



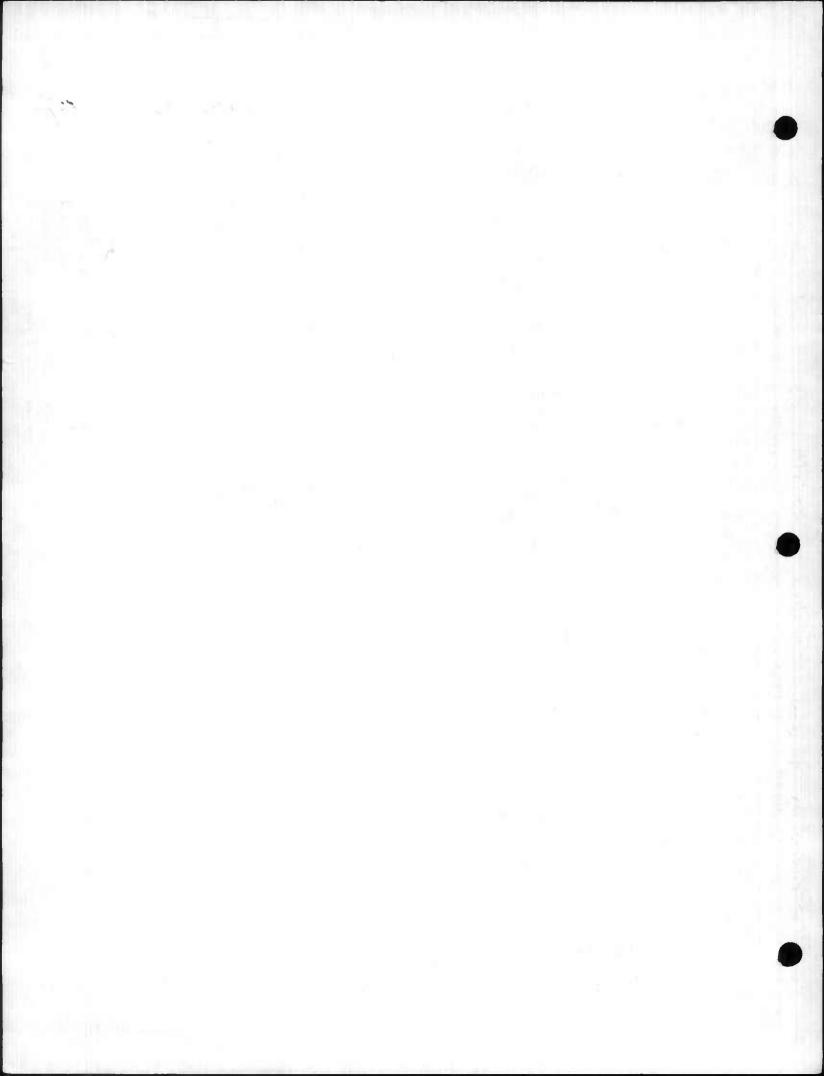
# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|   | 1   | <ol> <li>Decedent's Neme (First, Middle, L</li> </ol>  | Last)  |  |  |  | 2. Dete of De   | Reg. No.   | _3. T  | ima of Deeth   |
|---|---|--|--|--|--|--|---|--|--|--|
| sician  |   | MARY   | Maggie   | W  | ilson  |  | Month   | Dey 97   | Yeer   | 1930/10  |
| ledical<br>aminer   |   | le. Fecility Neme (If not institution, g   |  |  |  | 4b. City, Town, o  | r Location of Dee   | th 4c. County  | y of Deeth   | 10   |
|   |   | union  | Memoria  | ac H   | asp, tal   | Ba   | Ut: more  | e Bal  | to city  |  |
| eral<br>tor   |   |  | . Sex<br>1□ M 2⊋F 62   | (In yrs. lest birt   | nday) If Under 1 Year<br>Months Dey  |  |   | rth<br>ey, Year)   |  | Stete or Foreign   |
|   | -   | 10a. Stete 10b. County   | 1  | 10c. City, Town  | or Location  |  |   |  | 10d. Inc   | side Clty Limits   |
| by Funeral Director   | 3   | Md NA  |  | Balt   | imore  |  |   |  | 1/2  | yes 2□No   |
| Director  | 1   | 0e. Street end Number  |  |  | 10f. Zip Code  | 9  |   | 10g. Citizen of  | Whet Country?  |  |
| a ie  | 2   | 1724 East 32   | nd.Street  |  | 2121   | 18   |   | USA  |  |  |
| by Funeral  |   | 1. Maritel Stetus  1 ☐ Never Merried 2 ☑ Married  3 ☐ Widowed 4 ☐ Divorced   | 12. Wes Decedent Ev<br>Armed Forces?<br>1 ☐ Yes 2☐No<br>If Yes, Give<br>Yeer or Detes:   |  | 13. Was Decedent of If Yes, specify Co   |  | (Specify Yes or Ne<br>erto Rican, etc.)   | 0- 14. Rad<br>Ble<br>Specif  | ca - American Ind<br>ck, White, etc.   |  |
|   |   | 15. Decedent's I   |  | 16e.   | Decedent's Usuel Occ   | cupation   |   | 16b Kind of B  | usiness/Industry   |  |
| Completed   |   | (Specify only highest g<br>Elementary/Secondary (0-12)   | rade completed)  |  | (Give kind of work dor<br>life. DO NOT use reti  | ne during most of w<br>ired)   | rorking   | Too. Tand of B   | donieda incustry   |  |
| E O   |   | 9th Grade  | College (1-4or 5+)<br>NA   |  | ull-time   |  |   | Churc  | ch Home  | Hosp.  |
| Be  |   | 7. Fether's Neme (First, Middle, Las   | st)  |  |  | 18. Mother's N   | eme (First, Middle  |  |  |  |
| 2   | 2   |  | Anderson   |  |  | Flere  |   | White  |  | 01000  |
| To Be Completed   | 1   | 19e. Informent's Name/Relationship Mary Smith  | (Type, Print)  | l l  | Mailing Address (Stre  |  |   |  |  |  |
|   | 2   | 20e. Method of Disposition   |  |  | 47 Burnwo Disposition (Name of   | Jou Road   | Date  |  | - City or Town, St   |  |
|   | 1   | 1 Burial 2 Cremation 3   |  | cemeter  | , cremetory or other p   |  |   |  |  |  |
| ۵   | -   | 4 ☐ Donetion 5 ☐ Other (Spec<br>21. Signeture of Funeral Service Lice  | **   | King   | S Mem. Pl  |  |   |  |  |  |
| once.   | 1   | · Charrie  | SAN  | $n\Omega$  |  |  | Baltimo   |  | _  |  |
|   | 4   | 3e. Pert1. Enter the diseese, or con<br>shock, or heert feilure. List only   | molications that caused th   | no dooth. Do n   | WM.C. Ma   |  |   |  |  | I <b>e</b><br>oximete  |
| _   |   | Immediate Ceuse (Final   | Chique   |  | A  |  | ,   |  | Onse   | val Between of end Deeth   |
| edical Examiner   | i si  | Immediate Ceuse (Final disease or condition resulting In deeth)  Sequentially list conditions, feny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events esulting in death) Lest   | b. Ry D.   | ue to (or as a c   | onsequence of):  |  | ,   |  | Onse   | ral Between to end beeth strend Deeth Sha  |
| edical Examiner   | i si  | disease or condition resulting in death)  Sequentially list conditions, feny, leeding to immediate seuse. Enter Underlying Cause (Disease or Injury het initiated events   | b. Ry D.   | ue to (or as a c   | sfullative<br>presidence of:   |  | ,   |  | Onse   | ral Between to end Deeth   |
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| Physician/Medical Examiner  | Side  | disease or condition resulting in deeth)  Sequentially list conditions, feny, leeding to immediete cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest   | c  | ue to for as a country to for a country to country to for a count | onsequence of):  | heetn  | altean<br>20m'g   | H EXP  | entaño.  | the end Deeth  |
| by Physician/Medical Examiner                                       | Sili COUNTY   | disease or condition resulting in deeth)  Sequentially list conditions, feny, leeding to immediete cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest   | c  | ue to for as a country of the to for as a country of the to for as a country of the to for as a country of the to for as a country of the to for as a country of the to for as a country of the to for as a country of the to  | onsequence of):  | heetn  | 23b. Did  | tobacco use co   | entribute to the c  3 Probably   | ause of death?  4 Unknown  topsy findings prior Io on of cause                                   |
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| rtification: To Be Completed by Physician/Medical                   | e in contract of the contract | disease or condition resulting in deeth)  Sequentially list conditions, feny, leeding to immediate cause (Disease or Injury het initiated events resulting in death) Lest  Pert II. Other significant conditions  Pert II. Other significant conditions  10 Yes 2 No  7. Manner of Deeth  1. Neturel 5 Pending   | b. Du  c. Du  d  | us to for as a country of the to for a country of the country of the country of the country of the country of the country of the country of the cou | onsequence of):  onsequence of):  the underlying ceuse of the underlying ceuse | given in Pert I.  26. Place of D.  Other: 4   Nursing jury et vork?                              | 23b. Dld 1 = 24a. Wes perf eath (Check only) Home 5 = Res 28d. Describe                         | tobacco use co  Yes 2 No  s en eutopsy ormed?  Yes 2 No  one) idence 8 Oth how Injury occur  | ontribute to the c 3 Probably  24b. Were au sveileble completi of deeth?  1 Yes  | ause of death?  4 Unknown topsy findings prior to on of cause                                    |
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|   |                  |  |  | Certific               | cate of                   | Death                                    |                                 | Reg. No.                     |                         |                                   |
|---|------------------|--|--|------------------------|---------------------------|--|---------------------------------|------------------------------|-------------------------|-----------------------------------|
| Physicia  | n                | 1. Decedent's Name (First, Middle, Las   | 0  | , , ,                  | , , )                     |  | 2. Dete of Dea                  | -                            | Yeer                    | 3. Time of Death                  |
| /Medica   |                  |  | ritz pa  | trick                  | WI                        | Ison                                     | JUNE                            | 25                           | 1988                    | 10pm                              |
| Examine   | er               | 4a. Facility Nama (If not institution, giva  |  |                        |                           | 4b. City, Town, or                       | Location of Death               |                              |                         | /                                 |
|   |                  | Deaton Med   |  |                        |                           |  | more                            | 1                            |                         |                                   |
| Funeral<br>Director   |                  | 5. Social Sacurity Number 6. Se 095-24-5026  Usuel Residence of Decedent           | 7. Aga (In yrs.  |                        | Inder 1 Yaar<br>oths Days | If Under 24 Hrs<br>Hours Min.            |                                 | -1928                        | 9. Birthpled<br>Country | ca (Stata or Foreign)             |
| and and   |                  | 10a. State 10b. County   | 10c. Cit   | y, Town or Location    | 1                         |  |                                 |                              | 10d                     | Inside City Limits                |
| filed within 72 hours after death with the Maryland<br>Hygiene.<br>ther than "natural", or items 23a or 28a-f ahow<br>ant, the Medical Exercinal result be notified at                      | ō                | Md Ba  | Himore Da  | lenton                 |                           |  |                                 |                              |                         | 1 ☐ Yes 2 ☐ No                    |
| 28a   | Funeral Director | 10e. Street and Numbar   |  |                        | f. Zip Code               |  |                                 | 10g. Citizan of 1            | What Country            |                                   |
| 3a o  |                  | 613 Fellows  | shin 1110.   |                        | 21                        | 113                                      |                                 | U                            | 5.4                     |                                   |
| ter death w<br>items 23s  | Jera             | 11. Marital Status   | 12. Was Decedent Ever in U   | ,S. 13. Was [          | acedent of                | Hispanic Origin? (S<br>an, Mexicen, Puer | Specify Yes or No-              | 14. Rac                      | e - American            |                                   |
| s 1 and 2 should be filed within 72 hours after dea<br>f Health and Mental Hygiene.<br>Item 27 Is marked other than "natural", or items<br>other traumatic event, the Medical Exercities in |                  | 1 ☐ Never Marriad 2 ☐ Married  | Armed Forces?<br>1 X Yas 2 ☐ No  |                        |                           |  | to Ricen, etc.)                 |                              | ck, White, etc          |                                   |
| al', o  | b                | 3 Widowed 4 □ Divorced   | If Yes, Give<br>Year or Dates:   | 1 U Y                  | es 2 No                   | Specify:                                 |                                 | Specify                      | Blac                    | ch                                |
| n 72 hours  | Completed        | 15. Decedent's Ed  | ucetion  | 16a. Decedent's        |                           |  | skins                           | 16b. Kind of B               |                         |                                   |
| thin  | Pe               | (Specify only highest gred<br>Elementary/Secondary (0-12)                          | College (1-4or 5+)   | life DO N              | OT use retire             | during most of wo                        | rking                           | 0 bst                        | etic                    | 5                                 |
| od wi   | 50               | 12th grade   | 8 years  | Phy                    | SICI                      | an                                       |                                 | 4                            | Syne                    | 201094                            |
| be file<br>d oth  | Be (             | 17. Father's Name (First, Middle, Last)  | ,  | /                      |                           |  | me (First, Middle,              | Maiden Sumen                 | ne)                     | , ,                               |
| Vent<br>Went<br>wrked<br>rrked  | 2                | Kudolph Wils   | 20   |                        |                           | Made                                     | leine                           | Hayn                         | 20                      |                                   |
| 2 should<br>and Men<br>is marke<br>aumatic  |                  | 19a. Informent's Name/Relationship (T  | ype, Print)  | 19b. Meiling Ad        | dress (Street             | end Number or R                          | ure/ Route Numbe                | r, Clty or Town,             | Stete, Zip Co           | ode) 2///                         |
| and sealth  |                  | Patricia Smoo  | + - Daughter   | 613                    | Fell                      | owshi                                    | o way                           | Ode                          | nton.                   | red                               |
| permit. Peges 1 and 2 should be filed withit Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, The Monce.            |                  | 20a. Method of Disposition   | 20b. F   | Place of Disposition   | (Neme of                  |  | Dete                            | 20c. Location                | City or Town            | n, State                          |
| Peges<br>nent of h<br>nt: If Ita  |                  | 1 Burial 2 □ Cremation 3 □ I<br>4 □ Donetlon 5 □ Other (Specify                    | nemoval from State   | in Men                 | want                      | Park                                     | 7-2-98                          | Kando                        | 1/15/0                  | wn. ud                            |
| pemit. Pe<br>Departmer<br>Important:<br>any Injury<br>once.   |                  | 21. Signature of Funeral Servica License   | 19   | 22. Nan                | ne and Addre              | ess of Facility                          | at 101                          |                              | , , , ,                 | , , ,                             |
| Depar<br>Impor<br>any Ir  | - 1              | X.0.   | March  | Mar                    | UN F                      | . H. W                                   | sh Aver                         | 4                            | 1.1.                    |                                   |
|   | $\dashv$         | 23a, Party Enter the disease, or comp  | lications that caused the deat   | h. Do not enter the    | 7500<br>mode of dvl       | no such as cardia                        | ( )                             | rest P                       | a 140,                  | pproximete                        |
| Dhualalan   |                  | 23a. Path. Enter the disaase, or comp<br>mock, or heart failure. List only of      | ne ceuse on each line.   | Do not onto the        | mode or dy                | ng, adon as cerdia                       | o or respiretory or             | 1031,                        | In                      | ntervet Between                   |
| Physician<br>/Medicai   |                  | immediate Cause (Finel   | CLI  |                        | C                         |  |                                 |                              |                         |                                   |
| Examiner  |                  | disaese or condition resulting in death)   | a. Stephyloc   | .occw                  | Depsi                     | 5  |                                 |                              | 2                       | y weeks                           |
|   | e l              |  | Due to (d  | or es e consequence    | e of):                    |  |                                 |                              |                         |                                   |
| betr Insit  | Examiner         |  | b. —   |                        | P                         |  |                                 |                              |                         |                                   |
| and and   | Exa              | Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying | Due to (c  | or as a consequence    | 3 01):                    |  |                                 |                              | I I                     |                                   |
| tificete be executed<br>g physician and<br>es the bunal-transit   | g                | Cause (Disease or Injury that Initieted events                                     | c  |                        |                           |  |                                 |                              |                         |                                   |
| phy<br>s the  | edical           | resulting in deeth) Last   | Due to (o  | r as e consequence     | of):                      |  |                                 |                              | ***                     |                                   |
| ding<br>use es  | ≥                |  | d  |                        |                           |  |                                 |                              |                         |                                   |
| atter<br>for u  | ciar             |  |  |                        |                           |  |                                 |                              |                         |                                   |
| the d   | Physician/       | Part II. Other afgnificent conditions co   |  | ulting in the underly  | ing ceuse gi              | ven in Pert I.                           |                                 |                              |                         | ne cause of deat                  |
| that the ed by deta   |                  | Renal Fo   | ulure  |                        |                           |  | 101                             | res 2 No                     | 3 Probat                | bly 4 Unkno                       |
| The law requires that the death certificete be executed ste has been signed by the attending physician and page 2 should be detached for use as the bunal-transit                           | ρ                |  |  |                        |                           |  | 24a Was                         | an autonou                   | 24h Were                | autopsy finding                   |
| need  | Completed        |  |  |                        |                           |  | perfo                           | en eutopsy<br>med?           | evalla                  | able prior to<br>eletion of causa |
| has<br>has  | E                |  |  |                        |                           |  |                                 |                              | of de                   | eth?                              |
| cete  |                  |  |  |                        |                           |  | 1 🗆 Y                           | es 2 No                      | 1 🗆 Y                   | /es 2□ No                         |
| certificete   | Be               | 25. Was cese referred to medical examiner?   | Janeital.  |                        | 01                        |  | ath (Check only o               | ne)                          |                         |                                   |
| this al dir   | 2                | 10 165 20 110  |  | -                      | J DOA                     |  | lome 5 ☐ Resid                  |                              |                         |                                   |
| uner uner   | <u></u>          | 27. Menner of Death 1   Malural 5 □ Pending  | 28e. Data of Injury<br>(Month, Dey Yeer)                               | 28b. Time of<br>Injury | 28c. Inju<br>Wo           |  | 28d. Dascribe h                 | ow injury occur              | red                     |                                   |
| To the Hospital or Attending Physician: The is within 24 hours efter death.  To the Funeral Director: After this certificete he completely filled in by the funeral director, page          | Certification:   | 2 ☐ Accidant investigation 3 ☐ Suicide 6 ☐ Could not be                            |  | М                      |                           | Yes 2□No                                 |                                 |                              |                         |                                   |
| r Att<br>fer d<br>irect<br>n by   | Ē                | 3 ☐ Suicide 6 ☐ Could not be<br>4 ☐ Homicide determined                            | 28e. Place of Injury - At he building, etc. (Specif.                   | ome, farm, street, fa  | ctory, office             |  | 28f. Location (S<br>City or Tox | Streat and Numl<br>m, Stete) | per or Rural R          | Routa Number,                     |
| ital of rail of led i   | ပိ               |  |  |                        |                           |  |                                 |                              |                         | _                                 |
| tosp<br>t hou<br>une<br>ely fil   | edical           | 29a. Certifier 1 Cartifying Phy (Cleck on) 2 Medical Exami                         | sician: To the best of my kno<br>ner: On the basis of exa <i>m</i> ina | wiedge, deeth occu     | rred et the ti            | me, dete end place                       | and due to the our              | euse(s) and me               | enner es state          | ed.<br>ne ceuse(s)                |
| the hin 2 the hin 2 the hin plet  |                  | <b>*</b>   | and manner stated.   |                        |                           |  |                                 |                              |                         |                                   |
| To With   | Σ                | 29b. Signature and title of certifier  |  |                        | 29c. Licans               |  |                                 | 29d. Data signe              |                         | y, Year)                          |
| _   |                  | Mulu   | MP   |                        | D3.                       | 7675                                     |                                 | 6 (2                         | 6/28                    |                                   |
|   |                  | an atoms for later and   | ampleted source of death (Item   | n 23e) (Type Print)    |                           |  |                                 |                              |                         |                                   |
| 07  |                  | 30. Name and address of person who co  | impleted cause of death (iter  | 1 230) (Type, Till)    |                           |  |                                 |                              |                         |                                   |
| 60  |                  | 1/0  |  |                        | HANO                      | IEN ST                                   | BALT                            | MORE                         | MD                      | 21230                             |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3 Time of Death 1. Decedent's Name (First, Middle, Last) lune ha 4b. City, Town, or Location of Death 4c. County of Death Facility Name (If not institution, give street and number) Himore Hospital If Under 1 Months 9. Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) 5. Social Security Number 1□M 2ØF Days 520298 49 Yrs. MO Usual Residence of Decedent Backs, 10a. State 10d. Inside City Limits 10b. County Ma N. 1 Yes 2 No 10g. Citizen of What Country? 10e. Street end Numbe 10f. Zip Code 1504 U.S. A Dhadyside 1218 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Dates: 11. Maritei Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 1 Never Married 2 ☐ Married Blac 1 ☐ Yes 2 No Specify: 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use religed) 16b. Kind of Business/Industry 15 Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) Coilege (1-4or 5+) unalgo 2415 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) WILLIAMS BROWN SAMUEL 19b. Mailing Address (Street and Number or Bural Route Number, City or Town, Stete, Zip Code)
15-04 Shady orde R.d Balts. Md 212 19a. Informant's Name/Relationship (Type, Print) shady side Counglan (SON Konals 20b. Place of Disposition (Name of cemetery, crematory or other p 20a. Method of Disposition 20c. Location - City or 1 Burial 2 □ Cremation 3 □ Removal from State 7/2/48 Em 4 □ Donetion 5 □ Other (Specify) 22. Name and Address of Fecility 21. Seniture of Funeral Service Licenses Part 1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death Immediate Cause (Final disease or condition resulting In death) Sepsis

Due to (or as a consequence ot): Carchona Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequenca of) 23b. Did tobacco usa contribute to the cause of death? Part II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy performed? 2 00 No 1 Yes 2 No 25. Was case referred to medical 26. Place of Death (Check only one) 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) inpatient 2 ER/Outpatient 3 DOA 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of

Examiner physician and s the buriel-transit The law requires that the death certificate be executed certificate hes After this

Examiner Physician/Medical 98 USB ð Completed Be Certification: To

**Physician** 

/Medical

**Examiner** 

Director

Funeral

by

Completed

Be

**Funeral** 

Director

r then "netural", or items 23e or the Medical Examiner must be r

Baltimore, Maryland 21215-0020

Pages 1 and 2 should be fled within nent of Health and Mental Hygieno. ant: If flem 27 is marked other than "

**Physician** 

/Medical

Division of Vital Records, P.O. Box 68760, signed by the a page 2 should b or Attending Physician: s effer des. filled in by Hospital 24 hours To the Hosp within 24 hos To the Fune completely fi

edical

State Registrar 27. Menner of Death Natural 2 Accident

3 ☐ Suicide

29a. Certifie

4 Homicide

(Check only one)

5 Pending investigation 6 Could not be determined

28a. Date of Injury (Month, Day Year)

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

2 - No 1 Yes

 Location (Street and Number or Rural Route Number, City or Town, Stete) Certifying Physician: To the best of my knowledge, death occurred at the time, date and pleca, end due to the cause(s) end manner as stated.

201 So faul P1. Balto, was 21202

29b. Signature and title of certifier

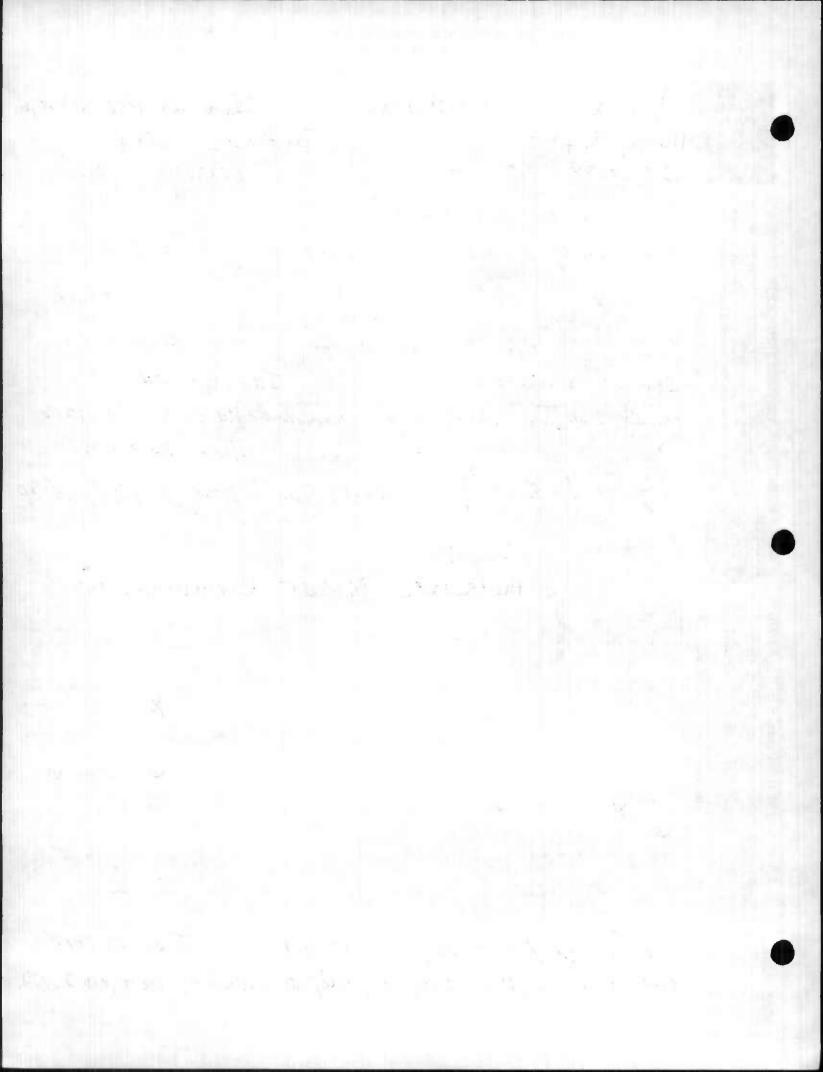
29c. License number

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and manner stated.

29d. Date signed (Month, Day, Year)

cause of death (Item 23a) (Type, Print) 30. Name and eddress of person to sprally

Korrick M. Nucu Merce 31. Date filed (Month, Dey, Year)



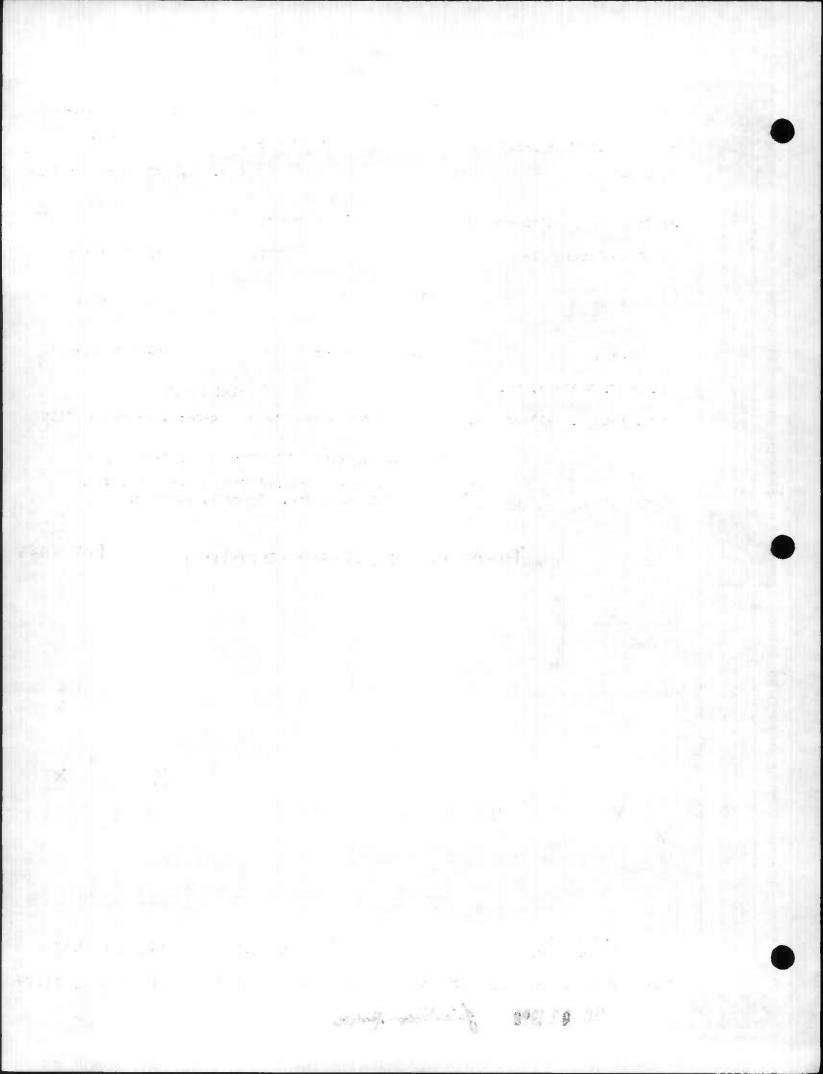
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| #7 P∈  |  | dent's Name  | e (First, Midd  | die, Last)   |   |  |  |  |  |   | 2. Date of<br>Month                                  |   | No.   | Vaca   | 3. Tima of Deat  |
|--|--|--|---|--|---|--|--|--|--|---|--|---|---|--|--|
| ician<br>dical   | H  | lorace   | Burb  | ank V  | Walker  |  |  |  |  |   | JUNE   | - 2   | Day 19  | Yeer<br>198  | 4:31A  |
| cai<br>ner   | 4e Facil   | ity Name (I  | f not Institution   | on, <i>give</i> s  | treet and nu  | m <i>ber)</i>  |  |  |  | 4b. City, Town, or  |  | -   | 4c. County o  | of Death   |  |
| •  | J  | Jnion  | Memor   | ial H  | Hospit  | al   |  |  |  | Baltim  | ore Cit  | -v  | n/a   |  |  |
|  |  | Security N   |   | 6. Sex   | 1   |  | s. last birthday)  |  | er 1 Year  | If Under 24 Hrs<br>Hours Min  | 8. Dale of   |   |   | 9. Birthp  | lace (State or Fore  |
|  |  | -05-30   |   | 100  | M 2□ F  | -87  | 86 Yrs.  | Months   | Days   | Hours Mili  | May 2  |   |   | Nort   | h Caroli   |
|  | 10a. Sta   |  | 10b. Count  |  |   | 10c. (   | City, Town or Lo   | ocation  |  |   |  |   |   | 1  | 0d. Inside City Lin  |
|  | I  | AD D   | Balt  | imore  | е   |  | Phoniex  |  |  |   |  |   |   |  |  |
| Director   | 10e. Stre  | eet and Nur  |   |  |   |  |  |  | ip Code  |   |  | 10g. C  | Citizen of W  | hat Coun   | ntry?  |
|  |  | ). Box   | 54 1  | 3100   | Jarre   | ttsvil   | le Pike  |  | 2113   |   |  |   | ited S  |  |  |
| by runeral   | 3 🗓  |  | ied 2□ Ma<br>4□ Divorca   | rried  | 2. Was Deci<br>Armed Fo<br>1 (7) Yes<br>If Yes, Gi<br>Year or D   | 2 □ No<br>ve   |  | Was Dece<br>If Yes, spo<br>1 \( Yes  |  | lispanic Origin? (S<br>an, Mexican, Puel<br>Specify:  | Specify Yes or<br>to Rican, etc.)                    | No-   |   | k, White,  | an Indian,<br>etc.   |
| -  |  | (Spec  | 15. Decede  |  |   |  | 18a. Dece  | dent's Usi   | ual Occup  | eation<br>during most of wo   | orking   | 16b.  | Kind of Bus   | siness/Inc   | dustry   |
|  | Eleme  |  | ndary (0-12)  |  | College (   | 1-4or 5+)  | lite.  | DO NOT   | use retired  | d)  |  |   |   |  |  |
|  |  |  |   |  | 2   |  | Sale   | esman  |  |   |  | Sp  | portin  | ig Go  | ods  |
| 1  | 17. Fath   | er's Name  | (First, Middle  | , Last)  |   |  |  |  |  | 18. Mother's Na   | me (First, Mid                                       | dle, Maide  | len Surname   | 0)   |  |
| 2  | Jo   | ohn Ro   | bert  | Walke  | er  |  |  |  |  | Ruth  |  |   | Cor   | tez  |  |
|  |  | ormant's Na  | ame/Relation  | nship (Typ   | oe, Print)  |  | 19b. Maili   | ng Addres  | ss (Street   | and Number or F   | ural Route Nu  | mber, City  | y or Town, S  | State, Zip   | Code)  |
|  | 1  | Nancy  | Mosne   | r/dau  | ughter  |  | PO Box   | 54   | 1310   | 0 Jarret  | tsville  | e Pik   | ke Pho  | niex   | , MD 211   |
|  | 20a. Me  | thod of Disp   | position  |  |   | 20b  | Place of Dispo   | sition (Ne   | ame of   |   | Date   | _   | Location - 0  |  |  |
|  |  |  | ☐ Cremation<br>5 ☐ Other (  |  | emoval from   |  | reland   |  |  |   | 07-02-0  | 10 D  | mlerri 1  | 10   | Marriand   |
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State of Maryland / Department of Health and Mental Hygiene

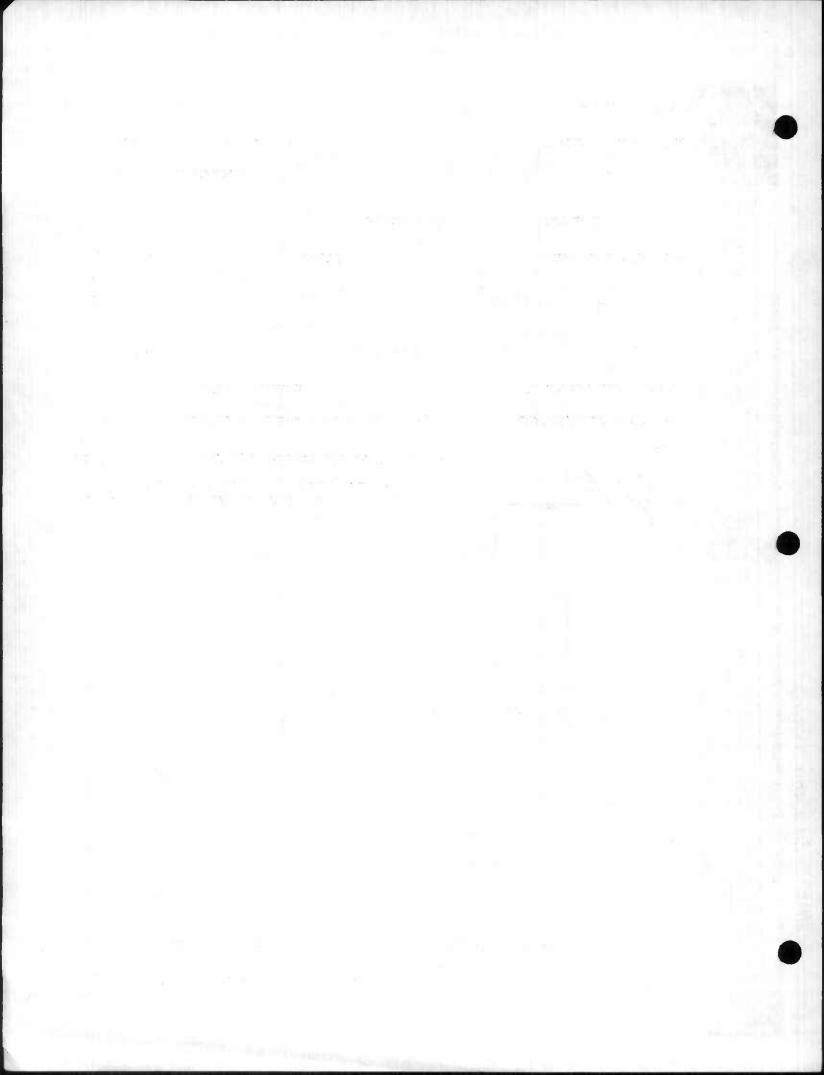
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| /Medic<br>Examin   |                             | 4e. Facility Nema (If no  |  | street end numb  | er)   |   |   | 4b. City, Town, or L   |  |   |  |  |
| Exami  | iiei                        | ST. AGNES   |  |  |   |   |   | BALTI  |  | 0   | /A   |  |
| Funeral  | П                           | 5. Sociat Security Num  |  |  | Age (In yrs. I  | ast birthdey)   | If Undar 1 Yas  | ar If Under 24 Hrs.  | 8. Date of Birt<br>(Month, De  |   | -  | ece (Stete or Foreign  |
| Director   |                             | 247-88-929<br>Usuel Residence of De   | U  | ]М 20Д F   | 50  | Yrs.  | Months Dey  | Hours Min.   | 06/17/1  | y, Year)<br>.948  | SC   | try)   |
| 28a-f show<br>notified at  | 20                          | 10a. State 10   | Ob. County   | 1  |   | , Town or Loc   |   |  |  |   | 10   | 0d. Inside City Limits   |
| or 28a-f   | Director                    | MD B  | ALTIMORE   | ,  | CA  | TONSVI  |   |  |  | 40. 000 4100  |  |  |
| 5 8  | Ö                           |   |  |  |   |   | 10f. Zip Code   |  |  | 10g. Citizan of Wi  |  | try r  |
| 18 23a<br>mast 3   | era                         | 126 SHERRI 11. Marital Status   |  |  | nt Ever in II 9   | S 12 W  |   | 1228 Hispanic Orlgin2 (Sn  | poitu Vac or No.   |   | . A.   | an Indian  |
| al', or hen<br>Examiner  | by Funeral                  | 1 Never Married   | 2 Merrted  | 12. Was Decede<br>Armed Force<br>1 Yes 2<br>If Yes, Give<br>Yeer or Data                       | ⊠ No  |   | Yes, specify Co   | f Hispanic Origin? (Spuben, Mexicen, Puarto<br>o Specify:  | Rican, atc.)   | Bleck<br>Specify:   | , White, e                                       | etc.   |
| be fred within 72 hours<br>tal Hygiens.<br>d other than "natural",<br>event, the Medical Exa   | Completed                   | 15<br>(Specify of<br>Elementery/Şeconde   | Decedent's Edu<br>only highest gred<br>only (0-12)   | cetion<br>le completad)<br>College (1-4  | or 5+)  | 16a. Decede<br>(Give k<br>life. D                                 | ent's Usuet Occ<br>Ind of work dor<br>O NOT use reti                          | upetion<br>e during most of work<br>red)   | ing  | 16b. Kind of Bus  | iness/Ind  | lustry   |
| を表現  | Co                          | 12  |  | 1  |   | SECRE'  | TARY  |  |  | OFFI  | CE   |  |
| fental Hygiens.<br>Ked other than<br>tic event, the M  | Be                          | 17. Father's Name (Fire   |  |  |   |   |   | 18. Mother's Nam   | e (First, Middle,  | Meidan Sumema   | )  |  |
| Merka  | 2                           | JOHN HENR   |  |  |   | I   |   |  | A GILME  |   |  |  |
| - 華 - 華 - 華  |                             | 19e. Informent's Neme   |  |  |   |   |   | et end Number or Rur   |  |   |  |  |
| Health and<br>them 27 is m<br>other traum  |                             | BRENDA MA   |  | TEK  | Took O  |   |   | EAM DRIVE,   |  | ·   |  |  |
| 0 = 5  |                             | 20e. Method of Disposi<br>XXBurial 2 □ C<br>4 □ Donetion 5 □  | remetion 3 □ F<br>□ Other (Specify)  |  | ce ce   | metery, crem  | ition (Neme of<br>etory or other p<br>MEMORIA                                 | L GARDENS  | Date 5/27/98   | COLUM   |  |  |
| Department<br>Important: I<br>any injury o   |                             | 21. Signetur of Fyther  | al Shirestaicens   | 98   |   | STI   | ERLING  | ress of Fecility ASHTON FUN DSON AVE.  |  |   | 212  | 28   |
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| g physician and es the buriel-transit  | edical Examiner             | rasulting in deeth)  Sequentielly list condit if eny, leading to imme ceuse. Enter Underlyir Cause (Disease or Injurtat intileted events resulting in deeth) Lest |  | o. —————   | Due to (or  | es e consequ<br>es e consequ<br>es a consequ                      | ence of):   |  |  |   |  |  |
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| been signed by the should be detached  | hys                         | Pert II. Other signiffcar   |  |  |   |   |   |  |  |   |  | the cause of death?  |
| ned te   | by P                        |   | CORO   | NARY   | 197   | TERY  | 0,_   | 2 sase   | ,,,  | 108 2LINO   | 3 100  | abiy 32 Olikilow   |
| n sig  | Completed b                 |   |  |  |   |   |   |  |  | en autopsy<br>rmed?   | eva  | re autopsy findings<br>illeble prior to<br>aptetion of causa<br>deeth? |
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| ite hes bee<br>bage 2 shou   | 1031                        |   |  |  |   |   |   |  |  | -   |  |  |
| tificate hes bee<br>tor, page 2 shou   | 0                           | 25. Wes cese referred   | to medical   |  |   |   |   | 26. Plece of Deet  | h (Check only o  | ne)   |  |  |
| s certificate hes bee<br>director, page 2 shou   | o Be                        | axaminer?   |  | fospitel:  | atiant 2/1  | R/Outpatient  | 3□ DOA  | 26. Plece of Deet  |  |   | (Specify   | 1)   |
| eth.<br>r: After this certificate hes bee<br>le funeral director, page 2 sho   | To Be                       | axaminer? 1 ☐ Yes 2 ☐ No  27. Mennar of Death   |  | 1 ∐ Inp  |   | ER/Outpatient<br>28b. Time of<br>Injury                           | 28c. In   | Other: 4 Nursing Ho  | ma 5□ Resid  | dence 6 Other   |  | ()   |
| rs efter deeth.  al Director: After this certificate hes bee ed in by the funeral director, page 2 sho.  | o Be                        | axaminer? 1 Yes 2 No  27. Mennar of Death 1. Neturel 5 2 Accident   | Pending  | 28e. Dete of I (Month,   | njury<br>Dey Year)  | 28b. Time of Injury   | 28c. In   | Other: 4 Nursing Ho<br>jury et<br>ork?<br>Yes 2 No   | ma 5 □ Resid<br>28d. Describe f  | dence 6 Other   | d  |  |
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| within 24 hours effer deeth.  To the Funeral Director: After this certificate hes been completely filled in by the funeral director, page 2 should be the funeral director.                    | Certification: To Be        | axaminer?  1 Yes 2 No  27. Mennar of Death  1 Neturel 5  2 Accident  3 Suicide 6  4 Homicide  29a. Certifier 12  (Check only 2                                    | Pending investigation Could not be determined Certifying Phys. Medical Exami                     | 28e. Dete of I (Month,  28e. Plece of building.  Blofan: To the bener: On the basis and menner | njury<br>Dey Year)<br>Injury - At hor<br>etc. (Specify,<br>st of my know<br>s of examineti<br>steted. | 28b. Time of Injury   | 28c. Lice   | Other: 4 Nursing Ho jury et lork?  Yes 2 No e  time, dete end plece, y opinion, deeth occur nse number | ma 5 ☐ Resident 28d. Describe for 28f. Location (Section of City or Townson due to the tend at the time,   | dence 6 Other how injury occurre Street end Number vn, Stete)  ceuse(s) end men date end plece, er 29d. Dete signed | r or Rura<br>ner es st<br>nd due to<br>(Month, L | eted. the ceuse(s) Dey, Year)  |
| within 24 hours effer deeth.  To the Funeral Director: After this certificate has been signed by the attending completely filled in by the funeral director, page 2 should be detached for use | edical Certification: To Be | axaminer?  1 Yes 2 No  27. Mennar of Death  1 Neturel 5  2 Accident  3 Suicide 6  4 Homicide  29a. Certifier (Check only one)                                     | Pending investigation Could not be determined Certifying Phys. Medical Exami                     | 28e. Dete of I (Month,  28e. Plece of building,  | njury<br>Dey Year)<br>Injury - At hor<br>etc. (Specify,<br>st of my know<br>s of examineti<br>steted. | 28b. Time of Injury   | 28c. Lice   | Other: 4 Nursing Ho jury et lork?  Yes 2 No e  time, dete end plece, y opinion, deeth occur nse number | ma 5 ☐ Resident 28d. Describe for 28f. Location (Section of City or Townson due to the tend at the time,   | dence 6 Other how injury occurre Street end Number vn, Stete)  ceuse(s) end men date end plece, er 29d. Dete signed | r or Rura<br>ner es st<br>nd due to<br>(Month, L | eted. the ceuse(s) Dey, Year)  |
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Registrar DHMH 16 Rev 6/95

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760.

DEBORM WHITE



State of Maryland / Department of Health and Mental Hygiene 

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1412 E.

deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest,

21213 Approximete Interval Between Onset and Death

24b. Were eutopsy findings available prior to completion of ceuse of deeth?

1 ☐ Yes 2 ☐ No

| TE   |                           |                                   |  |                | Ce   | rtificat           | e of           | Death             |                 |  | Reg. No.                    | 0                        | 10040                                       |
|--|---------------------------|-----------------------------------|--|----------------|--|--------------------|----------------|-------------------|-----------------|--|-----------------------------|--------------------------|---|
| Physician<br>/Medical  | 1. Decedent's N<br>JOHN   | ame (First, Mid                   | A .                                    | WHIT           | Ξ  |                    |                |                   |                 | 2. Date of Domestin                                  | Dey 27, 199                 | Year<br>8                | 3. Time of Death 5:38 AM.                   |
| Examiner   |                           |                                   | on, give street and n                  | R              |  |                    |                |                   | ocation of Dea  | IMORE N/A  |                             |                          |   |
| Funeral<br>Director  | 5. Social Securit 228-12- | ,                                 | 6. Sex<br>1 → M 2 □ F                  | 7. Age (In yr. | s. lest birthday)<br>77 Yrs.   | If Under<br>Months | 1 Year<br>Deys | if Under<br>Hours | 24 Hrs.<br>Min, | 8. Dete of Bi<br>(Month, D<br>JAN. 2                 | irth<br>ey, Year)<br>1,1921 | 9. Birth<br>Con<br>VIR   | nplace (State or Foreign<br>intry)<br>GINIA |
| 9  | Usuel Residence           |                                   |  |                |  |                    |                |                   |                 |  |                             |                          |   |
| the Marylan<br>researched<br>notified  | MARYL                     | AND                               | N/A                                    | 10c. C         | City, Town or Lo   | cation<br>TIMO     | RE             | CITY              |                 |  |                             |                          | 10d. inside City Limits 1 X Yes 2 □ No      |
| fer death with the Mar<br>fer a 23s or 28s-f si<br>free must be notified<br>Funeral Director | 10e. Street and 2 3 0 9   |                                   | NGWOOD S                               | т.             | 10f. Zip Code 2123   |                    |                |                   |                 |  | 10g. Citizen of U . S       |                          | untry?                                      |
| Uzs a urs a  | 3 ☐ Widowe                | s<br>arried 2. Ma<br>d 4. Divorce | Armed F                                | 2 🗆 No         | n U.S.  13. Was Decedent of If Yes, specify C  1□ Yes 2□ N  16e. Decedent's Usual Oct (Give kind of work dor life. DO NOT use refi |                    |                |                   |                 |  | Bi                          | ece - Amer<br>eck, White |   |
| 72 hg  | (S                        | 15. Decede                        | ent's Education<br>est grade completed | )              |  |                    |                |                   |                 |  | 16b. Kind of                |                          |   |
| L Z L Z I D-U ed within 72 ho ygiene. Ner than "natur. It, the Medical Completed             | Elementary/S              | econdary (0-12)                   | College<br>N/A                         | (1-4or 5+)     |  |                    |                |                   |                 | BETH   |                             | LEHE                     | EM STEEL (                                  |
| tal Hygin<br>d other<br>event, the   | 17. Fether's Nen          | ne (First, Middle                 | , Last)                                |                |  |                    |                | 18. Mothe         | r's Nam         | e (First, Middle                                     | , Middle, Maiden Sumeme)    |                          |   |
| 12 should be file hand Mental hy ris marked other traumatic event                            | SHAD                      | RICK W                            | $	ext{HITE}$                           |                |  |                    |                | JEA               | NET             | ra Log   | AN                          |                          |   |
| should Ind Ment  | 19a. Informent's          | Name/Relation                     | nship (Type, Print)                    |                | 19b. Maili   | ng Address         | (Street        | end Numbe         | er or Ru        | r Rurel Route Number, City or Town, Stete, Zip Code) |                             |                          |   |
| and 2 ealth and 27 le  | FLORE                     | NCE WH                            | ITE                                    |                | 2309 N. LONGWOOD ST. BALTO, MD. 21216  |                    |                |                   |                 |  |                             | 21216                    |   |
| of Har   |                           | 2 Cremation                       | 3 □Removal from                        | 1 State        | Plece of Dispo<br>cemetery, crea   |                    |                |                   | . Ji            | Date JLY 2,  | 20c. Location               | - 1                      |   |
| Baltim permit. Pag Department Important: I any Injury o                                      | 21. Signature of          |                                   |  | - 4            | // 2   | 2. Name en         | d Addre        | ess of Fecili     | y               |  | NERAL                       |                          |   |

**Physician** /Medical Examiner

Examiner physician and the bunal-transit The law requires that the death certificata be assecuted Division of Vital Records, P.O. Box 68760, use as t attanding for signed by the a cata has been sig , page 2 should b certificata has Hospital or Attending Physician: funeral director this After ours after death.

Physician/Medical

by

Completed

Be

Certification: To

edicai

State

Registrar

within 24 hours completely Arteriosclerotic Cardiovascular Disease Due to (or as a consequence of): Due to (or es e consequence of)

Due to (or as e consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

1 Yes 2 No 3 Probably 4X Unknown 24a. Wes en eutopsy performed? INSPECTION 1 Yes XXNo

25. Was case referred to medical examiner? Hospital: 1X Yes 2 No 1 Inpatient 2 XER/Outpatient 3 DOA . Dete of Injury (Month, Day Yeer) 27. Manner of Death 28b. Time of 1X Natural 5 Pending investigation 2 Accident 6 Could not be determined 3 Suicide

Immediate Cause (Finel disease or condition resulting in death)

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest

23a. Part1. Enter the diseese, or complications that our shock, or heert feilure. List only one ceuse on dead

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28d. Describe how injury occurred 28c. Injury et Work? 1 Yes 2 No 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated.

\*\*AMedicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated.

23b. Did tobacco use contribute to the cause of death?

26. Place of Deeth (Check only one)

PRESTON ST. BALTO, MD

29b. Signature and this of certifier

29d. Date signed (Month, Dey, Year) 29c. License number O.C.M.E. JUNE 28, 1998

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

30. Name and agdin d cause of deeth (Item 23e) (Type, Print) Ann Dixon M.D.

111 Penn Street, Baltimore, Maryland 21201

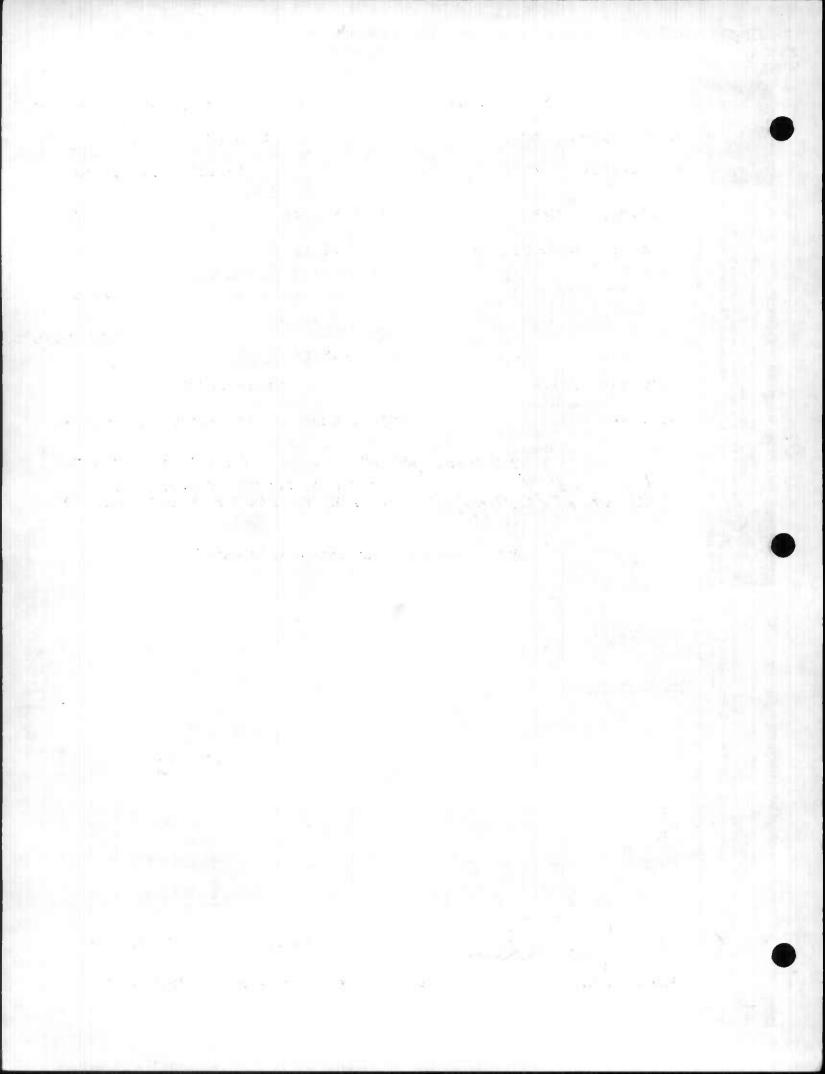
31. Dete filed (Month, Day, Year) JUL 0 1 1998

4 Homicide

(Check only one)

29a. Certifier

32. Registral's Signature.



State of Maryland / Department of Health and Mental Hygiene

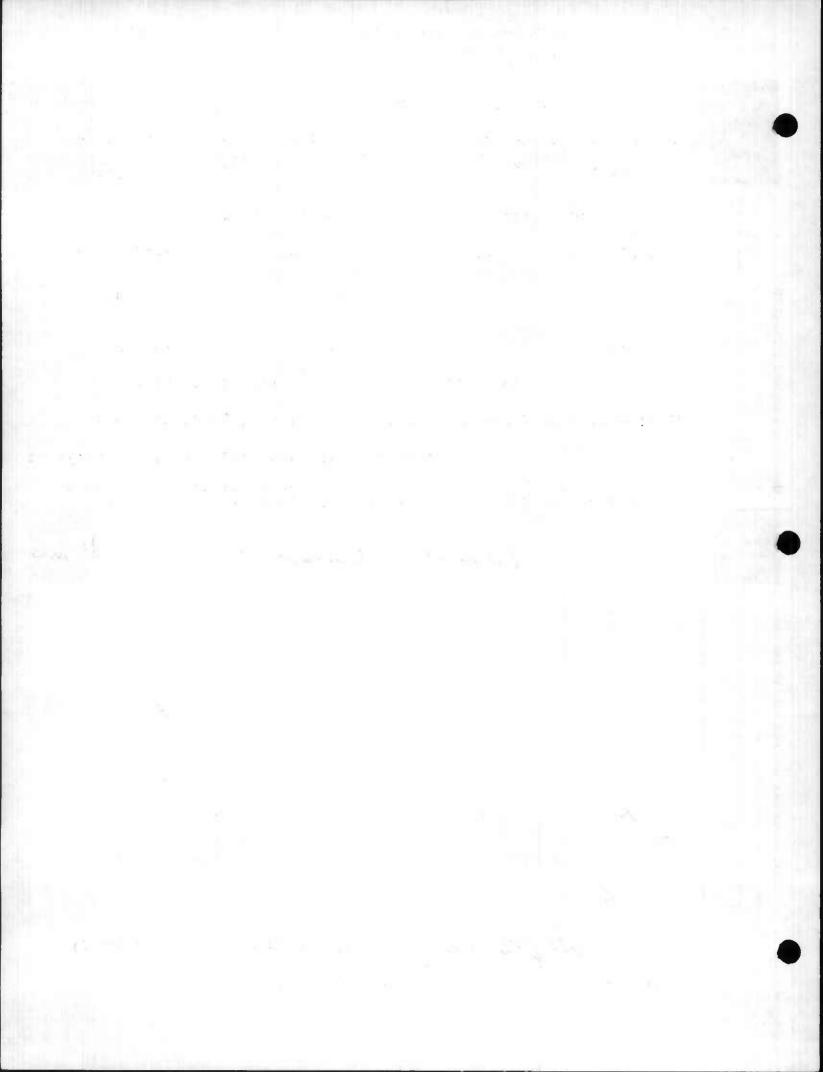
|           |  |                  |   | Otate of Warylar  |                           | ertificate d  |   |   | Reg. No.                             | 20346  |
|-----------|--|------------------|---|---|---------------------------|---|---|---|--------------------------------------|--|
| ı         | Physici  |                  | Decedent's Name (First, Middle, Last      Cobo C  | lea W.  | elli                      | ang   |   | 2. Date of De                           | Say S                                | Year 830   |
|           | /Medi<br>Examir  |                  | 4e. Facility Name (If not institution, give   | street and number)  | 1                         |   | 4b. City, Town, or BALTIMO                                |   | 4c. County                           | of Death N/A   |
|           | Funeral<br>Director  |                  | 5. Social Security Number  214-18-9945  Usuel Residence of Decedent   | 7. Age (In yrs.   |                           | y) If Under 1 Ye Months Da                                | ar If Under 24 Hrs  | 8. Date of Birt                         | y, Year)                             | 9. Birthplece (State or Foreign<br>Country)<br>MARYLAND                              |
|           | nyland<br>show   |                  | 10a. State 10b. County  | 10c. Ci   | ty, Town or               | Location  |   |   |                                      | 10d. Inside City Limits  |
|           | Ba-f   | ecto             | MD N/A  |   | BAl                       | LTIMORE   |   |   |                                      | 1X Yes 2 No  |
|           | ath with the Marylar<br>23a or 28a-f show  | Funeral Director | 10e. Street and Number 4104 CHATHAM   |   |                           | 10f. Zip Cod  | •<br>1207   |   | 10g. Citizen of V<br>U . S           |  |
| 5-0020    | 72 hours after death with the Maryland<br>natural', or Nerns 23a or 28a-f show<br>picst Examiner must be notified at   | by               | 11. Marital Status  1 Never Married 2 Married  2 Widowed 4 Divorced   | 12. Was Decedent Ever in U<br>Armed Forces?<br>1 ☐ Yas 2 ☐ No<br>If Yes, Give<br>Year or Dates: | ,S. 13                    | 3. Was Decedent of If Yes, specify C                      | of Hispenic Origin? (Stuban, Mexican, Puer<br>No Specify: | Specify Yes or No<br>to Rican, etc.)    | - 14. Rece<br>Blac<br>Specify        | e - American Indian,<br>kk, White, etc.<br>BLACK                                     |
| 21215-0   | S . 9  | Completed        | 15. Decedent's Edu<br>(Specify only highest grad<br>Elementary/Secondary (0-12)   | cation<br>(e completed)<br>College (1-4or 5+)   | (Gir<br>life              | cedent's Usual Oc<br>ve kind of work do<br>DO NOT use rel | ne during most of wo                                      | rking                                   |                                      | JENGTON STREET   |
|           | ould be filed with<br>Mental Hygiene.<br>arked other than<br>atic evant, the M   | Be C             | 17. Father'a Name (First, Middle, Last)   |   | 020                       | , , , , , ,   |   | me (First, Middle,                      |                                      |  |
| Maryland  | should b<br>nd Menti<br>marked<br>imatic e   | To               | JOHN CHATMAN  |   |                           |   | ARIG  | = MAN                                   | eLow                                 |  |
| Mai       | 2 0 0  |                  | 19e. Informant's Name/Relationship (T) JEROME MARLOW  |   |                           |   | eet end Number or R<br>AM ROAD —                          |   |                                      |  |
| ore,      | es 1 end<br>of Health<br>  Item 27<br>r other tr   |                  | 20e. Method of Disposition  | 20b. I  | Place of Dis              | position (Name of   |   | Date                                    |                                      | City or Town, Stete  |
| Baltimore | Peg<br>nent<br>ant: H<br>ury o   |                  | 1 ★Burial 2 ☐ Cremation 3 ☐ F<br>4 ☐ Donation 5 ☐ Other (Specify)   | temoval from State  | •                         |   | 1   | 7/2/980                                 | OWINGS                               | MILLS, MD  |
| Ball      | permit. Pege<br>Depertment of<br>Important: If<br>any Injury or<br>once.   |                  | 21. Signeture of Funeral Service Licens   | Herton CFS  | 2.0                       | 22. Name end Ad   | dress of Facility E                                       |   |                                      | PHILLIPS<br>MD 21207   |
|           |  |                  | 23a. Pert1. Enter the disease, or compl<br>shock, or heart failure. List only of  | ications that caused the deal   | h. Do not e               | enter the mode of   | dying, such es cardia                                     | c or respiretory ar                     | rest,                                | Approximate<br>Interval Between  |
|           | Physician<br>/Medical<br>Examiner  |                  | Immediate Ceuse (Final disease or condition resulting in deeth)   | . Seps  | y                         |   |   |   |                                      | Onset and Death  |
| L         | <u> </u>   | ner              | DOMESTIC STATE OF THE PARTY OF | Preur   | or es e cons              | equenca of):  |   |   |                                      |  |
|           | and<br>and<br>Il-transi  | Examiner         | Sequentially list conditions, if any, leading to immediate  | U   |                           | equence of):  | - 0   | 0.                                      |                                      |  |
| 68760,    | ifficate be executed<br>g physician and<br>as the burial-transit   | edical E         | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last  | Due to (c   | rasa cons                 | equenca of):  | etine   | Villen                                  | oracy !                              | Desop  |
|           | certifica<br>anding pl<br>use as t   |                  |   | d   |                           | _   |   |   |                                      |  |
| Box.      | daath cert<br>attendin<br>d for use  | ician            | Pert II. Other significant conditions con   | ntributing to doubt but not see   | ultina la tha             | underline in the  | circo lo Bost I   | ash Did                                 | Johanna usa sas                      | ntributa to the causa of death?  |
| , P.O     | iras thet tha daath<br>signed by the atte<br>d be deteched for   | by Physician/    | Demene  | iel   | ulting in the             | underlying cause  | given in Part I.  | 1 🗆                                     |                                      | 3 □ Probably 4 □ Unknown   |
| Records,  | aw requisite been 2 shoul  | Completed b      | Decub   | etus ul   | ee                        | 9-  |   |   | en eutopsy<br>med?                   | 24b. Were autopsy findings<br>eveilable prior to<br>completion of cause<br>of death? |
|           |  |                  |   |   |                           |   |   | 101                                     | res 2 ANO                            | 1 ☐ Yes 2 ☐ No   |
| of Vital  | sicion: The  | To Be            | 25. Was case referred to medical exeminer? 1 ☐ Yes 2 ☑ No   | Hospital: 1 ☐ Inpatient 2 ☐   | ER/Outpati                | ient 3 DOA  | Othor   | ath (Check only of                      |                                      | na (Canalla)   |
| Jo C      | g Physical dispersion  |                  | 27. Manner of Death   | 28a. Dete of Injury<br>(Month, Day Year)  | 28b. Time                 |   | njury at<br>Vork?   |   | now Injury occurr                    |  |
| Division  | or Attanding F<br>aftar death.<br>Director: After<br>I in by the funer   | catio            | 1 ☑ Natural 5 ☐ Pending 2 ☐ Accident investigation 3 ☐ Sulcide 6 ☐ Could not be   |   |                           | M 1   | ☐ Yes 2☐No  |   |                                      |  |
| Divi      | To the Hospital or Attanding Physicien: The Is within 24 hours after death.  To the Funeral Director: After this certificata ha complately filled in by the funeral director, paga | Certification:   | 4 Homicide determined   | 28e. Placa of Injury - At h<br>building, etc. (Specif   | ome, farm,                | street, factory, offi                                     | ce  | 28f. Location (5<br>City or Tov         |                                      | er or Rurel Route Number,  |
|           | To the Hospital within 24 hours To the Funeral complately filled   | edical           | 29e. Certifier 1 Certifying Physical Check only one) 2 Madical Exami  | ner: On the best of my knowner: On the basis of examina and menner steted.                      | wiedge, de<br>tion and/or | ath occurred et the<br>Investigation, In m                | time, dete and place<br>y opinion, death occu             | a, and due to the<br>urred et the time, | cause(s) and ma<br>date and place, a | nner as stated.<br>and due to the cause(s)   |
|           | ro the<br>rothe<br>comple  | Me               | 29b. Signeture and title of certifier   | `   |                           | 29c. Lice   | ense number   | T                                       | 29d. Date signed                     | d (Month, Day, Year)   |
|           | - > - 0  |                  | And Uk  | reedy Mr  | )                         | D   | 2674  | 8                                       | 6/29                                 | 198  |
|           | 10   |                  | 30. Neme and address of person who co   |   | n 23a) (Typ               | e, Print)   | BALTO   | SMA                                     | 2121                                 | 1  |
|           | Sta<br>Registr   |                  | 31. Date filed (Month, Dey, Year)   | 32. Registrar's Signa   | iture                     |   |   |   |                                      |  |

\$ - - - · · · ·

| /sician                    | Decedent's Name (First, Michael Communication of the Communication |   |  |                                       |  |  | 2. Date of De<br>Month                     |   | 3. Time of Death<br>Year   |
|----------------------------|--|---|--|---------------------------------------|--|--|--|---|--|
| ledical                    | JOHN HAYES   | AMBROSE   | South St.  |                                       |  |  |  | 0, 1998                                 | 12:00 P.   |
| aminer                     | 4a. Facility Name (If not institute 843 PENN POIN  |   | ium <i>ber)</i>                                      |                                       |  | 4b. City, Town, or<br>OAKLAN                     |  | io. Godiniy o                           | f Death<br>RETT  |
| ral<br>tor                 | 5. Social Security Number 214-30-7594 Usual Residence of Decadent  | 6. Sex<br>1 🖾 M 2 🗆 F                                 | 7. Age (In yrs                                       | s. lest birthdey,<br>Yrs.             | If Under 1 Year<br>Months Days                               | If Under 24 Hrs<br>Hours Min                     | 8. Date of Bir<br>(Month, De<br>JULY       |   | Birthplace (State or Forei<br>Country)     MARYLAND                                  |
| eleted by Funeral Director | 10a. State 10b. Coun   | *   | 10c. C   | OAKLA                                 |  |  |  |   | 10d. Inside City Limi<br>1 ☐ Yes 2 ∑ N   |
| Director                   | 10e. Street and Number<br>843 PENN POIN  | T BOAD  |  |                                       | 10f. Zip Code 21550  |  |  | 10g. Citizen of WI                      |  |
| by Funeral                 | 11. Marital Status  1 Never Married 2 Married  | 12. Was De<br>Armed F                                 | 2 No 8/  | 54-                                   | Was Decadent of H<br>If Yes, specify Cub                     | lispanic Origin? (San, Mexican, Puer<br>Specify: | Specify Yes or No<br>to Rican, etc.)       | USA  14. Rece Bieck  Specify:           | - American Indian,<br>White, etc.<br>WHITE   |
| Completed                  | 15. Decedi<br>(Specify only high<br>Elementary/Secondary (0-12   | ent's Education<br>est grede completed                |  | 16a. Dece<br>(Give<br>life.           | dent's Usual Occup<br>kind of work done<br>DO NOT use retire | during most of wa                                | nrking                                     | 16b. Kind of Bus                        | iness/Industry   |
| To Be C                    | 17. Father's Name (First, Middle   | ERFORD  | 1  | AMBROSE                               |  | 18. Mother's Na                                  |  | Meiden Sumeme                           |  |
|                            | 19a. Informant's Name/Relation   |   | )  |                                       | ng Address (Street   |  | urel Route Numb                            |   | tete, Zip Code)  |
|                            | 20a. Method of Disposition  1 Burial 2 Cremation  4 Donation 5 Other   | 3 □Removal from                                       | 20b.   | Piace of Dispo<br>cemetery, crea      | osition (Neme of<br>metory or other ple<br>ANATOMY           | ce)  | Date 6/11/98                               |   | ity or Town, State   |
| KITKE                      | 21. Signature of Poporal Service   |   | ₩0016  | 2:                                    | 2. Name end Addre  | ss of Facility                                   | P.O.                                       | BOX 243                                 |  |
| al Examiner                | Immediate Cause (Final disease or condition resulting In death)  Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Couse, (Disease or Injury  |   | ASHD   | T<br>or as e consec<br>or es e consec |  |  |  |   | IMMEDIATE<br>YEARS   |
| ian/Medical                | that Initiated events<br>resulting In death) Last  | d   | Due to (   | or es e conseq                        | juence of):  |  |  |   |  |
| by Physicia                | Part II. Other significant condit  | one contributing to c                                 | death but not re                                     | sulting in the u                      | nderlyIng ceuse giv  | en in Part I.                                    |  |   | ibute to the cause of deat   |
| Completed                  |  |   |  |                                       |  |  | perfo                                      | rmed?                                   | 24b. Were eutopsy findings<br>eveileble prior to<br>completion of cause<br>of death? |
| Be Co                      | 25. Wes case referred to medic examiner?   | 31  |  |                                       |  | 28. Place of De                                  | ath (Check only o                          |   | 1 Yes 2 No   |
| 2                          | 1 Yes No  27. Manner of Death Naturel 5 Pend   | 28a. Date   | -  | 28b. Time of Injury                   | 28c. Injur<br>Wor  | 4 Li Nursing r                                   | T  | denca 8 Other<br>now injury occurred    | (/)  |
| Certification:             | 3 Suicide 6 Could deten  | nined 28e. Place<br>build                             |  |                                       | eet, factory, office   |  | City or Tow                                | vn, Stete)                              | or Rural Route Number,   |
| edicai                     | 29a. Certifier 1 Certifyl (Check only 2 Medica   | ng Physician: To the<br>Examiner: On the b<br>and man | e best of my kno<br>pasis of examina<br>oner stated. | wledge, deeth                         | occurred et the tin<br>restigation, in my o                  | ne, date and piace<br>plnion, death occu         | , end due to the d<br>irred at the time, d | ceuse(s) end menr<br>dete and plece, an | ner as stated.<br>d due to the cause(s)  |
| Me                         | 29b. Signature end title of certific   |   |  |                                       | 29c. Licens<br>D1533   | 7-700-6  |  | 29d. Dete signed (                      | Month, Dey, Yeer)  |
| 1                          | 30. Name and address of persor   |   |  |                                       |  |  |  |   |  |

State of Maryland / Department of Health and Mental Hygiene

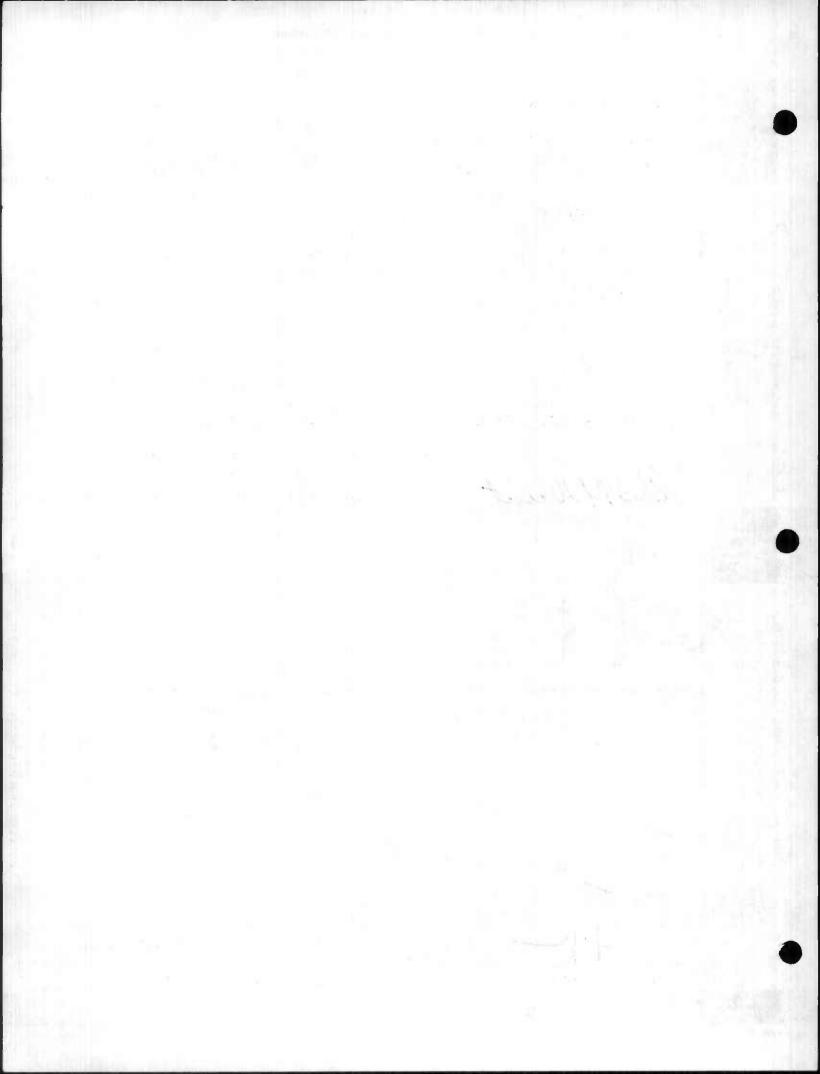
|                           |   |                |   | •   |                       | Certific                           | ate of                       | Death  |   | Reg. No.                       | 0 6                               | 1346  | 5          |
|---------------------------|---|----------------|---|---|-----------------------|------------------------------------|------------------------------|--|---|--------------------------------|-----------------------------------|---|------------|
|                           | Div1-1  |                | 1. Dacadent's Nama (First, Middla, La   | st)   |                       |                                    | _                            |  | 2. Date of Di                           | ath                            |                                   | 3. Tima of De   | eath       |
|                           | Physici<br>/Medi  |                | M   | arjorie R.  | Don                   | ovan                               | Adam                         | S  | June                                    | 18. 19                         | 98                                | 3:12  | AM         |
|                           | Examir  |                | 4a. Facility Neme (If not institution, giv  | e street and number)  |                       |                                    |                              | 4b. City, Town, or                                   |   |                                | of Deeth                          | 100   |            |
| $\mathbb{C}$              |   |                | 335 Fishing C   | reek Road   |                       |                                    |                              | Fishing  |   |                                | chest                             | er  |            |
|                           | Funeral<br>Director   |                | 5. Social Sacurity Number 6. S<br>316-24-4843  Usual Residance of Dacedant                                  | DM OFF  |                       | Yrs. If Un<br>Monti                | der 1 Yaer<br>ns Days        |  |   | rth<br>ay, Year)<br>/30        | 9. Birthplac<br>Country,<br>India | e (Stata or F<br>n a                                  | Foraign    |
|                           | tand  |                | 10a. Stete 10b. County  | 10c. C  | City, Town            | n or Location                      |                              |  |   |                                | 10d.                              | Insida City I   | Limits     |
|                           | the Mary<br>28a-f sh<br>correct   | Director       | MD Dorch  | ester   |                       | 401                                |                              | shing C  | reek                                    |                                |                                   | 1□ Yes 🎗  |            |
|                           | ath with 23a or   |                | 335 Fishing C   |   |                       |                                    | Zip Coda                     | 21634  |   | Unite                          | d Sta                             | tes   |            |
| 21215-0020                | should be filed within 72 hours efter death with the Maryland of Mental Hygiene.  merked other than "natural", or items 23a or 28e-f show imetic event, it a Medical Evarther must be notified at | by Funeral     | 11. Marital Status  1 □ Nevar Marriad 2 ☑ Married  3 □ Widowed 4 □ Divorced                                 | 12. Was Decedent Ever in Armed Forcas?  1 ☐ Yas 2 ☐ No If Yes, Giva Yaar or Datas:  | U,S.                  |                                    |                              | Hispanic Origin? (S<br>an, Mexican, Puar<br>Specify: | Specify Yes or Note Rican, atc.)        | Bla                            | ck, Whita, atc                    |   |            |
| 5                         | 72 h<br>natu  | Completed      | 15. Decedant's Ed<br>(Specify only highast gra  | ducation<br>da complated)   | 18a.                  | Decedent's U<br>(Giva kind of      | sual Occu                    | pation<br>during most of wo                          | orkina                                  | 16b. Kind of B                 | usiness/indus                     | try   |            |
| 12                        | filed within<br>Hygiene.<br>rther then ent, tre Me  | Idm            | Elamentery/Secondery (0-12)   | College (1-4or 5+)  |                       |                                    |                              | nd)  | •                                       | 0wn                            | Home                              |   |            |
| 7                         | Hygie<br>ther t   | ပိ             | 12 GED  17. Fathar's Nama (First, Middla, Last)   |   |                       | Homem                              | aker                         | 19 Mothode No  | ma (First, Middle                       |                                |                                   |   |            |
| Maryland                  | od o  | Be C           | 17. Vallati S Hattia (F 1131, Hilloria, E231)   | Roger 01  | ds                    |                                    |                              |  | el Alm                                  |                                |                                   |   |            |
| 2                         | should be and Mental in marked or umatic eve  | To             | 19a. Informant'a Name/Ralationship (  |   |                       | Meiling Adds                       | nee /Stran                   | and Number or R                                      |   |                                |                                   | ada)  |            |
|                           | nd 2 sho<br>lith and<br>lith and<br>27 is m   |                | William L. Ada  | **  |                       |                                    |                              | , Fishi  |   |                                |                                   | 00)   |            |
| e,                        | 1 Heelth<br>tam 27 I  |                | 20a. Method of Disposition  | · · · · · · · · · · · · · · · · · · ·   | Plece of              | Disposition (/                     | Verna of                     |  | Dala                                    | 20c. Location                  |                                   | , Slala   |            |
| timore,                   | permit. Pages 1 and 2 should<br>Department of Heelth and Men<br>Important: If Itam 27 is marks<br>any injury or other traumatic<br>angles.  |                | 1 ☑ Burlel 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify  | r) E a  |                       |                                    | . Ve                         | terans   | 6/22                                    | Hurlo                          | ck, M                             | aryla   | nd         |
| Bal                       | Departm<br>Departm<br>Importar<br>any Inju  |                | 21. Signatura of Funaral Sarvice Licen  | - Eskow   |                       | Fram                               | ptom                         | ess of Facility<br>-Hawkin<br>3, Fede                |   |                                |                                   |   |            |
|                           | Physician   |                | 23e. Part1. Entar the disaesa, or com<br>shock, or haart fallure. List only                                 | plications that causad tha date on a causa on aech line.  | ath. Do n             | not antar tha m                    | oda of dyi                   | ng, such as cardia                                   | c or raspiratory                        | rrast,                         | Ar                                | oproximeta<br>tarval Between<br>nsat and Dea          | en<br>eath |
| 7                         | /Medical  |                | Immedieta Causa (Final disaasa or condition   | Bu  | 1                     | C                                  | 1_                           |  |   |                                | 5                                 | > m   | 0          |
|                           | Examiner  |                | rasulting In deeth)   | Due to  | (or es e c            | consequance                        | of):                         |  |   |                                |                                   | ,,,,  |            |
|                           | be si   | ine            |   | b. —  |                       |                                    |                              |  |   |                                |                                   |   |            |
|                           | ntificete be executed<br>ing physician and<br>e as the burial-transit   | Examiner       | Sequentially list conditions, if any, laading to Immadiata causa. Entar Underlying Causa (Disaasa or Injury | Due to  | (ores a c             | consequanca                        | of):                         |  |   |                                |                                   |   |            |
| 68760                     | slclan<br>buria   |                | causa. Entar Underlying<br>Causa (Disaasa or Injury<br>that initieted evants                                | C   |                       |                                    |                              |  |   |                                |                                   |   |            |
| 89                        | ficete<br>p phy   | edicai         | rasulting in daath) Last  | Dua to  | orasac                | onsequence o                       | of):                         |  |   |                                |                                   |   |            |
| ŏ                         | anding<br>use a   | 2              |   | d   |                       |                                    |                              |  |   |                                |                                   |   |            |
| ň                         | attendii  | cia            | Part II Other significant conditions  | and all the state of the state | - Jalan In            | M 41-1                             |                              |  | Ant Di                                  | A.A                            |                                   |   | 4          |
| o                         | that the death<br>led by the atter<br>detached for a  | Physician/     | Part II. Other significant conditions of  | ontributing to death but not ra   | suring in             | the ungariyin                      | g causa gr                   | van in Paπ I.  |   | tobecco use co<br>Yes 2 ♥No    |                                   | e cause of d  |            |
| S,                        | es that<br>igned t  | by P           |   |   |                       |                                    |                              |  | '                                       | 2500                           | 3   FIODED                        | iy 4 On   | IKIIOWII   |
| Division of Vital Records | aw requir   | Completed b    |   |   |                       |                                    |                              |  |   | an autopsy<br>ormed?           | evaila                            | eutopsy find<br>bla prior to<br>letion of caus<br>th? |            |
| Ĭ                         | The page  | E O            |   |   |                       |                                    |                              |  | 10                                      | Yas No                         | 1 🗆 Y                             | as 2 No   | 0          |
| <u> </u>                  | ysician: The is certificate director, pag   | Be (           | 25. Was casa raferred to madical axaminar?  |   |                       |                                    |                              | 26. Place of De                                      | eth (Check only                         | ona)                           |                                   |   |            |
| <u> </u>                  | hysic<br>his ce<br>il dire  | 2              | 1 ☐ Yes 20 No   |   | □ ER/Out              | tpatient 3                         | DUA                          |  | Homa 5 Res                              | danca 8 DOth                   | ner (Specify)                     |   |            |
| E C                       | or Attending Phinter death.  Director: After thin by the funeral  | on:            | 27. Mannar of Death  1 → Naturel 5 □ Panding  | 28a. Deta of Injury<br>(Month, Day Year)  | 28b. T                | njury                              | 28c. Inju<br>Wo              |  | 28d. Dascribe                           | how injury occur               | red                               |   |            |
| S                         | tor: A  | cat            | 2 Accident Invastigation 3 Suicida 6 Could not be   |   |                       | М                                  |                              | Yas 2□No   | 0011                                    |                                |                                   |   |            |
| Di≤                       | ral or At<br>rs after of<br>al Direction by   | Certification: | 4 Homicide determined   | 28a. Placa of Injury - At<br>building, atc. (Spec   | homa, fai<br>ify)     | m, streat, fac                     | tory, offica                 |  | City or To                              | (Streat and Numi<br>wn, Stata) | ber or Hural H                    | bula Number   | r,         |
|                           | To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certifical completely filled in by the funeral director.                                 | edicai         | 29a. Cartifiar (Check only one)   | ysician: To the best of my kn<br>niner: On the basis of axamin<br>end mannar stated.  | owledga,<br>etion and | , daath occurr<br>d/or invastigati | ed at tha ti<br>lon, in my d | ma, deta and place<br>opinion, daath occi            | e, and dua to tha<br>urred at the time, | cause(s) and made and pleca,   | annar es state<br>end dua to the  | d.<br>a causa(s)                                      |            |
|                           | within<br>To th   | M              | 29b. Signatura and titla of certifiar   |   |                       |                                    |                              | sa number  |   | 29d. Date signe                |                                   |   |            |
|                           |   |                | SI  | 410 Ca  | 2                     |                                    | 2                            | 0 12   | 21                                      | 6-                             | 220                               | 98  |            |
|                           |   |                | 30. Nama and address of Barson who stephen P.   | Carney M.D  | ng ada) (             | Type, Print)                       | tdle                         | 0 12 wild Ave  | East                                    | on. MD                         | 2160                              | ,   |            |
|                           | Sta   | te             | 31. Data filed (Month, Day, Yaar)   | 32. Registrar's Sign  |                       | 5                                  |                              |  | /                                       |                                |                                   |   |            |



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Day 1998 **Physician** JUNE 16, AT.MA IRENE CROUSE 2:40 P.M. /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner GARRETT COUNTY MEMORIAL HOSPITAL OAKLAND GARRETT 5. Social Sacurify Number If Under 1 Year if Undar 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) OCT 12, 1948 **Funeral** 9. Birthplace (State or Foreign 10 M 20 F Months Days Hours 220-52-9375 49 MICHIGAN Director Usual Residence of Decedent with the Marylend show 10a. State 10c. City. Town or Location 10d. Inside City Limits permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryla Depertment of Heelth end Mental Hygiene.
Important: if item 27 is marked other than "natural", or items 23s or 28s-4 show any injury or other traumatic event, its Medical Examination to its contract once. MD GARRETT ACCIDENT Director 1 ☐ Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? NEGRO MOUNTAIN ROAD 21520 USA Funerai 12. Was Decedent Evar in U.S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: WHITE 3 Widowed 4 Divorcad Yaar or Dates: Completed 15. Dacedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 17. Father's Neme (First, Middle, Last) Be 18. Mother's Name (First, Middle, Malden Surname) ROBERT J. BONIECE NORA ELIZABETH PIPER 2 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) CHARLES E. CROUSE - HUSBAND NEGRO MT. ROAD ACCIDENT, MD 21520 20b. Place of Disposition (Name of cametery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State OMEGA CREMATROY 6/17/98 4 ☐ Donation 5 ☐ Other (Specify) MORGANTOWN, WV 21. Signature of Funeral Service Licansae 22. Name and Address of Facility P.O. BOX 243 M00167 DURST FUNERAL HOME - OAKLAND, MD 23a. Part1. Entar tha diseasa, or complications that ceused the death. Do not enter tha moda of dying, such as cerdiac or raspiratory arrest, shock, or heart feilure. List only one ceuse on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final diabetic cardiomyopathy years disease or condition resulting In death) **Examiner** Due to (or as a consequence of): Physician/Medical Examiner diabetes mellitus type I years The law requires that the death certificate be executed the bunel-trensit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting In death) Last Due to (or as a consequenca of): Division of Vital Records, P.O. Box 68760, attending physician for use as the bune Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 12 Yes 2 No 3 Probably 4 Unknown chronic obstructive pulmonary disease þ page 2 should Completed 24b. Wera autopsy findings availabla prior to completion of ceusa of death? 24a. Was an autopsy performed? certificate 20 No 1 Yes 1 Yes 2 No or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Rasidence 6 Othar (Specify) P 1 Impatient 1 ☐ Yes 2 ☐ No 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1- Natural 5 Pending death. 1 ☐ Yes 2 ☐ No Director: / 2 Accident Investigation 3 Sulcide 6 Could not be detarmined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) after 4 Homicide within 24 hours aff To the Funerel DI completely filled in the Hospital t Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the ceuse(s) and manner as stated.

| Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. Medical 29a. Certifier 29b. Signature and titla of certifie 29c. Licansa number 29d. Date signed (Month, Day, Year) D15333 JUNE 17, 1998 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) THOMAS G. JOHNSON, M.D. 311 N. FOURTH ST. OAKLAND, MD 21550 31. Date filed (Month, Day, Year) 32. Registrar's Signature State A dear Real JUN 18 Registrar



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death JUNE Month 05:34 HATTIE MAY 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street end number) 4c. County of Death FORT WASHINGTON FORT WASHINGTON HOSPITAL PRINCE GEORGES If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. lest birthdey) 5. Social Security Number 6. Sex 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 10 M 20 F Months Deys Hours Yrs. 31 238-02-9634 83 N.C. Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Robeson N.C. Lumberton 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 213 Beal St. 28358 United States 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Yes 2 ☐ No Specify: Specify: Black 3 Widowed 4 □ Divorced 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Private Housekeeping 12 18. Mother's Nama (First, Middla, Maiden Sumame) 17. Fether's Name (First, Middle, Last) Maggie Anderson Oscar Ratly 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) #12 19a. informant's Name/Relationship (Type, Print) Verna Edwards Granddaughter 3331 Mount Pleasant St. St., nw Wash., DC 20c. Location - City or Town, State 20e. Mathod of Disposition 20b. Place of Disposition (Name of cemetary, crematory or other place) 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 6 - 16 - 984 Donetion 5 Dother (Specify) Meadowbranch Cem. Lumberton, N.C. 22. Nama and Address of Facility 21. Signature of Funeral Service Licensae Capitol Mortuary 1425 Maryland Ave., NE on Wash., DC 20002 23a. Per 1. Enter the disease, or complications that caused the death. To not enter the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. Approximate Interval Batween Onset end Deeth Immediata Causa (Final disease or condition resulting in daath) . HYPERTENSIVE CARDIOVASCULAR Dua to (or as a consequanca of): Due to (or es e consequence of): Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 3 Probably 4 Unknown 1 TYes 2 No ASTAMA 24b. Were autopsy findings evailable prior to 24a. Was an autopsy performed? completion of cause of death? 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only ona)

**Physician** /Medical Examiner

physician and the buriel-trensit certificate be executed

88 esn atter ed by the a

peen

Is certificate hes director, page 2:

After this funeral

P.O. Box 68760.

Division of Vital Records,

or Attending Physician:

death octor: A

To the Hospital or A within 24 hours after To the Funeral Direc completely filled in by

Examiner

Physician/Medical

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Certification:

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**Physician** 

/Medical

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Director

7 is marked other than "natural", or items 23s or traumatic event, the Maxical Examiner must be re-

permit. Pages 1 and 2 should be filed within 72 hours effer death a Department of Heelth and Mental Hygiene. Introcreme: if item 27 is marked other than "natural", or items 23a and injury or other traumatic event, the Marical Exercises 2008.

altimore, Maryland 21215-0020

with the Marylend r 28a-f ahow

Sequentially list conditions, if any, leading to immediate causa. Enter Undarlying Cause (Disease or Injury that initiated events resulting in death) Last

Other: 4 ☐ Nursing Home 5 ☐ Residance 6 ☐ Other (Specify)

| 25. | Was case  | referred to | medica |
|-----|-----------|-------------|--------|
|     | examiner? |             |        |
|     | 1 Yes     | 2 No        |        |

27. Manner of Death

2 Accident

3 ☐ Sulcide

4 T Homicide

5 Pending Investigation

6 Could not be determined

28a. Date of Injury (Month, Day Year)

1 ☐ Inpatiant 2 ☐ ER/Outpatient 28b. Time of

DIME

28e. Place of Injury - At home, farm, street, factory, office building, efc. (Specify)

28c. Injury at Work? 1 Yes 2 No

3 DOA

28d. Dascribe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 1 Certifying Phyelcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

DRIVE, CHEVERLY, MARYLAND 20785

29a. Certifier (Check only one)

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura title of certifier

Year)

29c. License number

ated causa of death (Item 23a) (Type, Print) 30. Nama and addrass of person who com MARIO (a0)

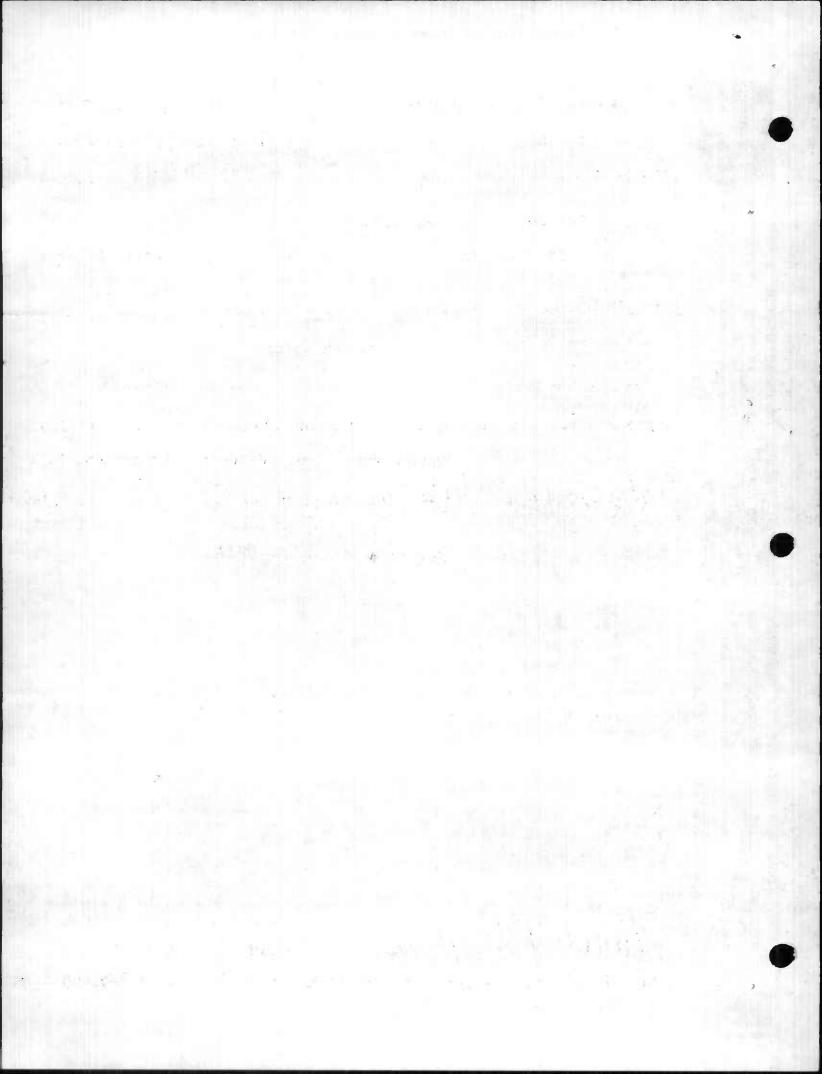
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State Registra

DHMH 16 Rev 6/95

JUNE 12,

29d. Date signed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Day Yaar **Physician** June 7, Orville Raymond Gaster, Sr. 1998 9:30 PM /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3146 Dry Run Road Swanton Garrett 8. Data of Birth (Month, Day, Year)
Apr. 30, 1919 Maryland 5. Social Sacurity Number If Under 1 Year | If Under 24 Hrs. 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Days Min. Months Hours 15 M 2□ F 211-09-4294 Yrs 79 Director Usual Rasidance of Dacedani with the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23a or 28a-f ahow 1 ☐ Yas 2 No Director Garrett Swanton 10e. Street and Number 10f. Zip Coda 10a. Citizen of What Country? 3146 Dry Run Road 21561 USA Funeral death 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status permit. Peges 1 and 2 should be filed within 72 hours after Department of Health end Mental Hygiene. Important: If Item 27 Is marked other then "natural", or ite 1 ☑ Yas 2 ☐ No If Yes, Giva Yaar or Datas: 1 Navar Marriad 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No WW II Specify à 3 Widowed 4 □ Divorced White 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondary (0-12) Collega (1-4or 5+) 8th Engineer Quality Control 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Frank Gaster Lena 2 Broadwater 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Donad F. Gaster/Son 3145 Dry Run Road, Swanton, Maryland 20b. Place of Disposition (Name of camatary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 ☐ Burlat 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) any injury or conce. Omega Crematory 6/10/98 Morgantown, WV 21. Signatura of Funaral Sarvice Licensea 22. Nama and Addrass of Facility Stewart Funeral Home 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 32 S. Second St., Oakland, Maryland 21550 Approximata interval Batween Onsat and Death Physician Stakes /Medical Immediata Causa (Final disaasa or condition rasulting in daath) WEEKS 1/2 terioration Examiner IGA Dua to (or as a consequence of): Examiner certificate be axecuted physician end s the burial-trans Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaasa or injury Dua to (or as a consaguanca of): Box 68760. Physician/Medical that initiated avants rasulting in death) Last Dua to (or as a consequence of) 88 9SD for deteched Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23h. Did tohacco use contribute to the cause of death? Division of Vital Records, P.O. signed by t 1 Yas 2 No 3 Probably 4 Unknown à 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy parformad? Completed peen hes page 2 certificate 1 Yas 2 No 1 ☐ Yas 2 ☐ No director, 25. Was casa rafarrad to medical axaminar? Be 26. Placa of Daath (Check only ona) Hospital: Othar: 4 Nursing Homa 5 MRasidance 6 Othar (Specify) 10 1 ☐ Yas 21 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Data of Injury (Month, Day Year) funeral 27. Mannar of Death 28b. Tima of 28c. injury at Work? 28d. Dascribe how Injury occurred Certification: 1 Natural
2 Accident 5 Panding invastigation i or Attending after death. Director: Aft 1 ☐ Yas 2 ☐ No 6 Could not be datamined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) filled in by 4 Homicida n 24 hour. Hospital 29a. Cartifiar (Check only one) 1 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basts of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical complately To the I 29b. Signatura and title of 29c. Licansa number 29d. Data signed (Month, Day, Year) D47925 6/8/98 30. Name and addrass of person who complated causa of death (Itam 23a) (Type, Print)

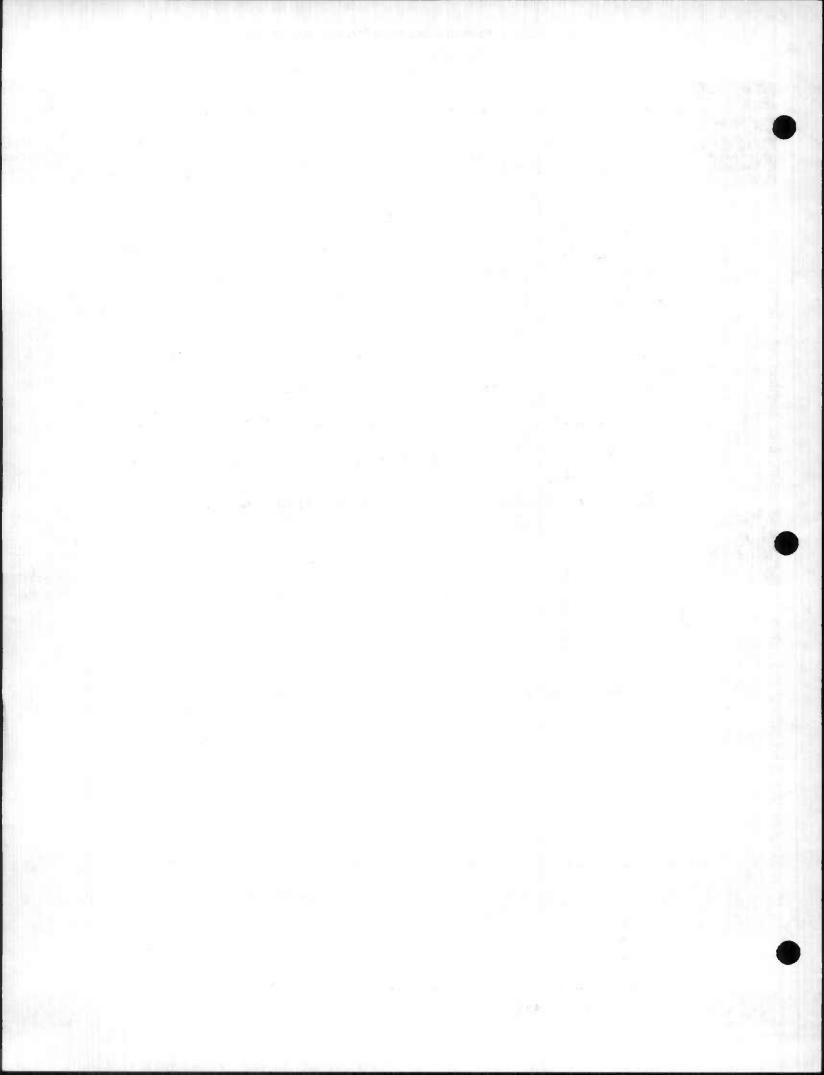
311 N. Fourth St., Oakland, Maryland

State Registrar Charles A. Walch, MD

JUN

31. Data filad (Month, Day, Year)

32. Ragistrar's Signature



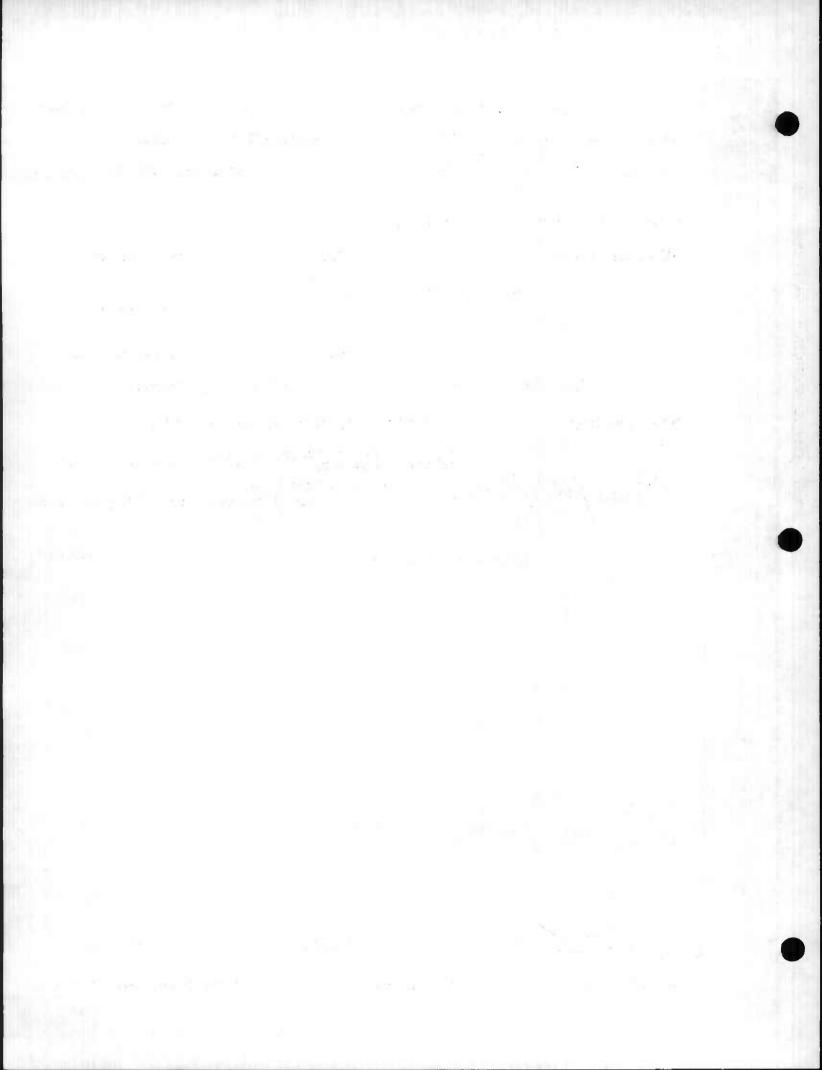
# NAME KNOWN TO PHYSICIAN: GRAY, CHARLES W.

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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|  |               |   |  |                 | Certifica                 | ate of I            | Death                                  |                    | Reg. No.                   |                         | 40006                                 |
|--|---------------|---|--|-----------------|---------------------------|---------------------|--|--------------------|----------------------------|-------------------------|---------------------------------------|
| <b>.</b>   |               | 1. Decedent's Name (First, Middle, Las  | t)   |                 |                           |                     |  | 2. Date of De      | alh                        | West                    | 3. Time of Death                      |
| Physicia<br>/Medic   |               | Charles   | s Willia                                   | am Gr           | av                        |                     |  | June 2             | 20, Day<br>1998            | Year                    | 7:30AM                                |
| Examin   |               | 4a. Facility Name (If not institution, give   | street and number)                         |                 |                           | 4                   | b. City, Town, or                      | Location of Deat   | 4c. County                 | of Death                |                                       |
|  |               | VA MARYLAND HEAL!   | TH CARE SY                                 | STEM            |                           |                     | PERRY P                                | OINT               | CECI                       | L                       |                                       |
| Funeral<br>Director  |               | 5. Social Security Number 6. Security Number 166-22-4957  Usual Residence of Decedent   | 7. Age                                     | 70              | Yrs. If Unc<br>Month      | er 1 Year<br>s Days | If Under 24 Hrs<br>Hours Min.          |                    | th<br>12, Year)<br>21, 192 | 9. Birthp<br>Cour<br>Pe | elace (Stete or Forei<br>ennsylvani   |
| death with the Maryland<br>ms 23a or 28a-f show  |               | 10a. Slate 10b. County  |  | 10c. City, Tov  | vn or Location            |                     |  |                    |                            | 1                       | 0d. Inside City Limi                  |
| permit. Pages 1 and 2 should be filed within 72 hours efter death with the Manylan Department of Health and Mental Hygien.  Department of Health and Mental Hygien.  Department of Health and Mental Hygien.  By Injury or other traumatic event, the Medical Examiner must be notified at once. | to            | Maryland Carolin  | 0  | Rido            | rol v                     |                     |  |                    |                            |                         | 1- Yes 2□N                            |
| r 28s  | Directo       | 10e. Street and Number  |  | MIGG            |                           | Zip Code            |  |                    | 10g. Citizen of V          | Vhat Cour               | ntry?                                 |
| 3a o   |               | 303 Maple Avenue  |  |                 |                           | 21660               | )                                      |                    | United                     |                         |                                       |
| deat deat  | Funeral       | 11. Marital Status  | 12. Was Decedent E                         | ver in U,S.     | 13. Was Dec               |                     | ispanic Origin? (S<br>n, Mexican, Puer | specify Yes or No  | - 14. Rac                  | e - Americ              | an Indian,                            |
| or its   |               | 1 ☐ Never Married 2 ☐ Married   | Armed Forces? 1 ☐Yes 2 ☐ N If Yes, Giva    | ∘1946–          |                           |                     |  | to Rican, etc.)    |                            | k, White,               | etc.                                  |
| ours   | by            | 3 ☐ Widowed 4 ☐ Divorcad  | Year or Dates:                             | 1947            | 1 □ Yes                   | 2 <b>%</b> No       | Specify:                               |                    | Specify                    | Casia                   | n                                     |
| natui<br>ical  | Completed     | 15. Decedent's Edu<br>(Specify only highest grad  | ucation                                    | 168             | Decedent's Us             | sual Occupa         | ation<br>during most of wo             | rkina              | 16b. Kind of Bu            |                         |                                       |
| . Ne.  | nple          | Elemantary/Secondary (0-12)   | College (1-4or 5-                          | <b>►</b> )      | life. DO NOT              | use retired         | )                                      | , King             |                            |                         |                                       |
| r, rer th  | Cor           | 6   |  |                 | Truck I                   | river               |  |                    | Trans                      |                         | tion                                  |
| d out  | Be            | 17. Father's Name (First, Middle, Last)   |  |                 |                           |                     |  | me (First, Middle, | Maiden Suman               | ia)                     |                                       |
| Merke  | To            |   |  | ray             |                           |                     | Marth                                  | 1                  |                            |                         |                                       |
| is m   |               | 19a. Informant's Name/Ralationship (7)  | ype, Print)                                | 19              | b. Mailing Addra          | ss (Street          | and Number or A                        | ural Route Numb    | er, City or Town,          | State, Zip              | Coda)                                 |
| m 27   |               | Geraldine Gray  |  |                 |                           |                     | idgely,                                |                    |                            |                         |                                       |
| or of  |               | 20a. Method of Disposition 1   Burlal 2 □ Cremation 3 □ F   | Removel from State                         | cemete          | of Disposition (A         | r other plac        | θ)                                     | Deta               | 20c. Location -            | City or To              | wn, State                             |
| ant:   |               | 4 □ Donation 5 □ Othar (Specify)  |  | Maryl           | and Eas                   | tern<br>meter       | Shore                                  | 6/23/98            | Beulal                     | n, Ma                   | ryland                                |
| Depar<br>Impor<br>any in   |               | 21. Signature of Funeral Service Licens   | m.   |                 | 22. Name                  | end Addres          | st of Facility<br>Neral Hor            | 70 D A             |                            |                         |                                       |
| 70799  |               | x / peredefant  | 1/1001                                     | _               |                           |                     |  |                    | Denton.                    | Marv                    | land 216                              |
|  |               | 23a. Part1. Entar the disease, or comp<br>shock, or heart tailur. List only o   | lications that caused ne cause on aech lin | the death. Do   | not enter the m           | ode of dyln         | g, such es cardie                      | or respiratory a   | rrest,                     |                         | Approximate interval Batween          |
| hysician   |               |   |  |                 |                           |                     |  |                    |                            |                         | Onset end Death                       |
| /Medical<br>xaminer  |               | Immadlata Cause (Final disease or condition   | Merogorad                                  | ial Ind         | Faration                  |                     |  |                    |                            |                         | Unknown                               |
|  |               | rasulting in death)   | <ul> <li>Myocard</li> </ul>                | Due to (or as a | consequence of            | f):                 |  |                    |                            |                         |                                       |
| sit  | Examiner      |   | b  |                 |                           |                     |  |                    |                            |                         |                                       |
| physician and<br>s the burial-transit  | хап           | Sequentially list conditions, if any, leading to Immediate  |  | Dua to (or as a | consequance o             | t):                 |  |                    |                            |                         |                                       |
|  |               | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated avants | c  |                 |                           |                     |  |                    |                            |                         |                                       |
| phys<br>s the  | edicai        | resulting in death) Last  | D  | ue to (or as e  | consequence of            | ):                  |  |                    |                            | 1                       |                                       |
| ding p   | 2             |   | d  |                 |                           |                     |  |                    |                            | i                       |                                       |
| attendin<br>for use  | clar          |   |  |                 |                           |                     |  |                    |                            |                         |                                       |
| ed by the detached   | Physician/    | Part II. Other significant conditions con   | ntributing to death but                    | not resulting i | in tha underlying         | cause give          | en In Part i.                          |                    |                            |                         | the cause of deal                     |
| igned by<br>be detac   |               |   |  |                 |                           |                     |  | 10                 | Yes 2□ No                  | 3 Proi                  | bably 4XXUnkno                        |
| o sign   | d by          |   |  | _               |                           |                     |  | 24a Was            | an autopsy                 | 24b. W                  | ara autopsy tindings                  |
| peen si<br>should  | lete          |   |  |                 |                           |                     |  | perfo              | rmed?                      | av                      | allable prior to<br>mplation of cause |
| - 8  | Completed     |   |  |                 |                           |                     |  |                    | **                         |                         | death?                                |
| certificate he<br>rector, page   | e Co          | 05 14   |  |                 |                           |                     |  | 10                 |                            | 1.                      | Yas 2□ No                             |
| r this certific  | o Be          | 25. Was casa referred to medical axaminer?  | Hospital:                                  |                 |                           | Othe                | Ar:                                    | ath (Check only o  |                            |                         |                                       |
| 를 현  | -             | 1 Yes 2 No 27. Mannar of Death  | 1 La Inpatien                              |                 | utpatient 3□ I<br>Time ot | JOA                 | 4 Li Nursing F                         | lome 5 Reside      | dence 6 Doth               |                         | y)                                    |
| After<br>funer   | tlon          | 1 X Natural 5 ☐ Pending   | 28e. Date of Injury<br>(Month, Day         | Year)           | Injury M                  | 28c. Injury<br>Work | r?<br>Yes 2 □ No                       | Edd. Describe      | now anjury occur           | 00                      |                                       |
| ector:<br>by the   | fica          | 3 ☐ Sulcide 6 ☐ Could not be  | 28e. Place of Injur                        | v - At home fa  |                           |                     |  | 28f. Location (    | Street and Numb            | er or Rura              | l Route Number                        |
| effer death.  Director: Af d in by the fu  | Certification | 4 Homicide detarminad   | building, atc.                             | (Specify)       |                           | . ,,                |  | City or To         | vn, State)                 |                         |                                       |
| 24 hours effer death. Funeral Director Affer   |               | 29a. Certifier 157 Certifying Phys  | alcian: To the best of                     | my knowledge    | a death occurre           | d at the tim        | a data and place                       | and due to the     | cause(s) and ma            | nner as e               | tated                                 |
| Eur<br>Fur<br>letely   | edical        |   | ner: On the basis of a                     | examination ar  | nd/or investigation       | on, in my op        | pinion, death occu                     | rred at the time,  | date and place,            | and dua to              | the causa(s)                          |
|  | Me            | 29b. Signature and title of cadifier  | /  |                 | 2                         | 9c. License         | number                                 |                    | 29d. Date signe            | d (Month,               | Dey, Year)                            |
| > = 0  | 1             | 108   |  |                 |                           | D323                | 395                                    |                    | June 2                     |                         | THE LEVE                              |
|  | 1             | 30. Nama and addrass of person who co   | mnleted cause of de                        | ath /Itam 22c)  | (Type Drint)              | JJZJ                |  |                    | oune .                     | LU, 1                   | 230                                   |
|  |               |   |  |                 |                           | nr                  |  |                    |                            |                         |                                       |
|  |               | THOMAS FINUCAN, I   | VA VA                                      | MARYLAI         | ND HEAT!                  | CAL                 | CELSYSTE                               | M, PERRY           | PC)TNT                     | MADY                    | OFC CHAKE                             |
| Stat   |               | 31. Date tiled (Month, Day, Year)   |  |                 |                           | LII CON             | W 0101L                                | ,                  | I OINI /                   | I MAIN                  | LAND ZIS                              |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** June 20 1998 7:25 AM Clara Louise Hill /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e Fecllity Neme (If not institution, give street end number) Examiner Easton Genesis ElderCare Talbot The Pines 8. Date of Birth (Month, Dey, Year) May 18, 190 If Under 1 Yeer 5. Sociel Security Number 6. Sax 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1□ M 202 F Months Deys 216-18-2895 94 Maryland Director Usual Residence of Decedent the Marylenc 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits ehow. 7 is marked other than "natural", or items 23s or 28s-f show treumstic event, the Medical Examiner must be notified at 1 Yes 2 No Queen Anne hester Directo Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? CREEK Road 409 Little USA 2/61 Funeral death 14. Race - American Indien, Black, White, etc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U.S. Armed Forces? 11. Maritel Stetus permit. Peges 1 end 2 should be filed within 72 hours after c Department of Health end Mental Hygiene. Important: If Nem 27 is marked other than "netural; or Nem eny Injury or other treumatic event, the Medical Exercises 1 ☐ Yes 2 D No If Yes, Give Yeer or Detes: 1 Never Merried 2□ Married Black 1 ☐ Yes 2 ₺ No altimore, Maryland 21215-0020 Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry 15. Decedent's Education (Specify only highest grade completed) Elemantery/Secondery (0-12) College (1-4or 5+) Beautician ENTREPRENEUR 18. Mother's Neme (First, Middla, Maidan Sumama) 17. Fethar's Nama (First, Middla, Last) Be Westley ANNIE M. BROWN 19b. Malling Addrass (Street end Number or Rurel Routa Number, City or Town, State, Zip Coda) 21619 19a. Informent's Name/Ralationship (Typa, Print) 1204-Little Creek Road-Chester, Mary land
Deta 200. Location City or Town, Stete Hill, JR. George 20b. Place of Disposition (Name of cametery, crametory or other place) 20e. Method of Disposition 1 Burial 2 Cremetion 3 Removel from State 6/24/98 Chester, Maryland UNION Wesley Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility 21. Signeture of Funeral Servica Licenses Home P.A. HENRY FUNERAL 2/613 23a. Pent. Enter the disease, or complications that caused the death Do not enter the mode of dying, such as cardiac or respiretory arrest, should, or heart feiture. List only one cause on each line.

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4ppro oproximete Intervel Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition rasulting in death) /Medicai Examiner Examiner O. RON ARY Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated events resulting in deeth) Lest attending physicien end for use as the buriel-tran certificate be Physician/Medical CARCINOMA 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown þ Division of Vital Records. 90 24b. Ware autopsy findings eveileble prior to completion of cause ot deeth? 24e. Was en autopsy performed? Completed Deen certificate has 1 Yes 2 1 No 1 Yes 2 No-Be 25. Wes case referred to medicat 26. Place of Death (Check only one) Hospitat: 1 ☐ Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☐ No 2 3 DOA 2 ER/Outpatient After this 28e. Date of Injury (Month, Day Year) 28b. Time of 27. Manner of Deeth 28d. Describe how Injury occurred Certification: tnjury et Work? or Attending 5 Panding investigation 1 Neturel after death. 1 Yas 2 No 2 Accident the 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Pleca of Injury - At home, ferm, street, factory, offica bullding, etc. (Specify) 4 ☐ Homicide within 24 hours a To the Funeral I completely filled To the Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, date and place, and due to the cause(s) and manner as stated. ப்பார் வெள்ளத்து, பக்கார் மண்டாவ வாள்க, dete end pleca, end due to the cause(s) and menner es steted. மற்றுள்ளது and/or invastigation, in my opinion, deeth occurred et tha tima, data end pleca, end due to the ceuse(s) gd. Medical (Check only one) 29c. License number 29d. Date/Signed (MyInth, Day, Year) 29b. Signeture end title of certific 30. Name and address of person who completed cause of death (ttem 23a) (Typa, Print)

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Registrar **DHMH 16 Rev 6/95** 

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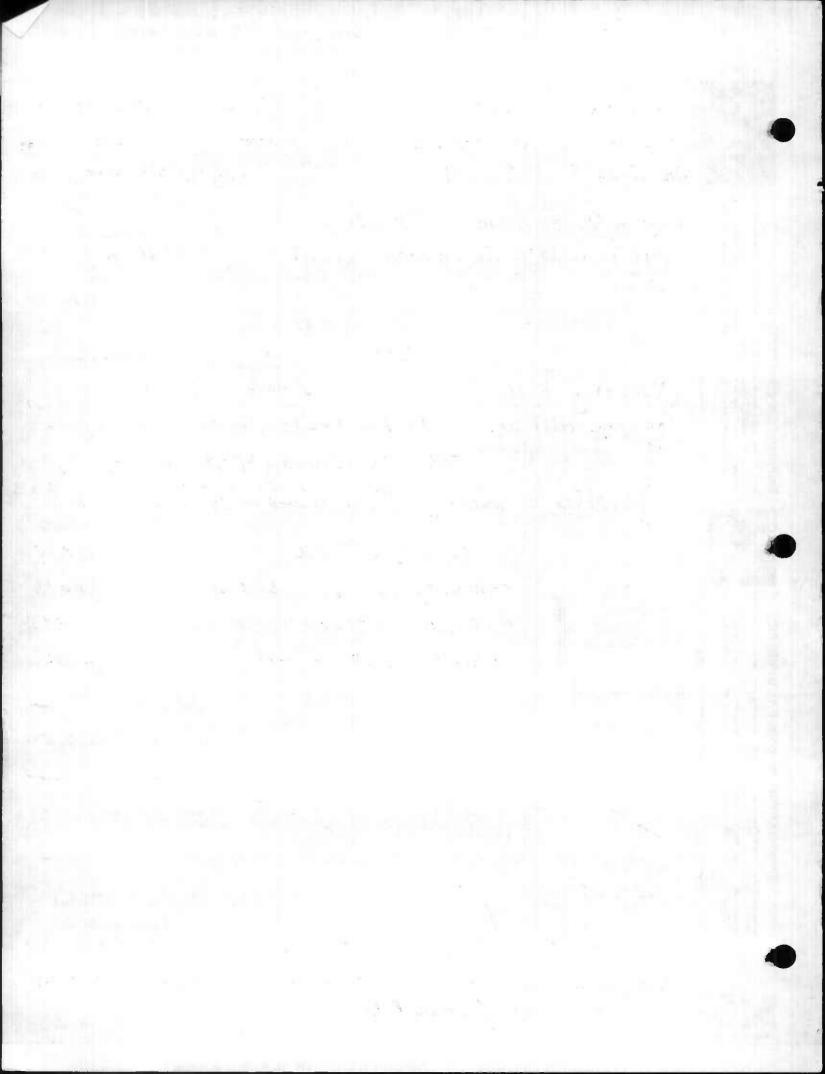
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32. Registrer's Signeture



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend: #7 Per FH Film G761 7-1-98RC Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Dete of Deeth Month **Physician** Emma Louise Huffman 6:30p 6 98 17 /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Garrett County Mem'l Hospital 0akland Garrett if Under 1 Yeer if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1□M 21 F 84 Yrs Director 233-64-5881 9-15-1914 Harman, WV Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Experient must be notified at WV Director Grant 1 ☐ Yes aENo Mt. Storm 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? HC 76, Box 296 26739 Funeral USA 11. Maritel Stetus 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. filed within 72 hours after Hygiene. 1 ☐ Yes 2 No If Yee, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 CNo Specify: Specify: White þ 3 ☑ Widowed 4 □ Divorced "natural". Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 11 Homemaker Pages 1 and 2 should be filed v nent of Health and Mental Hygie int: If item 27 is marked other t Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Jay David Lantz Hattie Belle Arbogast 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2:: Department of Health as Important: If Item 27 is any injury or other trau Delores Cox HC 76, Box 296 Mt. Storm WV 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burlel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) Rose Hill Cemetery 6-21-98 Thomas, WV 21. Signeture of Funerel Service Licensi 22. Name end Address of Fecility Hinkle Funeral Home, Inc. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, 6260 shock, or heart feiture. List only one cause on each line. Approximete tervel Bet Onset end Deeth **Physician** /Medical Immediete Ceuse (Fine) CHF disease or condition resulting in deeth) YRS Examiner Due to (or es e consequence of): Examiner ASHD YRS physician and the burial-transit certificate be executed Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In deeth) Last Due to (or es e consequence of) Box 68760. Physician/Medical Due to (or es e consequence of): 88 980 jo Pert If. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. o 23b. Did tobacco use contribute to the cause of death? 6 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown م DM signed t Division of Vital Records. by The law requires 24e. Wes en eutopsy performed? Completed peen ISCHEMIC ENCEPHALOPATHY

has e 2 page Be Certification: To After

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after death. Director: Aft

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2 100 26. Plece of Deeth (Check only one)

24b. Were autopsy findings evelleble prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No

25. Wes cese referred to midical examiner? Hospitel: 1 Yes 22 No 27. Manner of Death Natural 5 Pending 2 Accident investigation

6 Could not be

JUL 01 1998

1 Inpatient 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Day Yeer) 28b. Time of 28c. Injury et Work? 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how Injury occurred 1 Yes 2 No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29a. Certifier (Check only one)

3 Suicide

4 Homicide

1 Certifying Phyelcfan: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signeture end title of certifier

29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

FOURTH ST., OAKLAND, MD 21550 THOMAS G. JOHNSON, MD 31. Dete filed (Month, Day, Year)

State Registrar

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daath 3. Tima of Death Month **Physician** June 7, 1998 Wanda Elaine 12:15 AM /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Cuppett-Weeks Nursing Home 0akland Garrett If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** 1□M 25 F Months Days Yrs. **Director** 217-22-2187 73 Sept. 18, 1924 Maryland Usual Rasidance of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at MD Director Garrett 1 X Yas 2 No Deer Park 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 171 Church Street 21550 USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or Notif Yas, specify Cuban, Maxican, Puarto Rican, etc.) 11. Marital Status 14. Race - American Indian, filed within 72 hours after Hygiene. Black, White, atc. 1 ☐ Yas 2 No If Yas, Giva Yaar or Datas: 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yas 2 No Specify: by Specify 3 X Widowed 4 Divorced White ieted 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Compi Elemantary/Secondary (0-12) Collaga (1-4or 5+) 10th Housewife permit. Pages 1 and 2 should be filed Department of Heelth and Mantal Hygis Important: If Item 27 is marked other t any Injury or other traumatic event. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Sollars Richard Margaret Mae McDonald 19a. tnformant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jeanne F. Plauger/Daughter P.O. Box 2253, Mt. Lake Park, Maryland 20b. Placa of Disposition (Nama of cemetary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Garrett Co. Mem. Gardens 6/9/98 Oakland, Maryland 21. Signature of Funeral Service Licensee 22. Name and Addrass of Facility Stewart Funeral Home 32 S. Second St., oakland, Maryland 21550 23a. Part1. Entar tha diseasa, or complications that causad tha daath. Do not enter the moda of dying, such as cardiac or respiratory arrast, shock, or haart failura. List only ona causa on each line. Approximate Interval Batw Onsat and Death **Physician** /Medicai Immediata Causa (Final - ARDEOURSCULAR disaasa or condition rasulting in death) Examiner Dua to (or as a consequence of): Physician/Medical Examiner Chosepses ettending physician end for use es the buriel-transit Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disease or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequance of): GITHNITEON Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown signed t by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? peed page 2 certificate 1 ☐ Yas 2 X No 1 ☐ Yas 2 ☐ No Mospital or Attanding Physician:
 24 hours efter death.
 Funeral Director: After this certificalety filled in by the funeral director. It Be 25. Was casa rafarred to medical axaminar? 26. Placa of Daath (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 2 1 Yas 2 No 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 5 Panding invastigation 1 Naturat NA 1 ☐ Yas 2 ☐ No 2 Accidant NA 3 Suicida 6 ☐ Could not be datamined 28e. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1X Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) within 2 29d. Date signed (Month, Day, Year) 29b. Signature and titla of certifiar 29c. License number M.D. D47309 6/8/98 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) Keith Merritt, MD 311 N. Fourth St., Oakland, Maryland 32 Registrar's Signatura State

Registrar

ŝ

the Maryland

Baltimore, Maryland 21215-0020

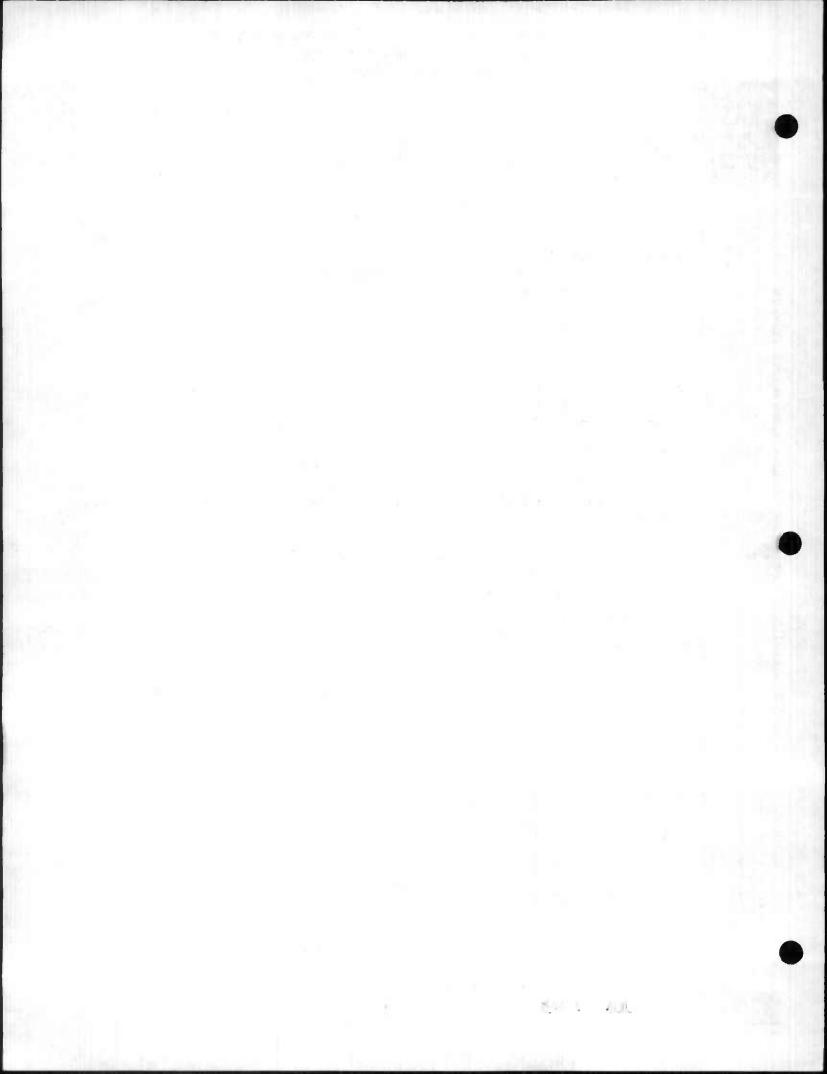
The law requires that the death cartificate be executed

Box 68760.

P.O.

Records,

Division of Vital

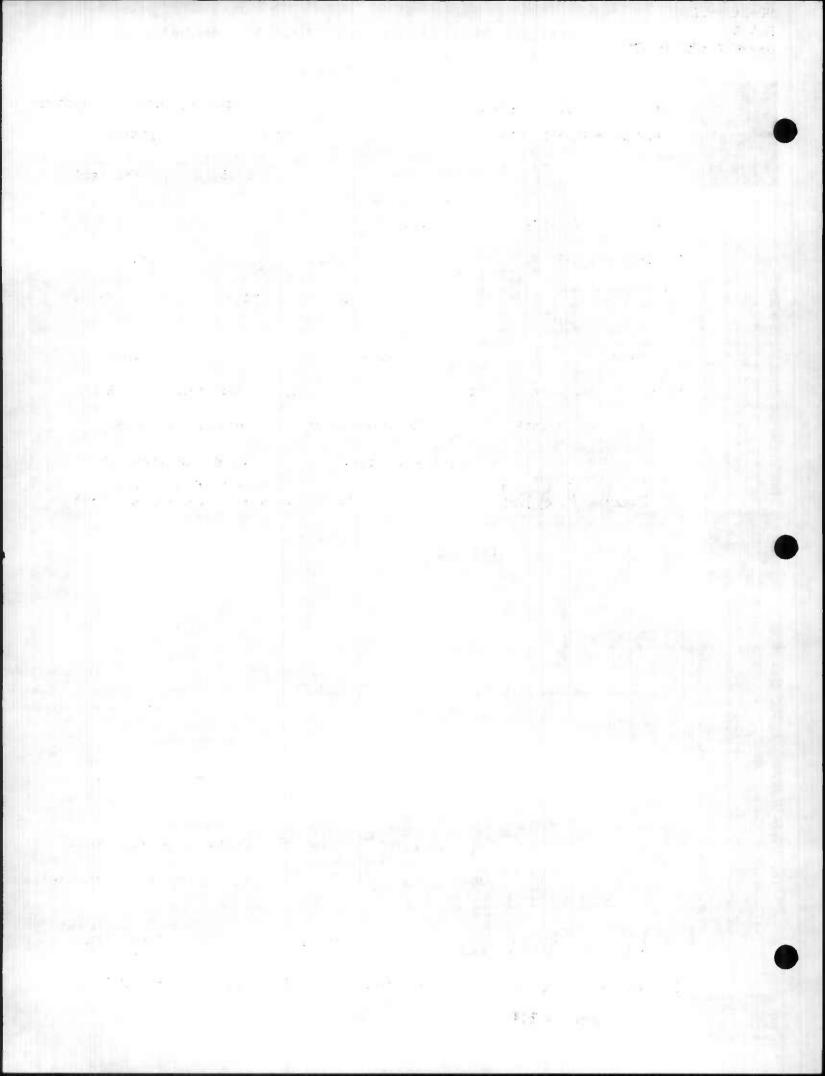


JEFFREY ALAN KOTON

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

| State of Maryland / Department of H | lealth and Mental Hygiene | 0 | 1 |
|-------------------------------------|---------------------------|---|---|
| Certificate of I                    | Death Reg No.             | J | 1 |

| sician           |   |                          |  |                                 | CE                         | lllical                    | COII                    | Death                       |                      |   | Reg. No              |                           | ~ ~                                     | 000                          |
|------------------|---|--------------------------|--|---------------------------------|----------------------------|----------------------------|-------------------------|-----------------------------|----------------------|---|----------------------|---------------------------|---|------------------------------|
| tician           | 1. Decedent's Name  | (First, Middle, L        | ast)   |                                 |                            |                            |                         |                             |                      | 2. Date of De                           |                      |                           |   | . Time of D                  |
|                  | Jeffery   | Alan                     | кот  | ON                              |                            |                            |                         |                             |                      | JUNE                                    | 5, De                | 1998                      | Year (                                  | 0223 1                       |
| edical<br>miner  | 4a Facility Name (If r<br>GARRETT   | ot institution, g        | ive street and nu                              | m <i>ber)</i>                   |                            |                            | 4                       | 4b. City, To                |                      | ocation of Deet                         | h 4c.                | County of                 |   |                              |
| al<br>or         | 5. Social Security Nur  | mber 6.                  | Sex<br>1MM 2□F                                 | 7. Age (In yrs                  | last birthday)             | If Under<br>Months         |                         | if Under<br>Hours           | Min.                 | 8. Date of Bir<br>(Month, De<br>3/28/78 | rth<br>ey, Year)     |                           | 9. Birthplace<br>Country)               |                              |
|                  | Usual Residence of D  | ecedent                  |  |                                 |                            |                            |                         |                             |                      | 5/20//0                                 |                      |                           | ury ru                                  |                              |
|                  | 10a. State  | 10b. County              |  | 10c. C                          | ity, Town or Lo            | ocation                    |                         |                             |                      |   |                      |                           | 10d.                                    | Inside City                  |
| ic               | MD  | Gar                      | rett   |                                 | 0aklar                     | nd                         |                         |                             |                      |   |                      |                           |   | 1 Yes 2                      |
| Director         | 10e. Street and Numb  | er                       |  |                                 |                            | 10f. Zip                   | Code                    |                             |                      |   | 10g. Cit             | lizen of Wi               | hat Country?                            | 7                            |
| Funeral D        | 100 Charce  | oal Hil                  | 1 Rd.  |                                 |                            |                            | 215                     | 50                          |                      |   |                      | U.S.                      | Α.                                      |                              |
| ig.              | 11. Meritei Status  |                          | 12. Was Dec                                    | edent Ever in U                 | J,S. 13.                   | Wes Dece                   | dent of H               | ispanic Ori                 | gin? (Sp             | ecify Yes or No<br>Rican, etc.)         | 0-                   |                           | - American i<br>White, etc.             | indian,                      |
| S C              | 1 Never Married<br>3 ☐ Widowed 4  |                          | 1 ☐ Yes<br>If Yes, Gr<br>Year or D             | 2 → No<br>ve                    |                            | 1□ Yes                     |                         | Specify:                    |                      |   |                      | Specify:                  | Whi                                     | te                           |
| Completed        | /O  | 5. Decedent's 8          | Education                                      |                                 | 16a. Dece                  | dent's Usua                | al Occup                | ation                       | l of work            | ina                                     | 16b. K               | ind of Bus                | iness/Indust                            | ry                           |
| ple              | Elementary/Second   |                          | rede completed) College (                      | 1-4or 5+)                       | life.                      | DO NOT u                   | se retired              | du <i>ring</i> mos<br>d)    | OF WORK              | ing                                     |                      |                           |   |                              |
| O                | llth  | , (0,                    |  |                                 | 1                          | None                       |                         |                             |                      |   |                      | N                         | one                                     |                              |
| Be               | 17. Father's Name (F  | irst, Middle, Las        | st)  |                                 |                            |                            |                         | 18. Mothe                   | r's Nam              | e (First, Middle                        | , Malder             | Sumeme                    | )                                       |                              |
| To               | Thomas  | Frank                    | lin  | Koton                           |                            |                            |                         | Judy                        |                      | Christ                                  | tina                 |                           | McRob:                                  | ie                           |
|                  | 19a. Informent's Nen  | ne/Relationship          | (Type, Print)                                  |                                 | 19b. Malli                 | ng Address                 | (Street                 | end Numbe                   | er or Run            | al Route Numb                           | per, City            | or Town, S                | Stete, Zip Co                           | de)                          |
|                  | Judy C. K   | oton/ M                  | OTHER  |                                 | 100 0                      | Charce                     | oal :                   | Hill                        | Rd.,                 | 0aklar                                  | nd, l                | MD 21                     | 550                                     |                              |
|                  | 20a. Method of Dispo  |                          |  |                                 | Placa of Disponentery, cre | osition (Ner               | ne of other plea        | ce)                         | 1                    | Dale                                    | 20c. L               | ocation - C               | City or Town,                           | State                        |
|                  | 1 ☐ Burial 2 ☐<br>4 ☐ Donation 5  |                          |  |                                 | shby Ce                    |                            |                         |                             | 6                    | /8/98                                   | Oak                  | land                      | , MD                                    |                              |
|                  | 21. Signalure of Fund   | erel Service Lice        | ensee  |                                 | 4                          |                            | 4                       | ss of Facilit               | hr                   | ewart I                                 |                      |                           |   |                              |
|                  | 23a. Part1. Enter the   | Libery M.                | Menson   |                                 |                            |                            |                         |                             |                      | St., 04                                 |                      | nd, M                     | D 215                                   | 50                           |
| Medical Examiner | Sequentially list condification of entry, leading to limit cause. Enter Underly Cause (Disease or in that initieted events resulting in death) La | ying<br>jury             | c  | Due to (                        | or as a conse              | quenca of):                |                         |                             |                      |   |                      |                           |   |                              |
| 25               |   |                          | d  | _                               |                            |                            |                         |                             |                      |   |                      |                           | 1                                       |                              |
| Physician        | Pert II. Other aignific   | ant conditions           | contributing to d                              | eath but not re                 | sulting In The L           | inderlying o               | ause giv                | ren in Part i               |                      | 23b. Did                                | tobacco              | uas cont                  | tribute to the                          | e cause of                   |
|                  |   |                          |  |                                 |                            |                            |                         |                             |                      | 1 🗆                                     | Yas 2                | 21346                     | 3 Probab                                | ly 4□Ur                      |
| Completed by     |   |                          |  |                                 |                            |                            |                         |                             |                      | 24a. Was<br>perf                        | s an auto<br>ormed?  | opsy                      | 24b. Were<br>availal<br>compl<br>of dea | ble prior to<br>elion of cau |
| E                |   |                          |  |                                 |                            |                            |                         |                             |                      | 10                                      | Yes 2                | □No                       | 184                                     | es 2 N                       |
| BeC              | 25. Was case referre  | d to medical             |  |                                 |                            |                            | _                       | 26. Place                   | of Deat              | h (Check only                           | one)                 |                           |   |                              |
| 0                | exeminer?<br>1 X Yes 2 □ N  | 0                        | Hospital:                                      | Inpatient 2                     | XER/Outpatie               | nt 3 D                     | OA Oth                  | oer.                        |                      | ome 5□Res                               |                      | 6 □Other                  | r (Specify)                             |                              |
| i.               | 27. Manner of Death   |                          | 28a. Date                                      | of Injury                       | 28b. Time o                |                            | 28c. Injur<br>Wor       |                             |                      | 28d. Describe                           | _                    |                           |   |                              |
| tio              | 1 Natural 2 Accident  | 5 Pending<br>Investigati |  | th, Dey Year)                   | Farm 1                     |                            | 1 🗆                     | Yes 2                       | No                   | Surso                                   | w                    | MAG                       | ED SE                                   | r.c                          |
| Certification:   | 3 Suicide<br>4 ☐ Homicide   | 6 Could not determine    | be 28e. Place                                  | of tnjury - At ling, etc. (Spec |                            |                            | y, office               |                             |                      | 28f. Location City or To                | (Street a            | n <i>d Numbe</i><br>e)    | r or Rural Ro                           | oute Numbe                   |
| Cer              |   |                          |  | JAIL                            | con                        |                            |                         |                             |                      | GARRE                                   | TTO                  | 1960                      | L-01                                    | KLAM                         |
| edicai           | 29a. Certifier 1<br>(Check only 2<br>one)   | Certifying P Medical Exa | hysician: To the<br>miner: On the b<br>end man | best of my kn                   | owiedge, deat              | h occurred<br>exestigation | et the tir<br>, In my o | me, date an<br>opinion, dea | d place,<br>th occur | and due to the<br>red at the time       | cause(s<br>, dete en | s) end man<br>d plece, ar | nner as state<br>nd due to the          | d.<br>e cause(s)             |
| ×                | 29b. Signeture and til  | ie of certifier          |  |                                 |                            | 29                         | c. Licens               | e number                    |                      |   | 29d. Da              | ate signed                | (Month, Day                             | y, Year)                     |
|                  | 110   | 1                        | hall   | 101                             |                            |                            | o.c.                    | M.E                         |                      |   | J                    | UNE 5                     | , 199                                   | 8                            |
|                  | W(1102)   | MA TO                    | I POWA   | 1                               |                            |                            |                         |                             |                      |   |                      |                           |   |                              |



# Amended 6-22-78 AS 5. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

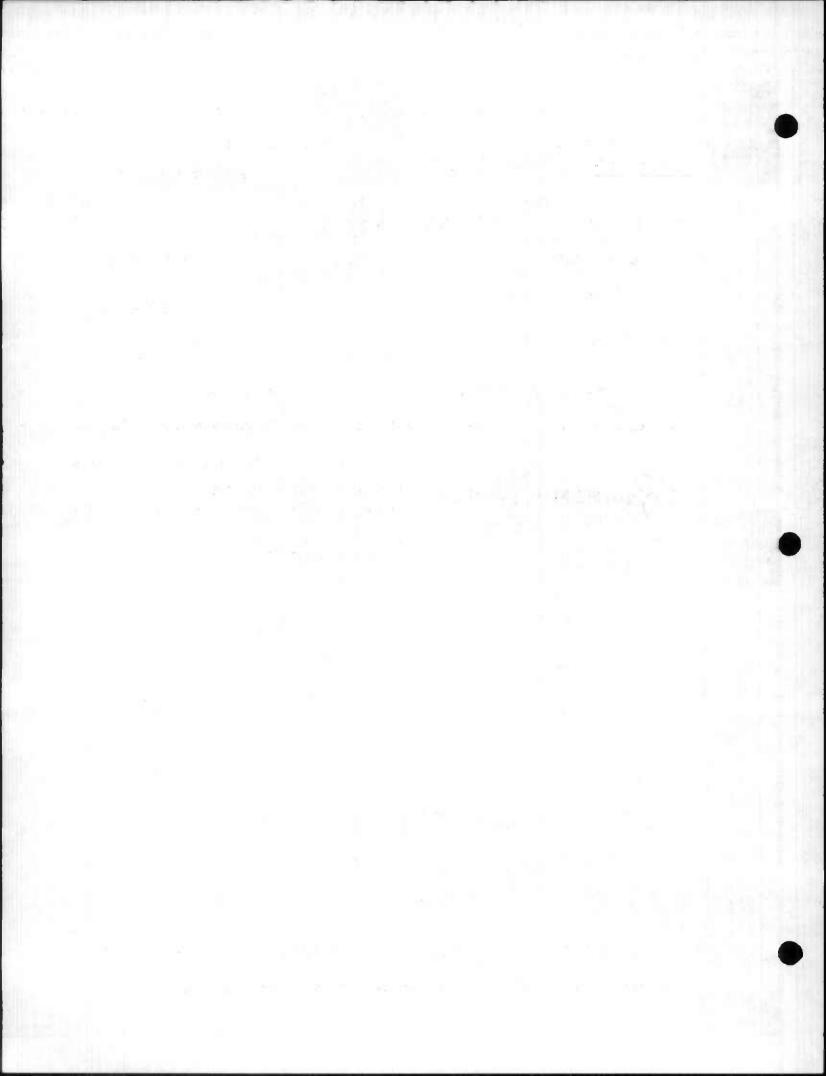
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** 9, Mary Christine 1998 6:00AM Kanarr June /Medical 4e. Fecility Neme (If not Institution, give street end number, 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Prince Frederick

# Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth
Months | Deys | Hours | Min. | 8. Months | Months | Min. | Months | Min. | Months | Min. | Months | Min. | Months | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. 235 Terrace Drive Calvert 8. Dete of Birth (Month, Dey, Year) September 3, 1922 7. Age (In yrs. lest birthdey) Birthpiece (State or Foreign Country) 5. Secial Security Number **Funeral** 1 M 2 XF Deys Yrs. 444 14 2425 75 Director Texas Usuel Residence of Decedent the Meryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinar injust be notified at 1 Yes 2 No Director Maryland Calvert Prince Frederick 10e. Street end Numbar 10g. Citizen of What Country? 235 Terrace Drive Funeral 20678 United States 12. Wes Decedent Ever in U,S.
Armed Forces?
1 Yes 2 No
If Yes, Give
Yeer or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 72 hours after 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced Caucasian Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Home 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be James Finley McDonald Mary Eller 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Paul Emerson Kanarr Husband 235 Terrace Drive, Prince Frederick, Maryland 20678 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition Dete 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Denton Cemetery 6/13/98 Denton, Maryland 22. Name end Address of Facility Moore Funeral Home, P.A. 100m 12 South Second Street, Denton, Maryland 21629 23e. Pert1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dylng, such as cerdiec or respiretory errest, shock, or heart fellure! List only one ceuse on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel Metastatic Colon diseese or condition resulting in deeth) Examiner Examiner physician end the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Box 68760 Physician/Medical Due to (or es e consequence of) Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. ete has been signed by page 2 should be detac 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings eveilable prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifice completely filled in by the funeral director, p. 25. Wes cese referred to medical Be 26. Place of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ EN/Outpetient 3 ☐ DOA 1 Yes 2 No Medical Certification: To 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) and menner as stated.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) end menner stated. 29a. Certifier (Check only one) 29b. Signature end title of certifier 29d. Date signed (Month, Dey, Year) 29c. License number 6-15-98 30. Neme end eddress of person who completed cause of whith (Item 23e) (Type, Print) Michael Mahaffey, M.D., PO Box 100, Prince Frederick, Maryland 20678 one Davidson-Randale 32. Register's Signature

Stophic Part 186. 2 I NM JUN 18 '98 31. Dete filed (Month, Dey, Yeer) Registrar



State of Maryland / Department of Health and Mental Hygiene

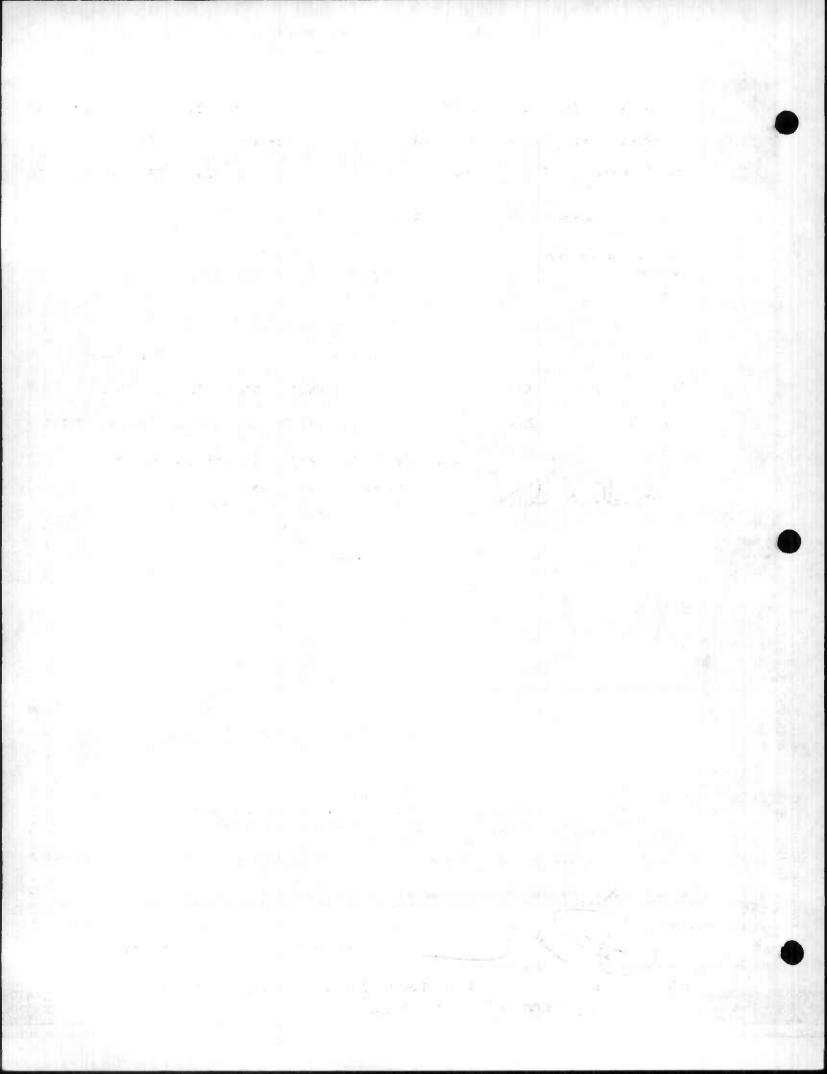
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth **Physician** June 15, Thomas Richard LEWIS 1998 10:00 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Garrett County Memorial Hospital 0akland Garrett if Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplece (Stete or Foreign Country) **Funeral** Deys 1 M 2□ F Months Director 213-24-6984 June 25, 1930 Washington, DC Usuel Residence of Decedent 10e. State 10c. City, Town or Location 28a-f show 10d. Inside City Limits r than "natural", or items 23a or 28a-f shov Director MD 1 Ves 2 □ No Garrett 0akland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 212 N. Fourth Street 21550 Funeral USA death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after begatiment of Health and Mental Hygiene. Important: If Item 27 is marked other then "natural", or item any injury or other traumatic event, in Medical Examinat 1 Never Married 2 Married XYes 2 No f Yes, Give altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced Yeer or Dates: 1952-55 White Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Typesetter Printing 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be 2 Henry Clay Lewis, Sr. Hester Mary Virginia Ward 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Merri D. Brami/Daughter 7708 Shadowcreek Terrace, Springfield, VA 22153 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 

Buriel 2 □ Cremation 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Lewis Family Cemetery 6/18/98 Oakland, MD 21. Signeture of Funeral Service Lice 22. Name end Address of Fecility Stewart Funeral Home 32 S. Second St., Oakland, MD 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel pulmonary fibrosis 3 years disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Physician/Medical Examiner emphysema years attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760. Due to (or es e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco uee contribute to the cause of death? signed by 1 X Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 8 page 2 should Be Completed 24b. Were eutopsy findings eveiteble prior to completion of cause of death? 24e. Wes en autopsy performed? peeu this certificate has 2 NO 1 Tes 1 ☐ Yes 2 ☐ No Physician: 25. Wes case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1.⊠Inpatient 2□ER/Outpetient 3□ DOA funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28c. Injury et Work? After t 28b. Time of 28d. Describe how injury occurred 5 Pending Investigation 1 Neturel after death.

I Director: Aff
d in by the fur 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide ò To the Hospital or within 24 hours af To the Funersi D 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, dete end place, end due to the cause(s) end manner steted. 29a. Certifier Medical (Check only one) 29b. Signature and title of certifie 29c. License number 29d. Dete signed (Month, Day, Year) D23979 6/16/98 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) at (VA Robert A. Goralski, M.D. 311 N. Fourth Street Oakland, MD 21550 31. Dete filed (Month, Dey, Year)

JUN 1 8 32. Registrer's Signeture State Sandy Par Registrar

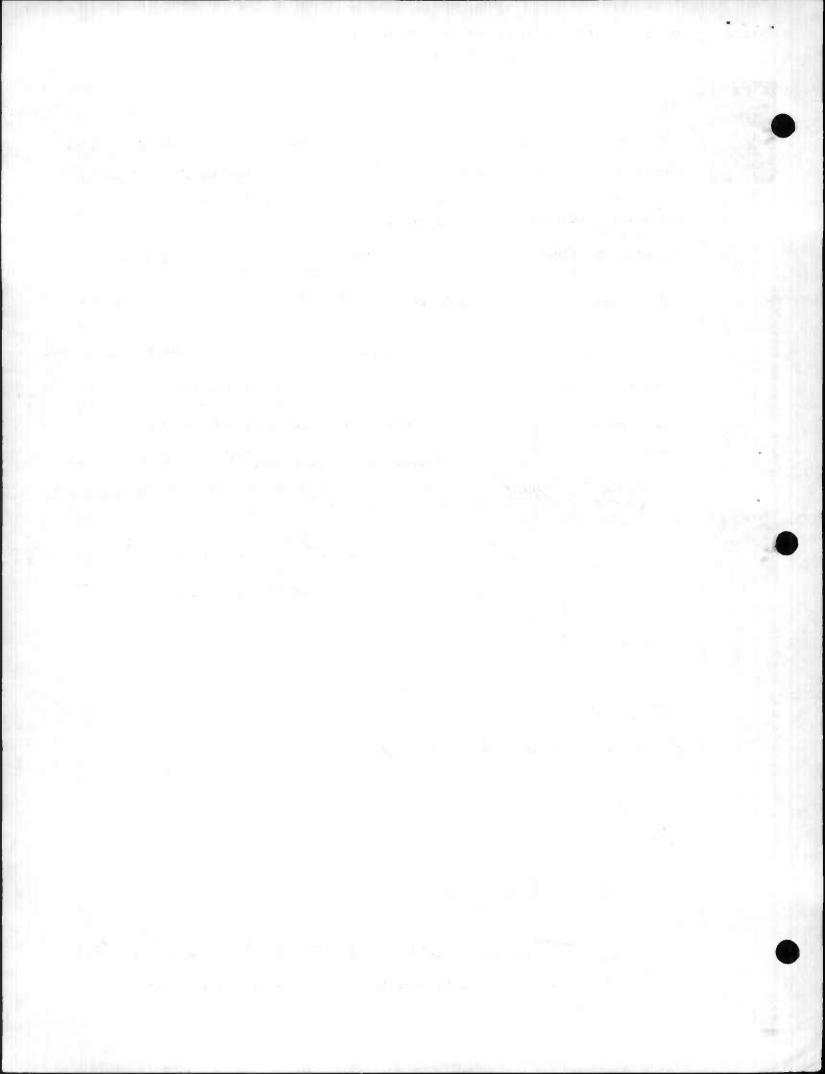


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** Vernon Charles Leake June 25, 1998 5:15 p.m /Medical 4e. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Prince Georges Hospital & Medical Center Prince Georges Cheverly Hours Min. 8. Date of Birth (Month, Dey, May 8, 7. Aga (In yrs. lest birthdey) If Undar 1 Yaar 5. Sociei Security Number 6. Sex Birthplaca (Stete or Foreign Country) **Funeral** 15xM 2□ F Months Deys 226-42-4266 Director 65 Virginia Usual Residence of Decedent with the Maryland 10e. Stete 10b. County show 10c. City. Town or Location 10d. Inside City Limite item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examiner must be notified as Virginia Director 1 TXYas 2 □ No Fauquier Warrenton 10e. Street end Numbar 10f. Zip Code 10g. Citizen of Whet Country? 393 Jackson Street 20186 U.S.A. death Funeral 11 Marital Status 12. Was Decedent Evar in U,S. Armed Forcas? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Raca - Amarican Indien, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other treumatic event, the Medical Exercises. 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Datas: 1 ☐ Never Marriad 2 ☐ Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: ò Specify: white 1952-66 3 Widowed 4 Kill ivorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Collage (1-4or 5+) County Health Dept. Maintenance 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Be O'dessa Mae George Leake 2 Embrey 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Peggy Mauro 8436 Meetze Road, Warrenton VA 20186 20b. Place of Disposition (Neme of cematery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata tx3Buriel 2 ☐ Cremetion 3 ☐ Removel from State 6/29/98 Culpeper Virginia 4 ☐ Donetion 5 ☐ Other (Specify) Culpeper National Cem. 21. Signatura of Funere Servica Licensee 22. Name end Address of Facility Moser Funeral Home Inc. 233 Broadview Ave, Warrenton VA 20186 23e. Pert1. Enfer the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one ceuse on eech line. Intervel Between Physician Onset and Death Immediete Ceuse (Final disaase or condition resulting in death) /Medical Examiner Examiner burial-transit Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury thet initiated events rasulting in deeth) Lest pue Due to (or as a consequence of) law requires that the death certificate be exec P.O. Box 68760. ettending physician Physician/Medical the Due to (or as a consequence of): USB as for Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the 2 3 Probably Unknown 1 ☐ Yes 2 ☐ No Records, à 8 24b. Were eutopsy findings available prior to Completed 24e. Wes en eutopsy peen performed? completion of cause of deeth? certificate has The No 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Physician: 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) Hospitel: P 2 1 Yes 2 ☐ ER/Outpatient 3 ☐ DOA Nopatient After this 27 Mariner of Deeth Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? To the Hospital or Attending within 24 hours effer death.

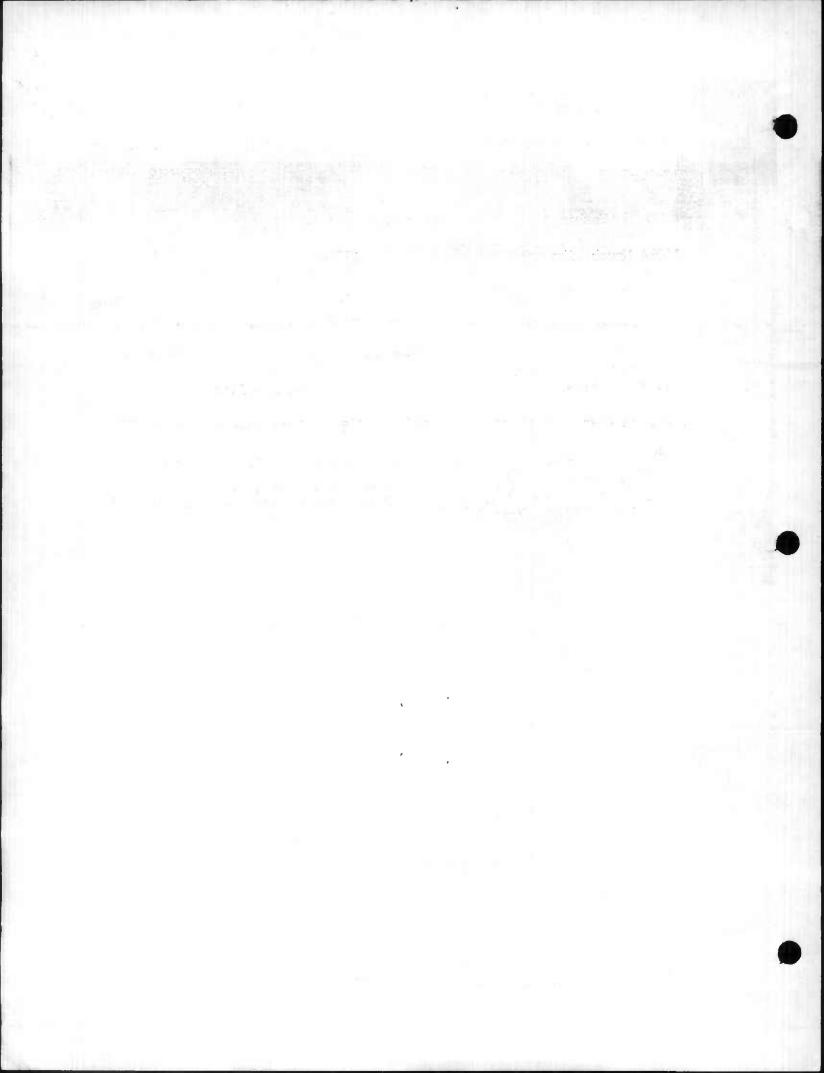
To the Funeral Director: Affe completely filled in by the funy or Attending 5 Pending investigation Naturel 1 Yes 2 No ∠ □ Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide Sertifying Physicien: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signetura and title of certifiar 29c. Licansa number 29d. Date signed (Month, Day Year) 0 30. Name and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) James Catavenis M.D. 3001 Hospital Drive Cheverly, MD 20785 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature State what Davidson Handell Registrar **DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene 9 8

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** 22, Mary Gladys Lander 1998 1:30 pm June /Medical 4a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Hagerstown
If Under 1 Year II Under 24 Hrs. Avalon Manor Nursing Home Washington 8. Dete of Birth (Month, Day, Year Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthdey) **Funeral** 1□ M 2**X** F Days Hours 95 Yrs. Director August 25, 1902 213-10-5643 MD Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 ia marked other than "natural", or Itema 23a or 28a-f show other traumatic evant, tra Medical Expansion must be notified at 1 Yes 2 No Director MD Washington Hagerstown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 14014 Marsh Pike 21740 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bieck, White, etc. 11. Maritel Status permit. Pages 1 end 2 should be filed within 72 hours effer or Department of Health end Mentel Hyglene. Important: If item 21 is merked other than "natural", or item any Injury or other traumatic evant. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: by 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be William Exline 2 Eliza Exline 19e. Informent's Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Emmogene Bivens/Daughter 19606 Merigold Drive Hagerstown, MD 21740 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other pleca) Dete 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from Stete 5 Other (Speed) 4 Donetion Hancock Presbyterian 6/25/98 Hancock, MD 21. Signature of Funeral Service license 22. Neme end Address of Fecility Grove Funeral Home, P.A. 141 West Main Street Hancock, MD 21750 plication, traft caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, on each line. 23e. Pert1. Enter the diseese, or composhock, or heart feilure. List on the composition of the composition o Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final centro varance 2-3 20 disease or condition resulting in death) Acciden Examiner Due to (or es e consequence of): Examiner 2 Alvine sibrilletic bunal-transit be axecuted Sequentially list conditions, if any, leeding to immediate cause. Enfer Underlying Couse (Disease or Injury that Initiated events resulting in deeth) Lesf Due to (or es a consequença of): and physician s the burial Box 68760, Anterordentia Cardiovar and Physician/Medical Due to (or es e consequenca of): 950 ò Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? Records, P.O. signed by t 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Wriknown þ 24b. Were eutopsy findings available prior to Completed 24e. Wes an autopsy performed? peed completion of cause of death? page 2 1 Yes 2 No 1 Yes 2 No cartificata Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this cartifice Be 25. Wes case referred to medical 28. Plece of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how Injury occurred 1 Waturel 5 Pending investigation 1 Yes 2 No 2 Accident in by the 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in 1 Contifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the cause(s) and manner as stated. Medical 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner steted. 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Juny 22, 1988 - COND MO P1081 C 30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) Vasant Datta, M.D. 334 Mill Street Hagerstown, MD 21740 31. Dete filed (Month, Day, Yeer) 32. Registrer's Signeture State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle Last) 2. Dete of Deeth Month 3. Time of Death **Physician** 5:15 PM 06 HOLLAND LAKE /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Dorchester General Hospital Cambridge Dorchester 7. Age (In yrs. iest birthday) If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year) July 25 1904 Birthplece (State or Foreign Country) Funeral 10 M-255 Deys Months 218-34-9670 Yrs. 93 Director Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show rai', or items 23a or 28a-f show 1 Yes ZONo Dorchester Director East New Market 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5469 Mt. Holly Rd. 21631 U.S.A. Funeral Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 Never Merried 2 Merried 1 Yes ZONO "natural", or Specify: by Specify: Widowed 4 □ Divorced white Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working iffe. DO NOT use retired) 16b. Kind of Business/Industry from the front of Elementery/Secondery (0-12) College (1-4or 5+) 11 homemaker own home 17. Fether's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Pages 1 and 2 should be nent of Health and Mental William Holland J. Sarah Frazier 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Peggy L. Era - daughter 4414 Norrisville Rd., White Hall MD 21161 20b. Place of Disposition (Name of cometery, cremetory or other piece) 20e. Metrod of Disposition 20c. Location - City or Town, Stete TD Burial 2 Cremation 3 Removel from Stete Cambridge, Maryland Department 4 ☐ Donetion 5 ☐ Other (Specify) Dorchester Memorial Park 6/22/98 21. Signeture of Fuheral Service Licensee 22. Name end Address of Fecility Thomas Funeral Home PA 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each link. 700 Locust St. Cambridge MD 21613 Approximete Interval Between Onset and Deeth **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting In death) Diffuer his to cypic Cymphone of Two weeks Examiner Physician/Medical Examiner after death.

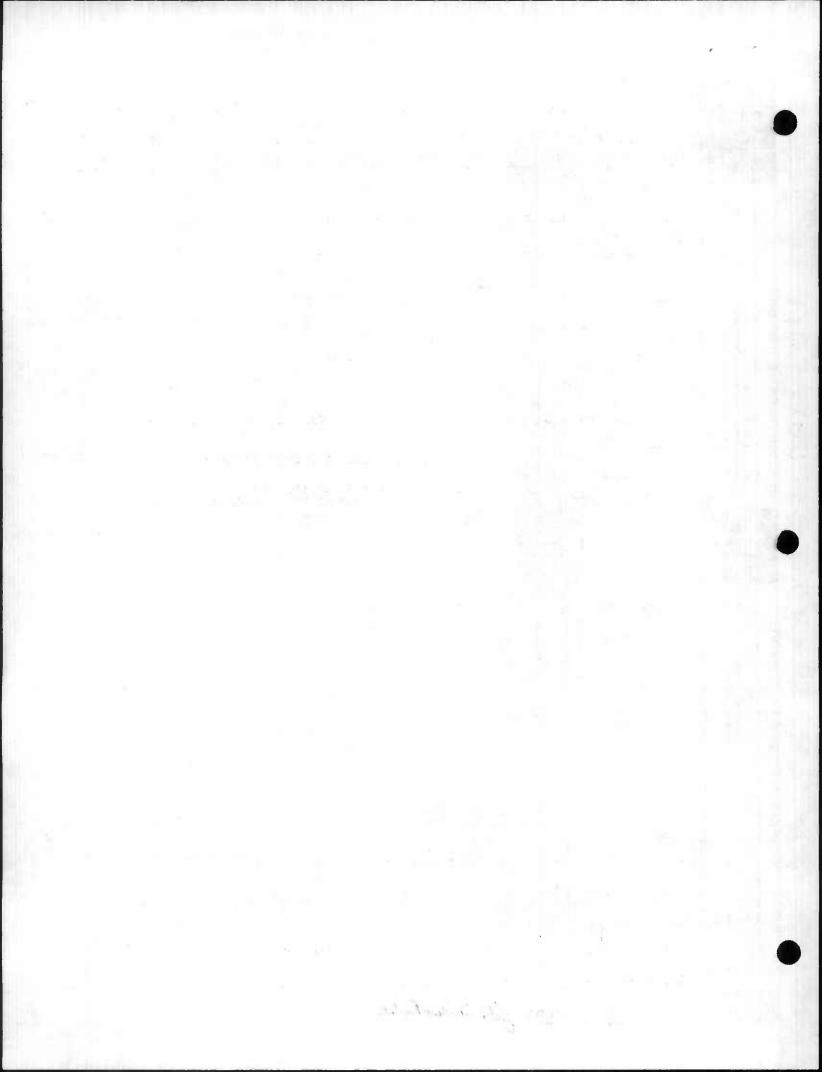
Alter death.

After death.

After this certificate has been signed by the attending physician and Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760. Due to (or es e consequenca of): Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. page 2 should be detached 23b. Did tobacco use contribute to the cause of death? fashine 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No of Vital filled in by the funaral director, 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1☐Inpatient 2☐ER/Outpetient 3☐ DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. tnjury et Work? 28b. Time of 28d. Describe how Injury occurred Division 5 Pending Investigation 1 ☐Naturel 2 ☐ Accident 1 Yes 2 No 3 Sulcide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, offica bullding, efc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral C Hospital 29a, Certifier Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medicai 29b. Signeture end title of certilin 29d. Date signed (Month, Dey, Year) 29c. License number MI) 6-14-98 D 47924 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) Dr. Noman Thanwy 10 Aurora St., Cambridge MD 21613 32. Registrer's Signeture 31. Dete filed (Month, Day, Year) State Registrar

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3 Time of Death Month **Physician** 7:30 a.m. June 10, 1998 Elwood MARTIN Ernest /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Garrett County Memorial Hospital 0akland 5. Social Sacurity Number 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 11/5/07 6. Sex **Funeral**  Birthpiace (State or Foreign Country) 1⊠M 2□ F Months Days Hours Min Yrs. Director 214-36-6273 90 Maryland Usual Rasidence of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23a or 28a-f show tre Medical Examiner must be notified at Director 1 ☐ Yes 2 No Garrett 0akland 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 4906 Garrett Highway 21550 U.S.A. death Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 Ø No If Yas, Giva Yaar or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) Raca - Amarican Indian, Bieck, White, atc. 11. Maritel Stetus 72 hours after 1 ☐ Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: White à 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highast grada complated) permit. Pages 1 and 2 should be filed within Depentment of Health and Mental Hygiene. Important: If Itam 27 is marked other than any Injury or other treumeth. Elamantary/Secondary (0-12) Collega (1-4or 5+) 2nd Farmer Farming 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) Joseph Martin Betty Schmidt 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 4906 Garrett Highway, Oakland, MD 21550 Ernest R. MArtin/ Son 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Spacify) Eglon Cemetery 6/13/98 Eglon, West Virginia 21. Signatura of Funaral-Sarvica Limman 22. Nama end Addrass of Facility Stewart Funeral Home 32 S. Second St., Oakland, MD 21550 23e. Pert1. Entar tha disaase, ir complications that caused the deeth. Do not enter the moda of dylng, such as cardiac or raspiretory arrast, shock, or heart failura. Lilit only ona causa on each lina. Approximata Intervel Batween Onsat and Death Physician /Medical Immediata Causa (Final disease or condition rasulting in death) a acute myocardial infarction with electromechanical **Examiner** Dua to (or as a consequence of): dissociation Examiner buriel-transit b. atherosclerotic cardiovascular disease
Dua to (or as a consequence of): yrs end Sequantially list conditions, if any, laading to Immadiata cause. Entar Underlying Cause (Disease or Injury that initiated avants rasulting In daath) Lest physiclan s the burie Box 68760 cchronic obstructive pulmonary disease

Due to (or as a consequence of): requires that the deeth certificate be Physician/Medical Vrs attending p 88 P.O. I Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? the datach No Yes 2□ No yd bengis 3 Probably 4 Unknown arthritis Records, þ 8 24b. Wara autopsy findings available prior to completion of causa of death? page 2 should Completed 24a. Was en autopsy peen has 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificata of Vital Physician: director Be 25. Was casa rafarred to medical 26. Piace of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Hospitai: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yas 2√ No this To the Hospital or Attending PP within 24 hours after daath.
To the Funeral Director: After th completely lilled in by the funeral 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 27. Mannar of Death 28b. Time of 28d. Dascribe how injury occurred Certification: Division 5 Pending invastigation Injury 1 Naturai 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarminad 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide Contifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Contifying Physician: To the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated. 29a. Cartifiar Medicai 29b. Signatu 29c. Licensa number 29d. Data signed (Month, Day, Year) D30035 6/10/98 30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar Donald R. Richter

JUN 1 1 1998

31. Data filed (Month, Day, Year)

M.D.

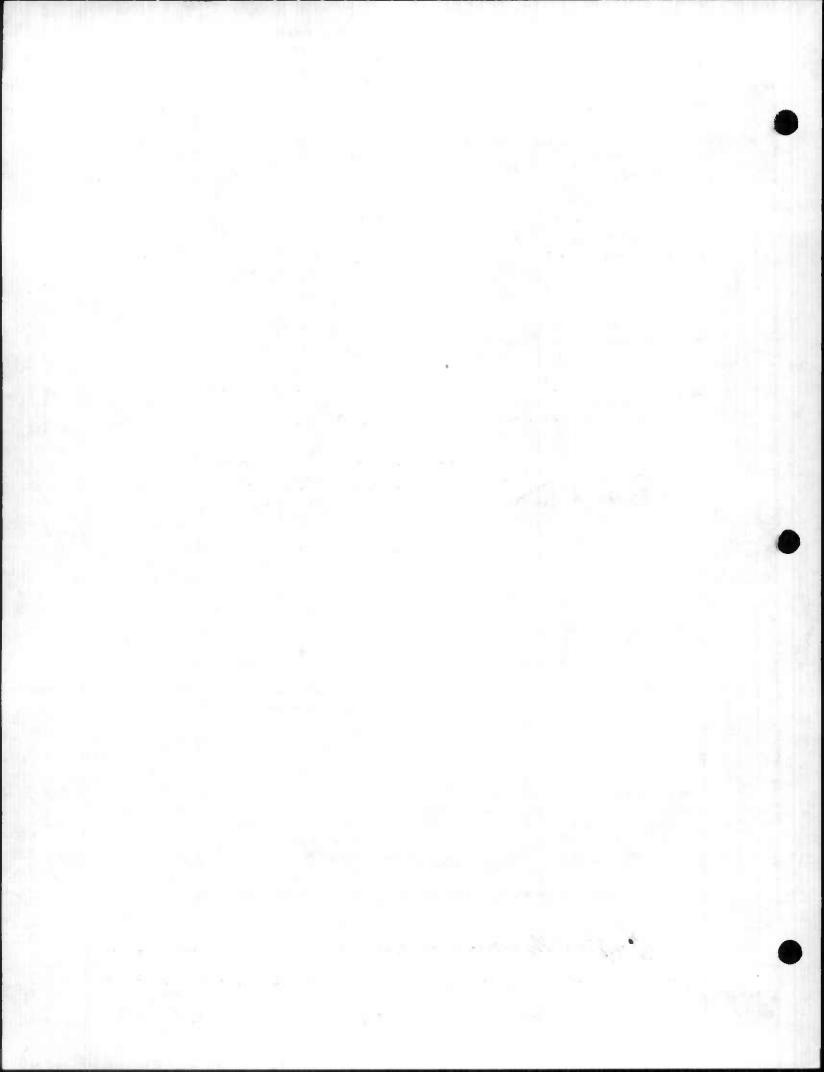
32. Ragistrar's Signatura

a dissorber

1533 Memorial Drive Oakland, MD 21550

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|   |                | r  |                        |   |                      | nd / Depa<br>Cer   | tificate                             |                 |   |  | Reg. No.                               | 8 2                          | 0363  |
|---|----------------|--|------------------------|---|----------------------|--|--------------------------------------|-----------------|---|--|--|------------------------------|---|
| Physic<br>/Med  |                | 1. Decadant's Nama (First, Mi Anna May   | idia, Last)            | MILLE   | 2                    |  |                                      |                 |   | 2. Data of D<br>Month<br>June 1        | 6, 1998                                | Yaar                         | 3. Tima of Daa<br>8:33  |
| Exami   |                | 4a. Facility Nama (If not institu  |                        |   |                      |  |                                      | 4               |   | Location of Das                        | th 4c. Cour                            | ty of Death                  |   |
|   |                | Dennett Road   | -                      |   |                      |  |                                      |                 | 0akla   |  |  | Garre                        |   |
| Funeral<br>Director   |                | 5. Social Security Number 220–48–7402  | 6. Sax                 | M 2∏F   | 7. Age (In yr.<br>89 | s. last birthday)<br>Yrs.  | If Under 1<br>Months                 | Days            | If Undar 24 Hr<br>Hours Mir                       |  | irth<br>Pa <i>y, Year)</i><br>12, 1908 | 9. Birthp<br>Coun<br>Mar     | lace (Stata or Foi<br>ifry)<br>yland                                  |
| and w   |                | Usuel Rasidance of Dacadant  10a. Stata 10b. Cou   | ity                    | -   | 10c. C               | City, Town or Loc  | cation                               |                 |   |  |  | 1                            | 0d. Ineida City Lir   |
| Marylan<br>f show   | ō              | MD G   | arret                  | t   |                      | Oak  | cland                                |                 |   |  |  |                              | 1 ☐ Yas 2 🖔   |
| r 28a   | Director       | 10e. Street and Number   |                        |   |                      |  | 10f. Zip C                           | oda             |   |  | 10g. Citizan o                         | f What Coun                  | itry?   |
| h with  | aiD            | 210 Glendale   | Road                   |   |                      |  |                                      |                 | 21550   |  | USA                                    | SA                           |   |
| 72 hours after death with the Maryland<br>"naturel", or Items 23a or 28a-f show<br>edical Exarter mast be notified at                   | by Funeral     | 11. Merital Status  1 Nevar Marriad 2 N  3 Widowed 4 Divorce   | arried                 | 12. Was Dece<br>Armad Fo<br>1 ☐ Yas<br>If Yas, Giv<br>Yaar or D | rces?<br>2∭ No<br>a  |  | Vas Daceda<br>i Yes, specify         |                 | ispanic Origin? (<br>in, Maxicen, Pua<br>Specify: | Spacify Yas or N<br>rto Ricen, atc.)   | lo-<br>14. R<br>B                      | ace - Amaric<br>lack, Whita, |   |
| 2 hou   | p              | 15. Deced  | ant's Educ             | cetion  |                      | 18a. Deced   | ant's Usual                          | Occup           | ation   |  | 16b. Kind of                           |                              |   |
| should be filed within 72 ho<br>nd Mental Hygiene.<br>marked other than "natur<br>imatic event, the Medical                             | Completed      | (Specify only hig<br>Elamantary/Secondary (0-12  | hast grade             | Collega (1  | -4or 5+)             |  | kind of work<br>OO NOT use<br>OUSEWi |                 | ation<br>during most of wo<br>i)                  | orking                                 |  | lome                         | ,   |
| be filed<br>ital Hygi<br>d other<br>event, I  | BeC            | 17. Fathar's Nama (First, Midd   | a, Last)               |   |                      |  | 00011                                |                 | 18. Mothar's Na                                   | ama (First, Middl                      |  |                              |   |
| should be<br>end Mental<br>s marked o   | ToB            | John I.  | 0 '                    | Brien   |                      |  |                                      |                 | Mary  | Cath                                   | nerine                                 | Но                           | well  |
| d 2 should be filed within 72 hours aft the end Mental hygiene. 7 is marked other than "naturel", or treumatic event, in Madical Evarri |                | 19a. Informant's Name/Ralation   | nship (Ty)             | oe, Print)  |                      | 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zi |                                      |                 |   |  |  | n, Stata, Zip                | Coda)   |
| 5 20 5  |                | Anna M. Beitz  | e1/Da                  | aughter   |                      |  |                                      |                 |   | land, Ma                               | ryland                                 | 2155                         | 0   |
| of it   |                | 20a. Mathod of Disposition  1  Burlal 2  Cremetion 3  Ramoval from Steta  4  Donetion 5  Othar (Specify)  20b. Place of Disposition (Name of camalary, cramatory or othar placa)  Thayerville Cemetery  20c. Location - City of camalary, cramatory or othar placa)  21. Signature of Funasel Service Designates |                        |   |                      |  |                                      |                 |   |  |  |                              |   |
| permit. Per<br>Department<br>Important:<br>any injury<br>once.  |                | 4 Donetion 5 Other (Specify) Thayerville Cemetery 6/19/98 0.  21. Signature of Funarel Sarvice Donner 22. Name and Address of Fecility Stewart Funeral Home  |                        |   |                      |  |                                      |                 |   |  |  | ilid, ili                    |   |
| Deg<br>any<br>any   |                | ▶ Brodley  | B.                     | المحلوة   |                      |  |                                      |                 |   | ome<br>Oakland                         | 1, MD 2                                | 1550                         |   |
| Physician<br>/Medical<br>Examiner   | Jer.           | 23a. Part1. Enter the disadse<br>shock, or haart failure. L<br>Immadiata Causa (Final<br>disaasa or condition<br>rasulting in daath)   | а                      |   | coscle               |  | ardiov                               |                 | ular di   |  |  |                              | Approximete<br>Interval Between<br>Onsat and Death<br>3 years         |
| ficete be executed<br>physician end<br>ss the bunel-transit   | il Examiner    | Sequentially list conditions, if any, leading to Immediata ceusa. Entar Undarlying Causa (Disaase or injury  | a (Disaase or injury   |   |                      | b  |                                      |                 |   |  |  | 1                            |   |
| TE 00 00  | n/Medical      | that initiated events<br>rasulting in daath) Last  |                        | Due to (or as a consequanca of):                                |                      |  |                                      | :               |   |  |  |                              |   |
| the death cert<br>y the ettendin<br>sched for use   | icia           | Pert II. Other significant cond  | tions con              | ributing to de  | ath but not ra       | sulting In the un  | deriving cau                         | isa nivi        | an in Part I                                      | 23h Did                                | 1 tobacco use o                        | ontribute to                 | the cause of de   |
| thet<br>ded b   | by Physician/M | hepatoma with  |                        |   |                      |  | outing out                           | ou givi         |   |  |  |                              | pably 4 Unkr  |
| e law requires<br>hes been sign<br>je 2 should be   | Completed b    |  |                        |   |                      |  |                                      |                 |   |  | s an autopsy<br>formed?                | eve                          | ara eutopsy findin<br>ellable prior to<br>mpletion of ceusa<br>daath? |
| Page at   | S S            |  |                        |   |                      |  |                                      |                 |   | 1□                                     | Yas 2 No                               | 10                           | Yas 2□ No   |
| ysicien: The secreticate director, par  | Be             | 25. Was cesa rafarred to medi axaminar?  |                        |   |                      |  |                                      |                 |   | eath (Check only                       | ona)                                   |                              |   |
| S w D   | 2              | 1 Yas 2 No   | H                      |   |                      | ER/Outpatient  |                                      | -               | 4 ES NUISING                                      | Homa 5 Ras                             |  |                              | 1)  |
| ing<br>After  | ation          |  | stigation              | 28a. Data o<br>(Mont  | h, Day Year)         | 28b. Tima of<br>Injury   | M 280                                | . Injun<br>Worl | yat<br>⟨?<br>Yas 2 □ No                           | 28d. Dascribe how Injury occurred      |  | urred                        |   |
| or Al   | Certification: | 4   Hornida  | mined                  | buildir   | ig, atc. (Spec       |  |                                      |                 |   | City or To                             | own, Stata)                            |                              | l Route Number,   |
| Hospital<br>24 hours<br>Funeral<br>etely filled   | edicai         | 29a. Cartifiar 1 Certification (Check only one)  | ing Physi<br>Il Examin | ar: On tha ba   | sis of axamin        | owledga, daath<br>etion and/or Inva  | occurred at astigation, in           | tha tim         | na, data and pleco                                | e, end due to the<br>urred at tha tima | a causa(s) and r<br>, data and place   | nannar as st                 | ated.<br>tha causa(s)   |
| within 2<br>To the  | Med            | 29b. Signature and title of cast   | ior                    | and mann  | ar stated.           |  | 29c I                                | lcense          | number  | 7                                      | 29d. Date sign                         | ed (Month                    | Day Year)   |
| F¥F8  |                | Malton   | 04                     | lan   | ean                  | - M.   | D D2                                 | 575             |   |  | June 16                                |                              |   |
|   | 6              | 30. Nama and addrass of person<br>Walter K. Naum   |                        |   |                      |  |                                      | ро              | Box 24  | 7, Accid                               | lent MD                                | 21520                        |   |
| Sta   | te             | 31. Data filad (Month, Day, Yea  | 1 2 1                  |   | egistrar's Sign      | atura  | .49                                  |                 |   |  |  |                              |   |

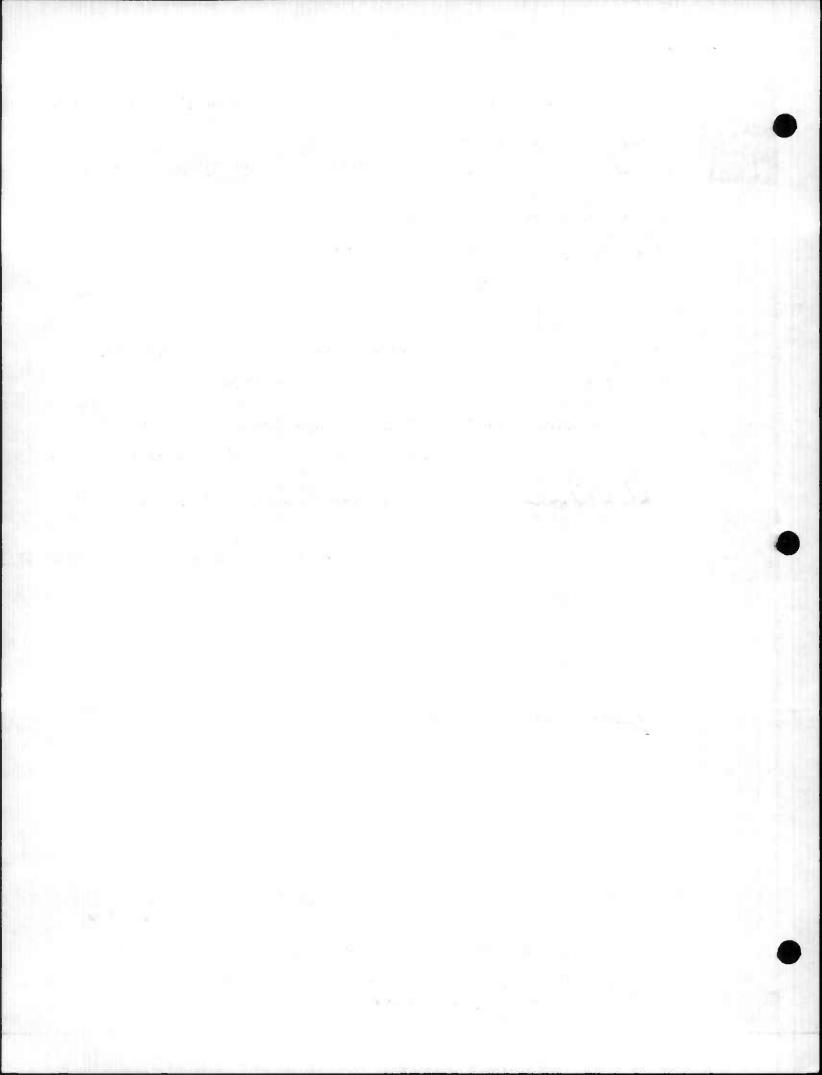


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death **Physician** June 19 Day 1998 Pear Betty Gould Maguire 8:30 AM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Cambridge Dorchester Dorchester General Hospital If Under 1 Yaar If Under 24 Hrs.
Months Days Hours Min. 8. Data of Birth (Month, Pay, Year) Jan 21, 1924 9. Birthplaca (Stele or Foreign Country) Mar yland 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** 1□M 2AF Days Yes 74 Director 218-14-1889 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "naturs!", or frems 23e or 28e4 show traumetic event, the Medical Examiner must be notined at XX Yes 2 No Director Maryland Dorchester Cambridge 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 21613 US 8 West End Avenue Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes Ā(Ā) No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 11. Marital Status filed within 72 hours efter 1 ☐ Naver Married 2 Married 21215-0020 1 ☐ Yes XX No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Office Worker Optometrist altimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Nema (First, Middle, Meiden Surname) . Peges 1 and 2 should be fill iment of Health end Mental Hitant: If item 27 is marked oth Be James Gou1d Edith Willey 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 8 West End Avenue Cambridge, Maryland 21613 other t Virgil R. Maguire Husband 20b. Place of Disposition (Name of cemetery, cremetory or other place)
Green Lawn Cemetery 20a. Method of Disposition 20c. Location - City or Town, State 0 XX Burlal 2 Cremation 3 Removal from State Department of Important: If any injury or once. 6/21/98 Cambridge, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Sarviso Licensee 22. Name and Addrass of Facility Thomas Funeral Home, P.A. 700 Locust Street Cambridge, Maryland 21613 JULY. 23a. P. (1/ Enter the diseasa, or complications that ceused tha death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between **Physician** /Medical Immadiate Cause (Final ances of Lung nereta disease or condition resulting in deeth) Examiner Due to (or as a consequence of): Physician/Medical Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last ettending physician end for use as the buriel-tran Due to (or as a consequence of): Box 68760, Dua to (or as a consequence of): P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown of Vital Records, 24b. Were autopsy findings evaliable prior to Completed 24a. Was an eutopsy completion of cause of death? certificate hes 1 ☐ Yas 2 ☐ No 1 Yes 2 No tal or Attanding Physician: The safer death.

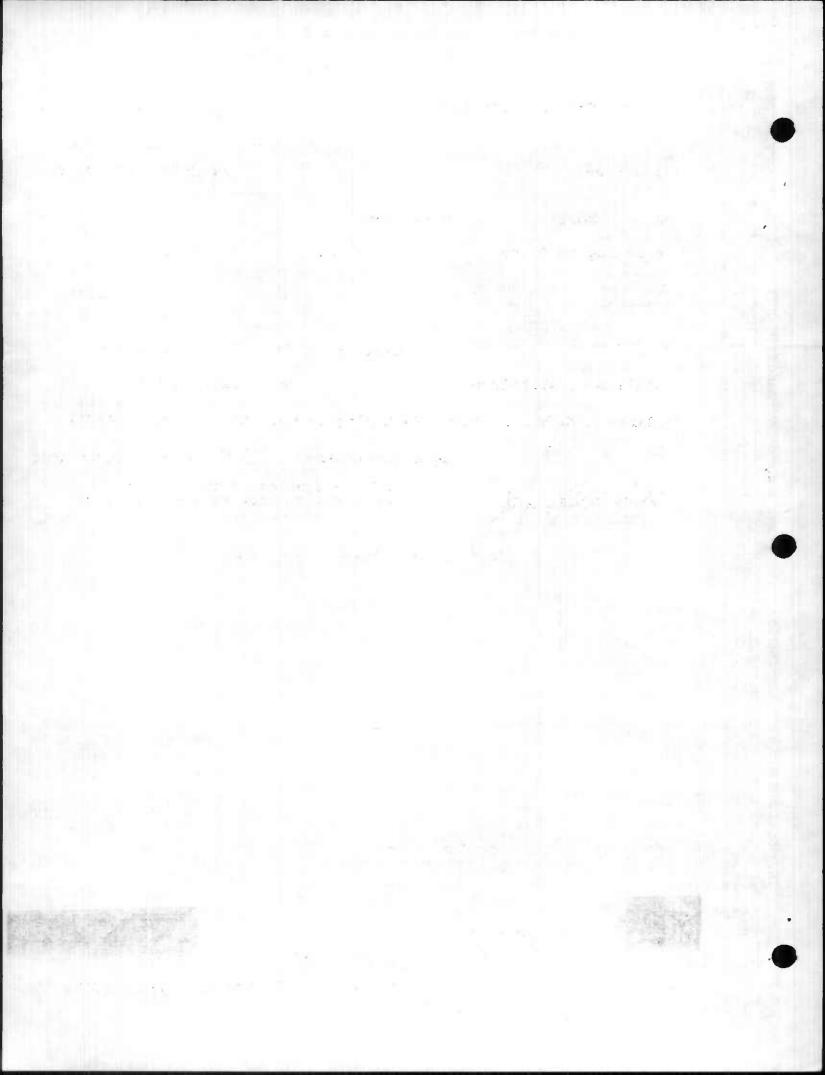
al Director: After this certificate ed in by the funeral director, pa Be 25. Was cese referred to medical 26. Placa of Daath (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 1 Yes 2 No 3 DOA 2 27. Mannar of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Division 5 Pending Investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours eff To the Funeral Di completely filled in 29a. Certifier 1) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only one) 29b. Signature and titla of certifiar 29c. License number 29d. Dafa signed (Month, Day, Year) ( execular 30. Name and eddress of person who completed ceuse of death (Item 23e) (Type, Print) 15 Franklin St. Cambridge, MD 21613 Tannan MD State

Registrar



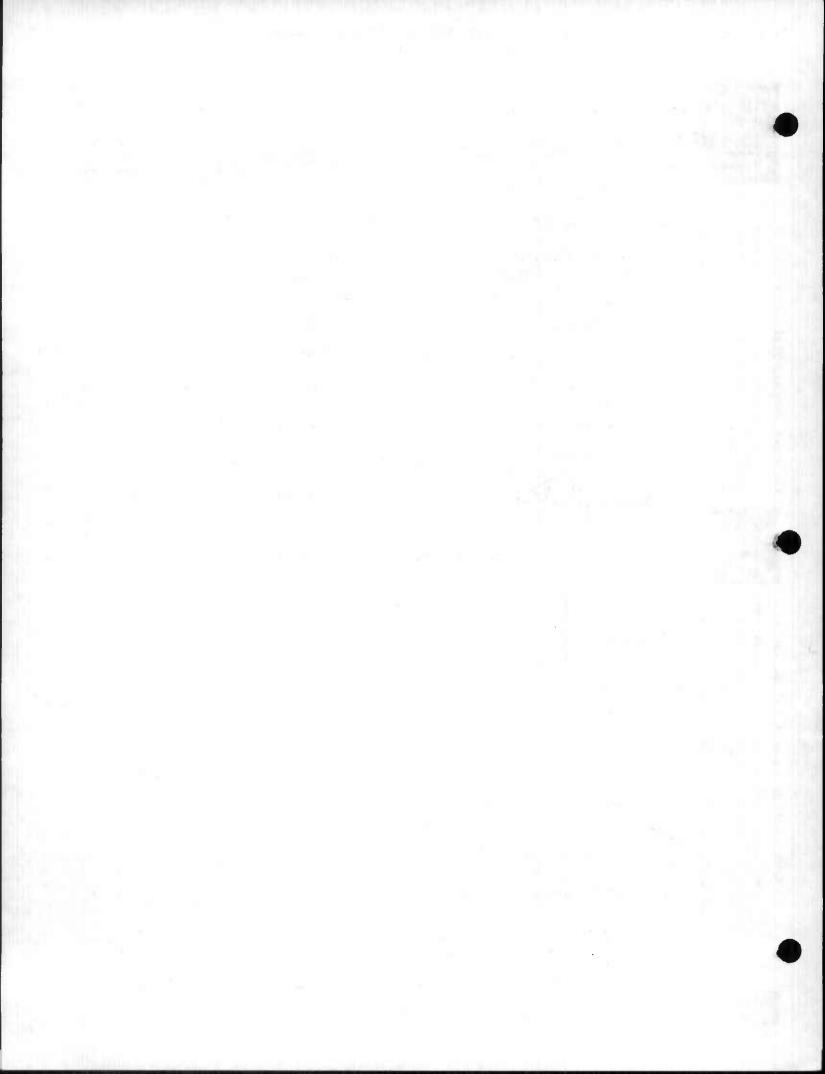
State of Maryland / Department of Health and Mental Hygiene

| NICHO                  | JLSON   |  |                                    | Certifica                                    | ate of L                                   | Death  | P  | leg. No.                                     | 203   | 365                    |
|------------------------|---|--|------------------------------------|--|--|--|--|--|---|------------------------|
| ysician                | Decedent's Nama (First, Middla, Le  |  |                                    |  |  |  | 2. Data of Dae<br>Month                    | th<br>Day                                    | Yaar 3. T                                   | ima of Death           |
| Medical                | James Patri   |  | Lson                               |  |  |  | JUNE 2                                     |  |   | 220AM                  |
| aminer                 | 4a Facility Nama (If not institution, gh  |  |                                    |  | 4  | b. City, Town, or L                                  | ocation of Death                           | 4c. County                                   | of Death                                    |                        |
|                        | ROUTE 27 AT ROUT  5. Social Sacurity Number 6.5   |  | (In yrs. last birt                 | holaul II Un                                 | der 1 Year                                 | ESTMINST<br>If Under 24 Hrs.                         | ER<br>8 Date of Birth                      | CARR   | OLL COUN                                    | State or Foreign       |
| neral contract         | 171-68-5567   |  |                                    | rs. Monti                                    |  | Hours Min.   | 8. Data of Birth<br>(Month, Day<br>June 19 | , 1976                                       | 9. Birthplace (S<br>Country)<br>New Je      | rsey                   |
| H                      | Usuel Rasidenca of Decedant  10a. State 10b. County   |  | 10c. City, Town                    | or Location                                  |  |  |  |  |   | side City Limits       |
| notified at<br>frector | PA York   |  | Shrev                              | vsbury                                       | 7  |  |  |  | 10  | Yes 2X No              |
| 2 0                    | 10e. Streef and Number 26 Lexington   | Drive  |                                    |  | Zip Coda<br>L 7 3 6 1                      |  |  | U.S.A  |   |                        |
| by Funeral             | 11. Maritel Stetus  1 X Navar Married 2 Married 3 Widowed 4 Divorced  | 12. Was Decedenf E<br>Armed Forcas?<br>1 ☐ Yas 2 ☒ N<br>If Yas, Giva<br>Year or Datas: |                                    |  | cedenf of Hi<br>pecify Cuba<br>2 No        | spenic Origin? (Sp<br>n, Maxican, Puarto<br>Specily: | pecify Yas or No-<br>Rican, etc.)          | 14. Rec<br>Bled<br>Specify                   | e - Amarican Ind<br>ok, Whife, atc.<br>Whit |                        |
| Completed              | 15. Dacedant's E<br>(Spacify only highast gr.   | ada complatad)   | 16e.                               | Decedant's U<br>(Giva kind of<br>lifa. DO NO | suai Occupa<br>work dona d<br>Tusa retired | ation<br>furing most of work<br>)                    | king                                       | 16b. Kind of Bu                              | usinass/industry                            |                        |
| E O                    | Elamantary/Secondary (0-12)   | Collega (1-4or 5   | +)                                 | Manag  | ger  |  | Restaura                                   |  |   |                        |
| To Be C                | 17. Father's Nama (First, Middle, Last William J. N   |  |                                    |  |  |  |  | irst, Middla, Maidan Surnama)<br>ice Kennedy |   |                        |
| ۲                      | 19a. Informant's Name/Ralationship  | (Type, Print)  | 19b.                               | Mailing Addr                                 | ass (Street a                              | and Numbar or Ru                                     | ral Routa Numbe                            | r, City or Town,                             | Stata, Zip Coda                             | )                      |
|                        | William J. Nic  | holson/Fa  | ther 26                            | Lexi   | ingto                                      | n Dr.,   | Shrews                                     | ewsbury,PA 17361                             |   |                        |
|                        | 20a. Method of Disposition  1 M Burial 2 Cramation 3 C  4 Donetion 5 Other (Special   |  | 20b. Placa of cemeter. Maple       |  |  | a) Ju  | ne 29,                                     |  | City or Town, Si<br>ads, New                |                        |
| DOCE                   | 21. Signature of Funaral Sarvice Lica   |  |                                    | 22. Name<br>J.J.                             | and Addras                                 |  | Mortu                                      | ary,In                                       | ic.   |                        |
|                        | 23a Part1 Enter the disease, or cou   | olications thin caused   | tha death. Do r                    |  |  |  |  |  | Appr  | oximata<br>vai Batween |
| edical Examiner        | Immediate Cause (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants resulting in death) Lest | b  | Dua to (or as a c                  | consequence                                  | of):<br>of):                               | Inju   | ils.                                       |  |   |                        |
| 95                     | rossning in daditi) Esst  | d  |                                    |  |  |  |  |  |   |                        |
| y Physician/A          | Part II. Other eignificant conditions   | contributing to death bu   | ut not rasulting In                | tha undarlyir                                | ng causa giv                               | an in Part I.  |  | obacco use co<br>ree 25 No                   | ntribute to the o                           | eauee of death?        |
| Completed by           |   |  |                                    |  |  |  | 24a. Was<br>perfo                          | an autopsy<br>med?                           | available                                   | on of causa            |
|                        |   |  |                                    |  |  |  | 185  | as 2□No                                      | 1 SYas                                      | 2□ No                  |
|                        | 25. Was casa rafarred to medical axaminar?  |  |                                    |  |  | 26. Place of Dea                                     | th (Check only o                           | na)  |   |                        |
| 2                      | 1∰ Yas 2□ No  | Hospital: 1   Inpatia  |                                    | tpatient 3                                   |  | 4 LI Nursing H                                       | oma 5 🗆 Rasio                              |  |   |                        |
| <u> </u>               | 27. Manner of Death 1 □ Natural 5 □ Pending 2 □ Accident Invastigation  |  | Year) II                           | ima of<br>njury<br>2 <i>20</i> M             | 28c. Injun<br>Worl                         | yat<br>k?<br>Yas 2.⊠No                               | 28d. Dascribe h                            | collis                                       | Dille                                       |                        |
|                        | 3 ☐ Suicida 6 ☐ Could not t<br>4 ☐ Homicida datarmined  | 28a. Place of inju-<br>building, ato   | ury - At homa, fa<br>: (Specify)   |  | tory, offica                               |  | 28f. Location (S<br>City or Tov            | Streat and Numb<br>vn, Stata)                | ber or Rural Rou                            | ta Number,             |
| edicai C               |   | nysician: To the best of miner: On the basis of and manner sta                         | of my knowledga<br>axamination and | daath occur                                  |  |  |  |  |   | causa(s)               |
| E S                    | 29b. Signetura end fitla of certifier   | e number   |                                    | 29d. Dete signe                              | d (Month, Day,                             | Year)  |  |  |   |                        |
|                        | •   | 94   |                                    |  | 0.   | C.M.E.   |  | JUNE 2                                       | 4, 1998                                     |                        |
|                        | 30. Nama and address of person who  | complated causa of de  |                                    |  | n Str                                      | eet, Bal   | timore,                                    | Marylan                                      | d 21201                                     |                        |



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|                                |   |                     |   | State of M   | ai yiai iu                          | Certifica                                 |                               |  |  | Reg. No.                              | 8                            | 20366  |
|--------------------------------|---|---------------------|---|--|-------------------------------------|---|-------------------------------|--|--|---------------------------------------|------------------------------|--|
|                                | Physici<br>/Medic   |                     | Decedent's Nama (First, Middle Grace Vera   | o, Last) O * BRIEN   |                                     |   |                               |  | 2. Data of De<br>Month<br>June 1         | Day                                   | Yaar                         | 3. Time of Death<br>9:30 AM  |
| ,                              | Examir  |                     | 4a. Facility Name (If not institution   | n, giva street and number)   |                                     |   |                               | 4b. City, Town, or                       | Location of Deat                         | -                                     |                              |  |
|                                |   |                     | Garrett County  | Memorial Ho  | spital                              |   |                               | 0aklar                                   |  |                                       | Garr                         | ett  |
|                                | Funeral<br>Director   |                     | 5. Social Sacurity Number 579–38–9024   | 6. Sax 7. Ag   | pa (In yrs. las<br>79               | Month                                     | dar 1 Yaar<br>ns Days         | If Under 24 Hrs<br>Hours Min             |  | th<br>by, Year)<br>19                 | 9. Birthpl<br>Count<br>Engla | aca (Stata or Foraign<br>lry)<br>and                                   |
|                                | show<br>det   | _                   | Usual Residence of Decedant  10a. Stata 10b. County   |  | 10c. City,                          | Town or Location                          |                               |  |  |                                       | 10                           | Dd. Inside City Limits   |
|                                | Ne M  | ecto                |   | rrett  |                                     |   | aklan                         | ıd                                       |  |                                       |                              |  |
|                                | No.   | 늅                   | 10e. Street and Number  |  | _                                   |   | Zip Coda                      |  |  | 10g. Citizan of W                     | /hat Count                   | try?   |
|                                | s 23  | eral                | Yough Glades V  | Vest, Apt. 1   |                                     |   | 21550                         |  | Specify Yas or No                        | Canada                                | a<br>- Amarica               | an Indian  |
| Baltimore, Maryland 21215-0020 | permit. Pagas 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Martial Hyglena. Important: if Item 27 is marked other than "naturel", or items 23a or 28a-f show says injury or other traumatic event, in Macissal Examinat must be notified at ance. | by Funeral Director | 1 Navar Married 2 Marr<br>3 Widowed 4 Divorced  | Armed Forces/  | No                                  | If Yas, s                                 | pecify Cub                    | an, Maxican, Pua                         | rto Rican, atc.)                         | Biacl<br>Specify:                     | k, Whita, a                  | itc.   |
| 2-0                            | 72 ho   | Completed           | 15. Decedan<br>(Specify only highes   | t's Education  |                                     | 16a. Decedant's U                         | sual Occup                    | pation                                   | adina                                    | 16b. Kind of Bu                       |                              |  |
| 21                             | ithin 7   | npie                | Elamantary/Secondary (0-12)   | Collaga (1-4or   | 5+)                                 |   |                               | during most of wo                        |  |                                       |                              |  |
| 12                             | ygier<br>yr, th   |                     |   | 1+   |                                     | Secretar                                  | y/Tea                         |  |  |                                       |                              | em. School   |
| anc                            | tail H  | Be                  | 17. Fethar's Nema (First, Middle,   |  |                                     |   |                               |  | me (First, Middle                        |                                       |                              |  |
| 2                              | hould<br>d Ma<br>mark<br>matic  | 2                   | Carl Winlow  19a. Informant's Name/Relations  | 00   |                                     | 19b. Meiling Addr                         | nee (Ctroni                   | Lilian                                   |  | entine                                |                              | .lton  |
| Z<br>Z                         | ith an  |                     | Brian C. O"Brie   |  |                                     | 157 Fawn                                  |                               |  |  |                                       | 1112                         | C000)  |
| ē,                             | f Hea<br>tem 2  |                     | 20a. Method of Disposition  |  | 20b. Pla                            | ca of Disposition (/                      |                               |  | Data                                     | 20c. Location -                       |                              | wn, Stata  |
| E C                            | Paga<br>ent o<br>nt: If i   |                     | 1 Buriai 2 ☐ Cramation<br>4 ☐ Donation 5 ☐ Other (S)  |  |                                     | Land Ceme                                 |                               | ce)                                      | 6/14/08                                  | Oakland                               | d Ma                         | wwlend   |
| alti                           | mit.  |                     | 21. Signature of Funeral Service  |  | Uaki                                |   |                               | ss of Facility                           |  | Funeral                               |                              |  |
| Ö                              | Depa<br>impol<br>any ir   |                     | 1 Q. Oo. A  | 0000   |                                     |   | 32 S.                         | Second                                   | St., Oal                                 |                                       |                              |  |
|                                | Physician   |                     | 23a. Part1. Enter the disease, or shock, or haert failure. List   | complications that causad<br>only one cause on each li                 | d the death.<br>ne.                 | Do not antar tha m                        | noda of dyi                   | ng, such as cardia                       | ac or raspiratory a                      | rrast,                                |                              | Approximata<br>Intarval Between<br>Onsat and Death                     |
| 7                              | /Medical  |                     | Immediata Cause (Final disease or condition   | Acut   | e Myoc                              | ardial I                                  | nfarc                         | tion                                     |  |                                       | Т                            | mmediate   |
|                                | Examiner  |                     | rasulting in death)   | a  |                                     | is a consequence                          |                               | 22011                                    |  |                                       | -                            | mmediate   |
|                                | sit sit   | Examiner            |   | b. ASHD  |                                     |   |                               |  |  |                                       | 1                            | Years  |
|                                | ficata be axecuted<br>g physician and<br>as tha burial-transit  | хап                 | Sequentially list conditions, if eny, leading to immediate  |  | Dua to (or a                        | is a consaquanca o                        | of):                          |  |  |                                       | -                            |  |
| 68760,                         | be a<br>sician<br>buris   | ië<br>H             | Sequantially list conditions, if eny, leading to immadiete causa. Entar Underlying Causa (Disease or Injury thet Initiated events | c  |                                     |   |                               |  |  |                                       | İ                            |  |
| 687                            | ificata<br>g phy<br>as the  | edicai              | rasulting In death) Lest  |  | Dua to (or a                        | s a consaquanca o                         | of):                          |  |  |                                       | !                            |  |
|                                | nding<br>usa a  |                     |   | d  |                                     |   |                               |  |  |                                       |                              |  |
|                                | death cer<br>a attandin<br>ed for usa   | sicia               | Part II. Other significant condition  | ens contributing to death b  | ut not rasulti                      | ing In the underlyin                      | o causa oh                    | van In Part I.                           | 23b. Dld                                 | tobacco use con                       | tribute to                   | the cause of death?  |
| s, P.O.                        | ires that the death cert<br>signed by the attendin<br>d be detached for use   | by Physician/M      | COPD  | · · · · · · · · · · · · · · · · · · ·                                  |                                     |   |                               |  | 10                                       | Yes 2□No                              | 3 □ Prob                     | ably 48 Unknown  |
| of Vital Records,              | s been<br>2 shoul   | Completed           |   |  |                                     |   | _                             |  |  | an autopsy<br>ormed?                  | ava                          | re autopsy findings<br>illabla prior to<br>nplation of causa<br>daath? |
| <u> </u>                       | Tha<br>ata h<br>page  | Som                 |   |  |                                     |   |                               |  | 10                                       | Yas 2⊞No                              | 1□                           | Yas 2□ No  |
| <u> </u>                       | ysicien: The sacrificata director, par  | Be (                | 25. Was case referred to medical exeminer?  |  |                                     |   |                               | 26. Pleca of De                          | aath (Check only                         | ona)                                  |                              |  |
| of                             | hys<br>his  | 10                  | 1 Yes 2 No  | Hospital:  |                                     |   | DOA                           |  | Homa 5 Resi                              |                                       |                              | )  |
|                                | il or Attending Ph<br>s attar daath.<br>I Director: Aftar th<br>d in by tha funaral   | Certification:      | 27. Menner of Death  1 Neturel 5 Pandin 2 Accidant Invastig 3 Suicida 6 Could   | pation   |                                     | 8b. Tima of<br>Injury<br>M                | 28c. Inju<br>Wo<br>1 🗆        | ryat<br>rk?<br> Yas 2 □ No               | 28d. Describe                            | how injury occurre                    | ed                           |  |
| Divi                           | ttal or Att<br>urs attar d<br>ral Direct<br>lled in by  |                     | 3 Suicida 6 Could i<br>4 Homicida determ  | ined 288. Placa of in  | ury - At hom<br>c. <i>(Spacify)</i> | e, farm, straat, fac                      | tory, office                  |  | 28f. Location (<br>City or To            | Street and Numbe<br>wn, Stata)        | er or Rurai                  | Routa Number,  |
|                                | To the Hospital or within 24 hours afte To the Funeral Dir complataly filled in   | edicai              | 29e. Certifiar (Check only one) Cartifyin   | g Phyaician: To the best<br>Exeminer: On the basis of<br>and manner st | f axamination                       | edge, daath occurr<br>n and/or investiget | ad at tha tii<br>ion, In my c | ma, data and place<br>opinion, daath occ | a, and dua to tha<br>curred at tha tima, | causa(s) and mai<br>data and place, a | nnar as sta<br>and dua to    | ated.<br>tha causa(s)  |
|                                | within 2<br>To the<br>comple  | Me                  | 29b. Signature and title of curtile   | (i)  | 30 3200                             |   | 29c Licans                    | sa number                                |  | 29d. Data signa                       | (Month, L                    | Day, Yaer)   |
|                                |   |                     | · -11/  | - V  | WD                                  |   | O                             | 12 33                                    | 3  | 61                                    | 111                          | 98   |
|                                |   | ,                   | 30. Nama and eddress of person  | who completed causa of c   | laafh (Itam 2                       | 3a) (Type, Print)                         |                               |  |  | -                                     | 11/                          |  |
|                                |   | 6                   | Dr. Thomas Jo   | hnson, MD 3  | 311 N.                              | Fourth :                                  | St.,                          | Oakland,                                 | Marylan                                  | d 21550                               | )                            |  |
|                                | Sta<br>Registr  |                     | 31. Data filed (Month, Day, Year)   |  | er's Signatu                        | a Park                                    |                               |  |  |                                       |                              |  |



State of Maryland / Department of Health and Mental Hygiene 98 20367

|   |                     |   |                          |  |  | Ce   | rtificate o   | f Death                                     |   | Reg. No.                     | 0   | -0001   |
|---|---------------------|---|--------------------------|--|--|--|---|---|---|------------------------------|---|---|
| Discussion!   |                     | 1. Decedent's Name (First, Mid  |                          |  |  |  |   |   | 2. Date of De                           | eath                         | Maria   | 3. Time of Careth   |
| Physici<br>/Medic   |                     | ABRAHAM J   | DSEPH                    | PA   | RYS  |  |   |   | JUNE 1                                  | 2, 1998                      | Year  | 1:33 AM   |
| Examin  |                     | 4e. Facility Name (If not institut  | ion, give str            | reet and number                                      | )  |  |   | 4b. City, Town, or                          | Location of Deet                        | h 4c. Count                  | y of Death  |   |
|   |                     | GARRETT COU   | NTY M                    | EMORIAL  | HOS  | PITAL  |   | OAKLAN                                      | D                                       | GARRE                        | TT  |   |
| Funeral<br>Director   |                     | 5. Social Security Number 216-05-6062   | 6. Sex                   | 7. A   | ge (In yr.<br>82   | s. last birthday)<br>Yrs.  | Months Dey  |   | . (Month, Da                            | th<br>ay, Year)<br>6, 1916   | Year) 9. Birthplace (State or Fi<br>Country) OHIO |   |
| >   |                     | Usual Residence of Decedent  10e, State 10b, Coun   | h                        |  | 10- 0  | . T  |   |   |   |                              |   |   |
| short at  | 2                   | MD GARI   | -                        |  |  | City, Town or Lo   | ocation   |   |   |                              |   | 10d. Inside City Lim  |
| 28a-f   | ectc                |   | VE I I                   |  |  | DAKLAND  |   |   |   |                              |   | 1 ☐ Yes 2701  |
| De o  | 눕                   | 10e. Street and Number  |                          |  |  |  | 10f. Zip Code                                       | •   |   | 10g. Citizen of What Co      |   |   |
| 8 234   | ara<br>ara          | 6063 GEOI   |                          |  |  |  |   | 1550  |   | USA                          |   |   |
| Hygiene.<br>ther than "natural", or items 23a or 28a-f show<br>bnt, the Medical Examiner must be notified at      | by Funeral Director | 11. Maritel Status  1 Never Married 2 Marie Married 2 Married 2 Divorce   | arried                   | Armed Forces  1 Yes 2 2  If Yes, Give Year or Dates: | 3  |  | was Decedent of<br>If Yes, specify Ci<br>1☐ Yes 2☑N |   | an, Mexicen, Puerto Rican, etc.)        |                              |   | can Indien,<br>, etc.   |
| a star  | P. C.               | 15. Deced   | ent's Educei             | tion   |  | 16a. Dece  | dent's Usual Occ                                    | cupation                                    |   | 16b. Kind of B               | Jusiness/Ir                                       | ndustry   |
| Med   | Completed           | (Specify only high<br>Elementary/Secondary (0-12  | -                        | com <i>pleted)</i> College (1-4or                    | 54)  | (Give  | kind of work dor<br>DO NOT use reti                 | ne during most of wo<br>ired)               | orking                                  |                              |   | DEPT.   |
| Hygiene.<br>ther than   | mo.                 | 12  |                          | College (1-401                                       | 34)  | CHIE   | F OF POL  | ICE   |   | CHEVERI                      | Y, M  | D POLICE  |
| vent  | Be                  | 17. Father's Neme (First, Middle  | e, Last)                 |  |  |  |   | 18. Mother's Na                             | me (First, Middle                       | Maiden Suma                  | ne)   |   |
| rked<br>ric e   | To                  | (UNK.)  |                          |  |  |  |   | (UNK.)                                      |   |                              |   |   |
| it of Health end Mental Hygiene. If Itam 27 Ia marked other than "natur<br>or other traumatic event, the Med call |                     | 19e. Informant's Name/Relation DORIS M.   |                          |  | treet and Number or Rural Route Number, City or Town, State, Zip Code<br>WASHINGTON HWY, OAKLAND, MD 215 |  |   | 21550                                       |   |                              |   |   |
| Department of Health<br>important: If Itam 27<br>any Injury or other tr<br>ance.                                  |                     | DORIS M. PARYS/WIFE 6063 GEORGE WASHINGTON HWY, OAKLAND, MD  20a. Method of Disposition  20b. Place of Disposition (Name of cemetery, crematory or other place)  20c. Location - City of Cemetery and Communications (Name of Cemetery, crematory or other place) |                          |  |  |  |   |   |   |                              | - City or T                                       | own, State  |
| nent of h   |                     | 4 Donetion 5 Other (Specify)  OMEGA CREMATORY  JUNE 13, 1998 MORGANTOW  |                          |  |  |  |   |   |   |                              | ואוגטדו   | 1.777   |
| Department of Important: If any Injury or once.   |                     | 21. Signature June 1 Service  |                          |  | 011  |  | 2. Name and Ado                                     |   |   |                              |   | , w v   |
| Impor<br>any ir   |                     | No. No  | 110                      | t  | MO   | 0167   | ות דפקוות   | UNERAL HON                                  |   | BOX 2                        |   | 50  |
| nysician<br>Medical<br>kaminer  | 70                  | shock, or heef failure. Li<br>Immediate Ceuse (Finel<br>disease or condition<br>resulting in death)   |                          |  | scle   | erotic   |   | ovascula                                    | ar dise                                 | ase                          |   | Approximate Interval Between Onset end Deeth Days                         |
| nsit  | 듣                   |   | b. 3                     | angina   |  |  |   |   |   |                              | 16  | days  |
| physician end<br>s the burlel-transit   | Examiner            | Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events   |                          | or es a consec                                       | juence of):  |  |   |   |   |                              |   |   |
|   |                     | Ceuse (Disease or Injury  | c. <u>1</u>              | nypert   | ensi   | lon  |   |   |   |                              | 7   | rs  |
| CD 65   | Medical             | that initiated events  Due to (or as e consequence of):   |                          |  |  |  |   |   |   |                              |   |   |
| attendin  | lan                 |   | d                        |  |  |  |   |   |   |                              |   |   |
| ed by the<br>detached   | y Physician         | Pert II, Other significant condit   | ions contrib             | outing to death b                                    | out not re   | sulting In the u   | nderlying ceuse                                     | given In Part I.                            |   |                              |   | o the cause of deat   |
| 8 5 8   | Completed by        |   |                          |  |  |  |   |   | 24e. Wes                                | an autopsy<br>ormed?         | 81  | ere autopsy findings<br>reliable prior to<br>empletion of cause<br>death? |
| ate he  | 0                   |   |                          |  |  |  |   |   | 10                                      | Yes ▼□ No                    | 11  | □Yes 2□No   |
| ĕŏ  | Be                  | 25. Was cese referred to medic  | el                       |  |  |  |   | 26. Plece of De                             | ath (Check only o                       |                              |   |   |
| 0 0   | 2                   | examiner?<br>1 ☐ Yes <b>②</b> No  | Hos                      | pitai:   | ent 20   | ER/Outpatien   | t 3 DOA   | Wher:                                       | fome 5 ☐ Resid                          |                              | ner (Specia                                       | (v)   |
|   |                     | 2 - 7100,00111  | ing<br>tigation          | 28a. Dete of Inju<br>(Month, De                      | iry<br>sy Year)  | 28b. Time of<br>Injury   | W   | luryat<br>ork?<br>□ Yes 2 □ No              | 28d. Describe                           | how Injury occur             | red   |   |
| s efter deat<br>Il Director:<br>ed in by the  | Certification:      | 3 Suicide 6 Could<br>4 Homicide deter   | not be<br>mined          | 28e. Place of Inj<br>building, et                    |  |  | eet, factory, office                                | е   | 28f. Location (<br>City or Tox          |                              | ber or Run  | al Route Number,  |
| hou<br>ly fill  | edical              | 29e, Certifier (Check only one)  1 Certify 2 Medica   | ng Physici<br>I Examiner | : On the besis of                                    | i examini  | owledge, death<br>ation and/or inv   | occurred at the<br>restigetion, in my               | time, date and place<br>opinion, deeth occu | a, and due to the<br>urred at the time, | ceuse(s) and made end place, | anner es s<br>and due t                           | stated.<br>the ceuse(s)   |
|   |                     | (Check only one)  2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and due to and menner stated.  29b. Signature and title of certifier.  29c. License number  29d. Date signed (Month, I    |                          |  |  |  |   |   |   |                              |   |   |
| within<br>To th<br>comp   | 2                   | 200. Signature and clie or centili  | 1/10/                    | 1/   | 1-0  |  | 29C. Lice   | nse number                                  | I I                                     | 230. Date signe              | a (Month,   | Day, Year)  |
| within 24 To the Fi   | 2                   | Dave  | ld &                     | Lit  |  | THE STATE OF THE S | D30   |   |   |                              | 12-9  |   |

1533 Memorial Drive, Oakland, MD 21550

**DHMH 16 Rev 6/95** 

State

Registrar

Donald R. Richter, M.D.

JUN 1 5 199

31. Date filed (Month, Day, Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Rideon **Physician** Larue Cleophas 0927 1998 June 22 /Medical 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner WICOMICO PENINSULA REGIONAL MEDICAL CENTER SALISBURY Birthplace (State or Foreign Country) If Under 24 Hrs. Hours Min. If Under 1 Year 8. Dete of Birth (Month, Dey, Yeer) 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** Months Days 102M 20 F 214-78-8806 Director Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits items 23s or 28s-f short over must be notified at Wic Salisbury 1 Yes 2 No Directo 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 12. Was Decedent Ever in U.S. Armed Forces? 21802 Center P.O. BOX Funeral 14. Race - American Indien, Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Meritei Status ortant: if item 27 is marked other than "natural", or item injury or other traumetic event, tre Medical Examener Black, White, etc. 1 Nevar Married 2 Married Specify: Black 1 Yes 2 No Specify: py 3 Widowed 4 Divorced 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Employed

18. Mother's Nama (First, Middla, Maidan Surname) Never 17. Father's Name (First, Middle, Last) Rideout Hubert Ruth thomas 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) (Mother) POBOX 2358 Salisberry mn 21802 20b. Place of Disposition (Neme of 20e. Methed of Disposition 20c. Location - City or Town, State cemetery, crametory or other piece) 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 6/25/98 4 ☐ Donetion 5 ☐ Other (Specify) GROVE CEMETERY
22. Name and Address of Facility Rhodesdale, Maryland Reids 21. Signeture of Funeral Service Licensee Henry Funeral 2/6/3 23a. Part VEnter tha disease, or complications that caused the death. Do not enter the mode of dying, each as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each lina. anelle Approximate Interval Between Onset and Death **Physician** /Medical <30 min Immediate Cause (Final disease or condition resulting in death) Examiner Examiner physician end s the burief-transit Sequantially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Physician/Medical Due to (or as a consequence of) usa as Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to 24a. Was an autopsy Completed completion of cause of death? 1□ Yes 2 No 1 Yes 2 No Hospital or Attending Physician: 25. Was cese referred to medical axaminar?
1 ☑ Yes 2 ☐ No Be 26. Placa of Daath (Check only one) Other: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 1 ☐ Inpatiant 2 ☑ ER/Outpatient 3 ☐ DOA After this 28c. Injury at Work? Certification: 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 1 Naturat 5 Pending Investigation after death. 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29d. Date signed (Month, Dey, Year) 29c. License number 29b. Signature end title of certifier

6

, md. 21802

2038

Salisbury

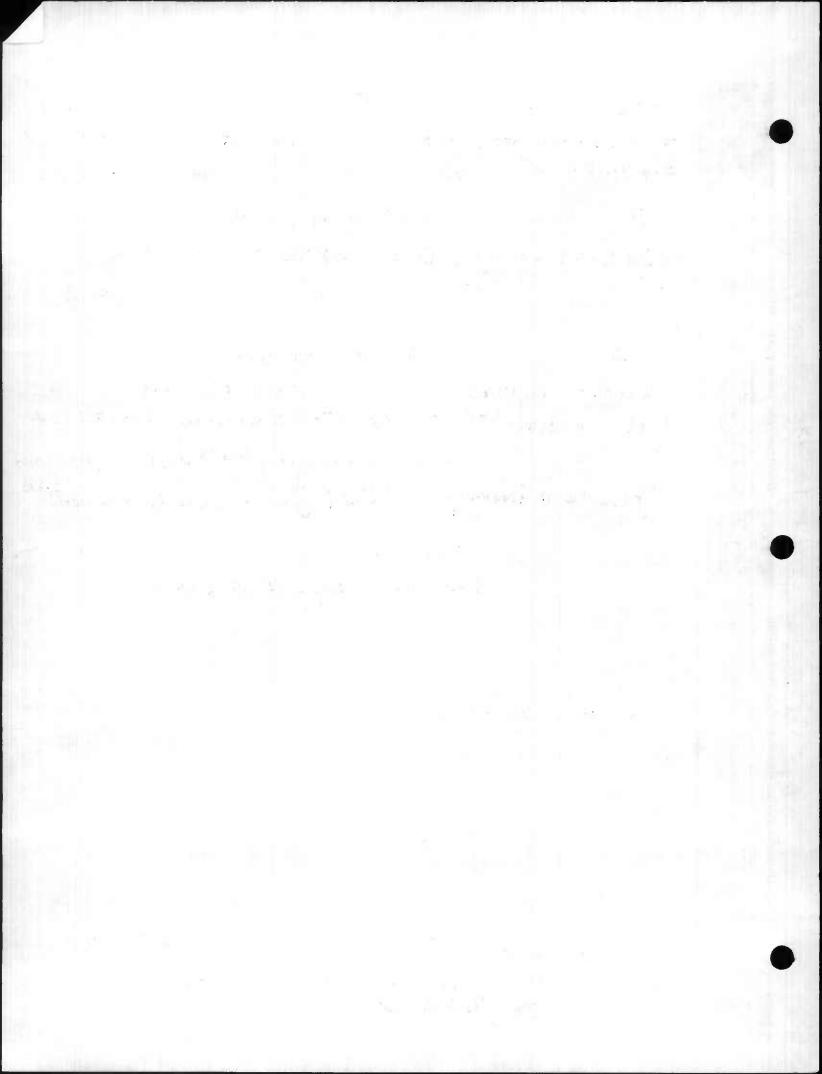
State Registrar GLORIA

30. Name and addrass of person who completed cause of death (Itam 23a) (Type, Print)

Strar's Rignardre

MD

J

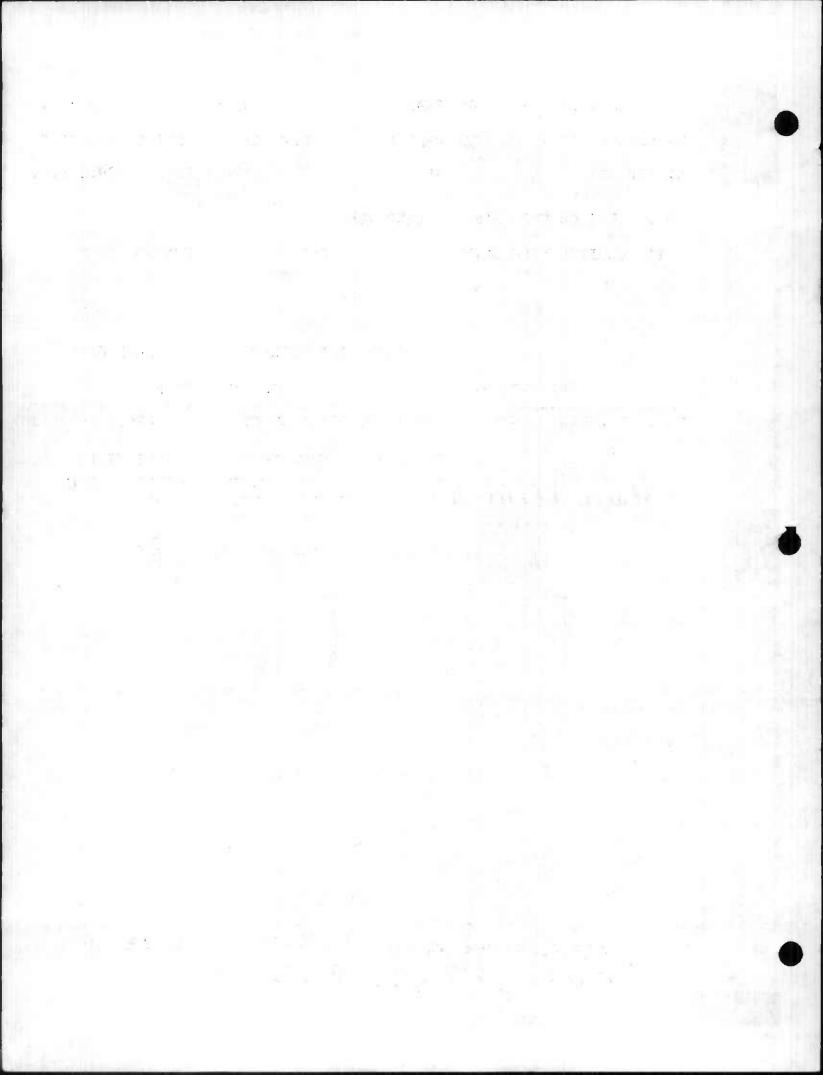


|  |                |  | State of Marylan   | d / Department of<br>Certificate of                              |   | tal Hygiene                             | 98  | 20369                                    |  |
|--|----------------|--|--|--|---|---|---|--|--|
| Dharais  |                | 1. Decedent's Neme (First, Middla, Last)   |  |  |   | Dete of Deeth                           | Vana  | 3. Time of Death                         |  |
| Physic<br>/Medi  |                | SANDRA   | J. SULLI   | VAN  | Jl  | Month Dey<br>JNE 23                     | 1998  | 2:40pm                                   |  |
| Exami  |                | 4a. Facility Neme (If not institution, giva  |  |  | 4b. City, Town, or Location   |   |   |  |  |
|  |                | PRINCE GEORGE'S  |  | CENTER   | CHEVERLY   PRINCE GEORGE'S  |   |   |  |  |
| Funeral<br>Director  |                | 5. Social Security Number 6. Second 5 7 9 - 5 8 - 9 2 6 2  Usual Residence of Decedent | THE OFF  | dest birthday)  Yrs.  If Under 1 Ya Months  Det                  |   | Month, Pey, Year)<br>R 4, 194           | 9. Birth  | pleca (State or Foreign                  |  |
| yland  |                | 10e. Stete 10b. County   | 10c. City  | , Town or Location   | 10  |   |   | 10d. Inside City Limits                  |  |
| a Ma   | cto            | MD. PRINCE G   | EORGE'S  | LANDOVER   |   |   |   | 1) Yas 2 No                              |  |
| death with the Maryland  | ral Director   | 10e. Street end Number<br>1117 CAPITOL V   | TIEW DRIVE   | 10f. Zip Code  | 20785   | 10g. Citiz<br>UNI                       | ntry?<br>ATES                                       |  |  |
| ar da  | Funeral        |  | 12. Was Decedent Ever In U.<br>Armed Forces?                                     | <ol> <li>S. 13. Wes Dacedent of<br/>If Yes, specify C</li> </ol> | of Hispenic Origin? (Specify uban, Mexican, Puarto Rica             | Yes or No- 1<br>n, atc.)                | <ol> <li>Race - Amaric<br/>Bleck, White,</li> </ol> |  |  |
| rs after<br>I', or ite   | by F           | 1 Never Merried 2 Married 3 Widowed 4 Divorced   | 1 ☐ Yes 2∕2√No<br>If Yes, Give<br>Yaar or Detes:                                 | 1 □ Yas 202(N  | lo Specify:   |   | Specify: D  | IACV                                     |  |
| 72 hours<br>natural',  |                | 15. Decedent's Educ  |  | 18e. Decadent's Usuel Occ  | cupetion  | 16h Kin                                 | d of Business/In                                    | LACK                                     |  |
| 5 6 9  | Completed      | (Specify only highest greds Elementery/Secondary (0-12)                                |  | (Give kind of work do  | na during most of working   | 100.11                                  | 0 01 00011000111                                    | destry                                   |  |
| d with   | mo:            | 12   | College (1-40/ 5+)   | HEALTH CA  | RE WORKER   | Н                                       | EALTH   | CARE                                     |  |
| be filed within ital Hygiane. d other than event, the Me   | Be (           | 17. Fether's Neme (First, Middle, Last)  |  |  | 18. Mother's Name (Fil  | st, Middle, Maiden S                    | Sumema)   |  |  |
|  | 2              | FRAN   | KLIN MYERS   |  |   | TA SILV                                 |   |  |  |
| and and  |                | 19e. Informent's Neme/Reletionship (Ty)  |  |  | eet end Number or Rural Ro  |   |   | 11 1 0 /                                 |  |
| CENL   |                | TONY SULLIVAN  20e. Method of Disposition  | SON  | ace of Disposition (Neme of                                      |   |   | WASH.,  |  |  |
|  |                | 1 ☐ Burial 2 Cremetion 3 ☐ R   | emovel from State  | ametery, cremetory or other p                                    | plece)  |   | ation - City or To                                  |  |  |
| E 40 3   |                | 4 Donetion 5 Other (Specify)  21. Signetual of Funeral Service Uconse                  |  | ESAPEAKE CR. 22. Name and Add                                    | EMATORY 6 - 29  |   | ELTSVI  |  |  |
| permit. Depart Import any inj  |                | · War V  | lima - 40  | 000  | CAP   | TOL MOR                                 | ,   |  |  |
| _  |                | 23a. Parft. Enter the disease, or complice shock, or heart failure. List only on       | cations that caused the death  | 1425 MA  | RYLAND AVE  | , NE W                                  | ASH.,   | DC 20002<br>Approximeta                  |  |
| Physician  |                | shock, or heart failure. List only on  | e cause on each line.  |  | ,,,,,   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   | Intervel Between<br>Onset end Deeth      |  |
| /Medical   |                | Immediate Cause (Finel disaasa or condition  | Intrac   | erebral  | Hemorrh   | . (1                                    | i   |  |  |
| Examiner   |                | resulting In deeth)  | Dua to (or   | as a consequenca of):  | 4   | T                                       |   |  |  |
| P %  | iner           |  |  |  |   | 0                                       |   |  |  |
| be axecuted<br>ician and<br>bunal-transit  | Examiner       | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying     | Due to (or   | es e consequence of):  |   |   |   |  |  |
| be an ician buria  | E E            | cause. Enter Underlying<br>Ceuse (Diseese or Injury                                    |  |  |   |   |   |  |  |
| death certificata<br>attanding physical<br>d for usa as the  | edic           | resulting In deeth) Lest   | Due to (or   | es e consequence of):  |   |   |   |  |  |
| certif<br>nding<br>usa a   | Š              | d  |  |  |   |   |   |  |  |
| death certificata<br>a attanding phys<br>ed for usa as the   | Physician/M    | Pert II. Other significant conditions conf   | tributing to death but not recu  | Iting in the underlying cause                                    | given in Part I   | 22h Did tohacco u                       | as contribute to                                    | the cause of death?                      |  |
| t tha  | hys            | Denvalor   | 744  | in the underlying cause  | given in Felt i.  | 1 Yes 2                                 |   | . /                                      |  |
| gned<br>be da  | by F           | 1000   | 1-41 1000  |  |   |   |   | 7  |  |
| The law requires that the de<br>ate has been signed by the<br>page 2 should be deteched  |                | Hyperter   | -5.00  |  |   | 24e. Wes an eutops performed?           | VB  | ere autopsy findings<br>allabla prior to |  |
| as be  | Completed      | Ab a S   | 1.4.6.6.   | 00   | 0   |   | , co  | mpletion of causa<br>daeth?              |  |
| The law<br>ate has<br>page 2   | Con            | Chronic  | bstructive   | Pulmonas y   | d. Blash  | 1□ Yes 2                                | LNo 1   | JYas 2□No                                |  |
| carlificata<br>rector, pag   | Be             | 25. Wes case referred to medical   |  |  | 26. Plece of Deeth (Ch  | eck only one)                           |   |  |  |
| hysic<br>his ca  | 2              | 1 ☐ Yas 2 No   |  | Invoutpatient 3LI DOA  | Other: 4 Nursing Home   | 5 ☐ Residence 6                         | ☐Other (Specif                                      | y)                                       |  |
| Ing P  | Certification: | 27. Menner of Deeth  1 Naturel 5 Pending   | 28a. Dete of Injury<br>(Month, Dey Year)   |  | /ork?   | Describe how injury                     | occurred  |  |  |
| death<br>death<br>stor:  | Icat           | 2 Accident investigation 3 Sulcide 6 Could not be                                      | 28a Place of Injury At hos   |  | Yes 2 No  | ocation (Street and                     | Number or Burn                                      |  |  |
| 4 - 3 6  | E              | 4 ☐ HomicIde determined  | building, etc. (Specify)   | me, ferm, street, fectory, offic                                 |   | City or Town, Stete)                    | Number of Hurs                                      | I Bouto Alumbas                          |  |
| afta<br>Dire   | 0              |  |  |  |   |   |   |  |  |
| Hospital or<br>24 hours afta<br>Funerel Dire<br>taly filled in I   |                | (Check only 2 Medical Examin   | er: On the basis of examineting  | riedge, deeth occurred et the on end/or investigation, in my     | time, dete end pleca, end o<br>opinion, deeth occurred et           | the time, dete end t                    | end menner es s<br>plece, and due to                | al Route Number, tated. the cause(s)     |  |
| thin 24 hours after<br>the Funerel Dire<br>to the Funerel Dire   | Medical Ce     | (Check only 2 Medical Examin   | ician: To the best of my know<br>er: On the basis of examinetiand menner steted. | on end/or Investigation, In my                                   | y opinion, deeth occurred et  | the time, dete end p                    | plece, and due to                                   | tated.<br>o the cause(s)                 |  |
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State Registrar

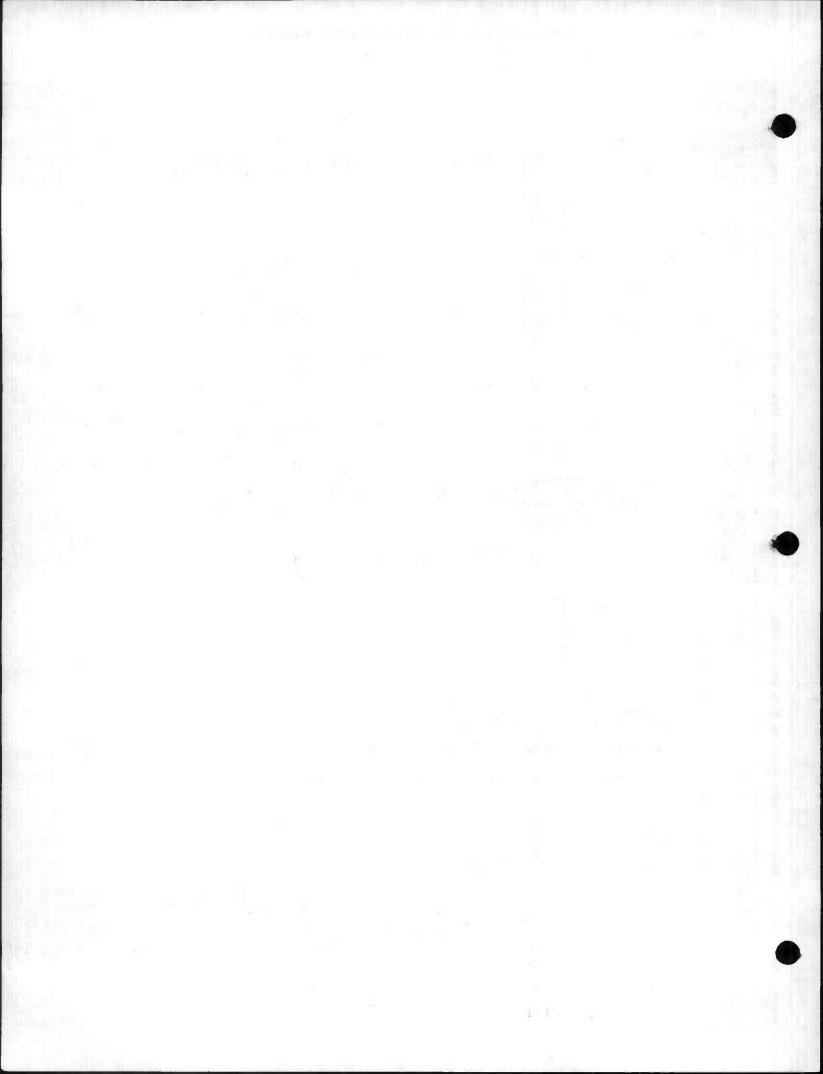
Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,



| Physician Middid  Examiner  46. February  111 Sumpyside Road  Funeral  Oliverot  123 - 76 - 32 77  Usual Residence of Desembly Number  23 - 76 - 32 77  Usual Residence of Desembly  MD Garrett  105. Stocks Security Number  23 - 76 - 32 77  Usual Residence of Desembly  MD Garrett  105. Stocks Security Number  105. Stocks Security Numbe |                            |      |  |                                |  | epartment of<br>Certificate o                    |   | , ,   | eg. No.                          | 8 2                        | 0370  |
|--|----------------------------|------|--|--------------------------------|--|--|---|---|----------------------------------|----------------------------|---|
| Examiner    As Celly Name of Facelity Na |                            | 1    | The contract of the contract o |                                | JBAUGH                                 |  |   | Month   | Dey                              | Yeer                       | 3. Time of Deeth  10:10 PM  |
| Scales Securely Xwamber 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                            |      |  |                                | 7                                      |  |   | Location of Deeth                             |                                  |                            |   |
| 10. State   10. Courty   10. City, Town or Location   10. City, Town or Location   10. City   10.   | 2002200                    |      | 6. Sociel Security Number 6. S   | ex 7. A                        |  | Months Day                                       | ar If Under 24 Hrs                        | 8. Date of Birth<br>(Month, Dey               | Year)                            | 9. Birthpl<br>Coun         | :<br>lace (Stete or Foreig<br>try)<br>: Virginia                        |
| Trick Driver   Truc   | M to                       | -    |  |                                | 10c. City, Town                        | or Location                                      |   |   |                                  | 10                         | 0d. Inside City Limit   |
| Truck Driver   Truc   | to to                      | 5    | MD Garret  | t                              |  | 0akla  | nd  |   | 1 ☐ Yes                          |                            |   |
| Truck Driver   Truc   | or 28                      |      | 10e. Street and Number   |                                |  | 10f. Zip Code                                    | )   | 1   | 0g. Citizen of                   | Whet Coun                  | try?  |
| The parties of the    | rail                       | 3    |  |                                |  |  |   |   |                                  |                            |   |
| 1 Mayorial 2   Orenation 3   Demonvel from Stete   Church Cemetery   5/28/98   Oakland, Marylai   Church Stewart Futueral Home   32 S. Second St Oakland, MD 21550   Second St Second St Oakland, MD 21550   Second St Oakland, MD 21550   Second St Oakland, MD 21550   Second St Oakland, MD 21550   Second St Oakland, MD 21550   Oreset of stock or here their flexible. Util only one cause of second st Oakland, MD 21550   Oreset of stock or here their flexible. Util only one cause on second st Oakland, MD 21550   Oreset of stock or here their flexible. Util only one cause on second st Oakland, MD 21550   Oreset of stock or here their flexible. Util only one cause on second st Oakland, MD 21550   Oreset of stock or here their flexible. Util only one cause of second st Oakland, MD 21550   Oreset of stock or here their flexible. Util only one cause on second st Oakland, MD 21550   Oreset of stock or here their flexible. Util only one cause on second st Oakland, MD 21550   Oreset of stock or here the stock of stock or here of st   | Examiner Examiner Dy Fune  | 2    | 1 Never Married 2 Married  | Armed Forces                   | ?<br>I No                              |  |   | Specify Yes or No-<br>rto Rican, etc.)        | Ble                              | ck, White, e               | etc.  |
| A   Constitution   Section   deal deal                  |      | 15. Decedent's E   | ducation                       | 16e. C                                 | Decedent's Usuel Occ                             | upetion                                   | orkina  | 16b. Kind of B                   |                            |   |
| Continue    | mpi m                      |      | Elementery/Secondery (0-12)  |                                |  | life. DO NOT use reti                            | red)                                      |   | m 1                              |                            |   |
| The parties of the    | S S S                      |      |  |                                |  | Truck D  |   | me (First, Middle, N                          |                                  |                            |   |
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| 1 Majoral 2   Oreneation 3   December from State   All Donation 5   Other (Speechy)   Gnegy Church Cemetery   5/28/98   Oakland, Marylai   22. Name and Address of Feolilly   Stewart Funeral Home   32. S. Second St Oakland, MD   21.550   Second St Second St   | umet                       | •  - |  |                                |  | Meiling Address (Stre                            | -   |   |                                  |                            |   |
| A   Constitution   Section   n 27 le<br>er tra          |      | Ruby L. Slaubaugh  | /Wife                          | 111                                    | Sunnysid   | e Road, Oa                                | kland, Ma                                     | ryland                           | 215                        | 50  |
| 23. S. Second St., Oakland, MD 21550  Approximately according to the disease or complications that caused the deeth. Do not enter the mode of dyling, such as cardiac or respiretory errest, interest shock, or heart feiture. List only one ceuse on each line.  Due to (or es e consequence of):  Sequentially list conditions, if eny, leading to immediate deases or conditions. If eny, leading to immediate deases or conditions, if eny, leading to immediate deases or conditions. If eny, leading to immediate deases or conditions. If eny, leading to immediate deases or conditions.  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  23b. Did tobacco use contribute to the cause of performed?  Due to (or es e consequence of):  Due to (or es e consequence of):  24e. Wes on eutopsy performed?  25. Wes case referred to medical even for the disease or conditions of the deeth of t | or off                     | 2    | the state of the s | Removel from State             | comoton                                | Disposition (Neme of<br>cremetory or other p     | lace)                                     | Dete  | 20c. Location                    | - City or To               | wn, Stete   |
| 23 S. Second St., Oakland, MD 21550  Approximate the disease of combinetions that caused the deeth. Do not enter the mode of dyling, such as cardiac or respiratory errest, interest shock, or heart feiture. List only one cause on each line.  Due to (or as a consequence of):  Due | jury                       |      | 4 ☐ Donetion 5 ☐ Other (Specif   | y)                             |  | Church Cem                                       | netery                                    | 5/28/98                                       | 0akland                          | l, Mar                     | yland   |
| 298. Per L. Enter the glesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, intervel of shock, or heart feature. List only one ceuse on each line.   | any in                     |      | 21. Signeture of Funeral Serv  | Decreed                        |  | Stewart F  | uneral Ho                                 |   | MD 21                            | 550                        |   |
| Course (Disease of Injury the Injiled events resulting in deeth) Lest  Due to (or es e consequenca of):  Due | edical<br>miner            |      | disease or condition   | · CA                           |  |  | THY                                       |   |                                  |                            | Onset and Death   |
| d.    Control of the control of the  |                            |      | Sequentially list conditions, of eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury  | C                              | Due to (or es e co                     | nsequence of):                                   |   |   |                                  |                            |   |
| The state of the s |                            |      | net initieted events   | d                              | Due to (or es e co                     | nsequenca of):                                   |   |   |                                  |                            |   |
| 24e. Wes en eutopsy performed?  24e. Wes en eutopsy performed?  24e. Wes en eutopsy performed?  24e. Wes en eutopsy performed?  24e. Wes en eutopsy performed?  25e. Plece of Deeth (Check only one)  25e. Plece of Deeth (Check only one)  27e. Menner of Deeth  27e. Menner of Deeth  27e. Menner of Deeth  27e. Menner of Deeth  27e. Menner of Deeth  28e. Dete of Injury  | ed for sicia               | 1    | ant II. Other significant conditions of  | ontributing to deeth I         | but not resulting in t                 | he underlying cause                              | given in Pert I.                          | 23b. Did to                                   | bacco use co                     | ntribute to                | the cause of death  |
| 24e. Wes en eutopsy performed?  24e. Wes en eutopsy performed?  25e. Plece of Deeth (Check only one)  25e. Wes case referred to medical exeminer;  25e. Plece of Deeth (Check only one)  25e. Plece of Injury (Month, Dey Year)  25e. Injury one  25e. Plece of Deeth (Check only one)  25e. Deet of Injury (Month, Dey Year)  25e. Deet of Injury (Month, Dey Year)  25e. Deet of Injury one  25e. Deet of Inj | S S                        |      | Winseres:  | Har                            | FOLLOW                                 | 5,00   |   | 1 🗆 Y   | 2 X No                           | 3 □ Prob                   | ably 4 ☐ Unknow   |
| 25. Wes case referred to medical exeminer?    25. Wes case referred to medical exeminer?   1   | should<br>should           |      | breeni L   | enre                           | dserse                                 | - With E   | no gal                                    |   |                                  | con                        | ore eutopsy findings<br>blieble prior to<br>npletion of cause<br>deeth? |
| 27. Menner of Deeth 1 Naturel 2 Accident 3 DOA 28b. Dete of Injury (Month, Dey Year) 27 Accident 3 Suicide 4 Homicide 28c. Plece of Injury - At home, farm, street, fectory, office 28d. Location (Street end Number or Rurel Route A building, etc. (Specify)  28d. Certifier (Check only one) 28d. Describe how Injury occurred 28d. Location (Street end Number or Rurel Route A building, etc. (Specify)  28d. Certifier (Check only one) 28d. Location (Street end Number or Rurel Route A building, etc. (Specify)  28d. Describe how Injury occurred 28d. Location (Street end Number or Rurel Route A building, etc. (Specify)  28d. Location (Street end Number or Rurel Route A building, etc. (Specify)  28d. Location (Street end Number or Rurel Route A building, etc. (Specify)  28d. Location (Street end Number or Rurel Route A building, etc. (Specify)  28d. Location (Street end Number or Rurel Route A building, etc. (Specify)  28d. Location (Street end Number or Rurel Route A building, etc. (Specify)  28d. Location (Street end Number or Rurel Route A building, etc. (Specify)  28d. Location (Street end Number or Rurel Route A building, etc. (Specify)  28d. Location (Street end Number or Rurel Route A building, etc. (Specify)  28d. Location (Street end Number or Rurel Route A building, etc. (Specify)  28d. Location (Street end Number or Rurel Route A building, etc. (Specify)  28d. Location (Street end Number or Rurel Route A building, etc. (Specify)  28d. Location (Street end Number or Rurel Route A building, etc. (Specify)   | r, pag                     |      |  | One BRO                        | vocal.                                 | 25 M3  | ARCH                                      | 1 □ Y€  | s 2 X No                         | 1                          | Yes 2□ No   |
| 27. Menner of Deeth 1 Naturel 2 Accident 3 Suicide 4 Homicide 28e. Dete of Injury (Month, Dey Year) 28e. Dete of Injury M 1 Yes 2 No 28e. Injury et Work? 1 Yes 2 No 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28e. Plece of Injury - At home, farm, street, fectory, office 28f. Location (Street end Number or Rurel Route Accident Acciden | 40 TO 0                    |      | exeminer?  | Hospitel:                      | ient 2 ER/Outr                         | etient 3 DOA                                     | Whor:                                     |   |                                  | or /Specific               | 4)  |
| 29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature and title of certifier  29c. License number  29c. License number  | 5 8 7                      | 1 -  | 7. Menner of Deeth 1 ⊠Naturel 5 □ Pending  | 28e. Dete of Inj<br>(Month, De |  | ne of 28c. In                                    | ury et<br>ork?                            | 1   |                                  |                            | /   |
| 29a. Certifier (Check only one)  29b. Signature and title of certifier  29c. License number  29d. Date signed (Month, Day, Year D31875   | el Directo<br>led in by th |      | determined   | 28e. Piece of in               | ijury - At home, farn<br>tc. (Specify) | n, street, fectory, offic                        | 8   |   |                                  | ber or Rure                | Route Number,   |
| 29b. Signature and title of conflier  29c. License number  D31875  29d. Date signed (Month, Day, Year  | Fune<br>etely fil          | 1    | (Check only 2 Medical Exam   | Iner: On the basis of          | of examinetion end/                    | deeth occurred et the<br>or Investigation, in my | time, dete end plec<br>opinion, deeth occ | e, end due to the ca<br>urred et the time, da | ause(s) end mo<br>ate end place, | enner as sto<br>and due to | eted.<br>the cause(s)   |
| D31875 DUN€ 1, 199   | Me                         |      |  | / /                            | 106.                                   | 29c. Lice  | nse number                                | 2   | 9d. Date signe                   | d (Month, E                | Day, Year)  |
| 001-0 1111   | - 0                        |      | · 1-   | Esser L                        | 10                                     | 1  | 031875                                    |   | 2500                             | JE I                       | 1998  |
| 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)   | AF                         | 3    | 0. Name and address of person who  |                                | death (Item 23a) (Y                    | ype, Print)                                      |   |   | 001                              |                            |   |
| 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  Dr. Robert Welik, MD 902 Seton Drive, Suite 308, Cumberland, Maryland 2150  State 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature  | ' P                        |      |  |                                |  | ive, Suite                                       | 308, Cur                                  | mberland,                                     | Maryl                            | and                        | 21502   |

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 

Certificate of Death

Beauto

|  |  |                |  |   |                      | enincate  | or Death  |  | Reg. No.                                 |  |  |  |
|--|--|----------------|--|---|----------------------|---|---|--|--|--|--|--|
|  | hysicia<br>/Medic                        | al             | Decadant's Nama (First, Middla, Last     Facility Nama (If act institution also  | James 1   | l. Spee              | d, Sr.  | Ab City T   | 2. Data of Month June                              | e 22, 19                                 | 3. Time of Death<br>98 11:08 AN  |  |  |
| Е  | xamin                                    | er             | 4a. Facility Nama (If not institution, giva<br>208 Maple Av  |   |                      |   |   | n, or Location of Da<br>ralsbur(                   |  |  |  |  |
|  | neral<br>ector                           |                | Social Sacurity Number 6. Sa   |   | (In yrs. last birthd | Months  |   | Hrs. 8. Data of<br>Min. (Month,                    |  | 9. Birthplaca (Stata or Foraign<br>Country)<br>New York                              |  |  |
| Maryland   | fied at                                  | tor            | Usual Rasidance of Dacadant  10a. Stata 10b. County  MD Caroli   |   | 10c. City, Town or   |   | Federal   | sburg  |  | 10d. Insida City Limits<br>1 🖹 Yas 2 🗆 No  |  |  |
| th with the  | III be not                               | al Director    | 10e. Street and Numbar<br>208 Maple Ave  | nue   |                      | 10f. Zip C  | 216   | 32   | 10g. Citizan of V<br>United              |  |  |  |
| 72 hours after death with the Maryland                   | The Medical Examiner must be notified at | by Funeral     | 11. Marital Status  1 Navar Marriad 2 Married  3 Widowed 4 Divorced  | 12. Was Dacedant Education Armed Forcas?  ★□★Yas 2□Notif Yes, Giva Yaar or Dates: | var in U,S. 1        |   | nt of Hispanlc Origin<br>y Cuban, Maxicen, I<br>X No Specity: | n? (Specify Yas or<br>Puarto Rican, etc.)          | No- 14. Race<br>Blace<br>Specify         | e - Amarican Indian,<br>sk, Whita, atc.<br>White                                     |  |  |
| within   | De Medical                               | Completed      | 15. Decedant's Edu<br>(Specify only highast grad<br>Elamantary/Secondary (0-12)  | cetion<br>a <i>complated)</i><br>College (1-4or 5+                                | (G<br>lif            | ncedant's Usual<br>liva kind of work<br>a. DO NOT usa<br>SCal S | Occupation dona during most of ratired) peciali:              | of working   |  | nead Center  |  |  |
| be filed   | evem,                                    | To Be C        | 7. Fathar's Nama (First, Middle, Last)  Herman Henry Speed  Agnes Summers  9a. Informant's Name/Ralationship (Type, Print)  19b. Mailling Addrass (Straat and Number or Rural Routa Number, City or Town, Stete, 2008, Man 100, Avon Food on all shung.  |   |                      |   |   |  |  | a)   |  |  |
| 2 sh<br>and  | 2 2                                      | •              |  |   |                      | -   |   |  |  |  |  |  |
| Pages 1 and sent of Health                               | y or other                               |                | 1 ☑ Burial 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Specify)  Eastern Shore Vets. 6/25 Hurlock,  |   |                      |   |   |  |  |  |  |  |
| Department of I  | any injury                               |                | DO DUNAL 2   ICIAMBUON 3   INAMOVALIYOM SIBIR  |   |                      |   |   |  |  |  |  |  |
| Phys   | iolon                                    |                | 23a. Part1. Entar the disaasa, or compl<br>shock, or haart tailura. List only or   | ications that caused t<br>ne causa on aach lina                                   |                      |   |   |  |  | Approximata<br>interval Batween<br>Onsat and Death                                   |  |  |
|  | dical                                    |                | Immediata Causa (Final disaasa or condition rasulting in daath)  | Non or  | uael Cl              | ree lun   | g Care  | enna   | •  | 2-12-98  |  |  |
| R  | sit                                      | iner           |  | D   | ue to (or as a con   | sequance ot):   | •   |  |  |  |  |  |
| certificate be executed                                  | use as the buriel-transit                | ai Examiner    | Sequantially list conditions, if any, laading to immadiate ceusa. Enter Undarlying Ceusa (Disaasa or injury that initiated events Dua to (or as a consequence of):   |   |                      |   |   |  |  |  |  |  |
| certificate  | use es the                               | n/Medicai      | that initiated events rasulting in deeth) Last  Dua to (or as a consequence of):  d  |   |                      |   |   |  |  |  |  |  |
|  | be deteched for                          | Physicia       | Part II. Other algnificent conditions con  | ntributing to death but   | not rasulting in th  | a undarlying ceu  | usa givan In Part I.  |  |  | ntribute to the cause of death?  |  |  |
| requires   | been sign<br>should be                   |                |  |   |                      |   |   | 24a. W   | as an autopsy<br>rformed?                | 24b. Wera autopsy tindings<br>available prior to<br>completion of causa<br>of death? |  |  |
| The  | page 2                                   | Completed      |  |   |                      |   |   | 1[   | □Yas 2 100                               | 1 □ Yas 2 □ No   |  |  |
| Iclan: The   | director,                                | o Be           | 25. Was cesa reterred to medical axaminar?   | lospital:   |                      |   | Other   | ot Deeth (Check on                                 |  |  |  |  |
| nding Phys<br>lth.                                       | this aldi                                |                | 1 Yas 2 No Canal No C | 1 ☐ Inpatian  28e. Dete of Injury (Month, Day                                     | 28b. Tim             | e of 28   | 4 Hurs  |  | asidance 6 ⊡Oth<br>be how Injury occurr  |  |  |  |
| 2 4 4  | completely filled in by the funer        | Certification: | 3 ☐ Suicida 4 ☐ Homloida  Could not be datarmined  28a. Place of Injury - At homa, tarm, straat, factory, offica building, etc. (Specify)  |   |                      |   |   |  | n (Streat and Numb<br>Town, Stata)       | ar or Rural Routa Number,  |  |  |
| To the Hospital of within 24 hours of To the Financial D | etely fill                               | edicai         | 29a. Certifiar 1 Certifying Physical Check only one)   | alcien: To the best of<br>ner: On the basis of e<br>and mannar state              | xeminetion and/o     | eath occurred et<br>r Invastigation, i                          | the time, dete end<br>n my oplnion, daath                     | plece, end due to the control occurred at the time | ne cause(s) end me<br>a, data and place, | enner es steted.<br>and dua to tha ceusa(s)  |  |  |
| To the   | comple                                   | Me             | 29b. Signatura and titla of certifiar  | W Silver State  | •                    |   | Licansa number  |  | 29d. Data signer                         | d (Month, Day, Year)   |  |  |
|  |  |                | 30. Nama and addrass of person who co  | omplated causa of da  | ath (Itam 23a) (Ty   |   |   |  |  |  |  |  |

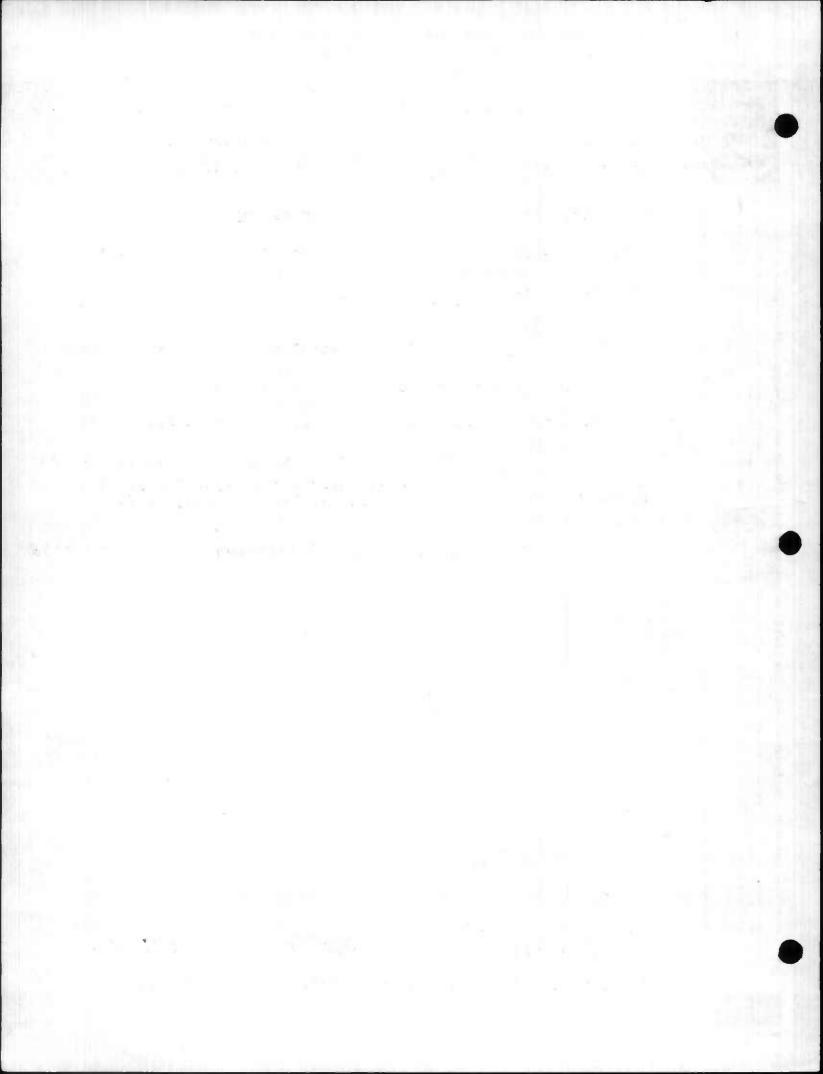
David H. Smith, M.D., 509 Idlewild Ave., Easton, MD 21601

32. Ragistrar's Signatura

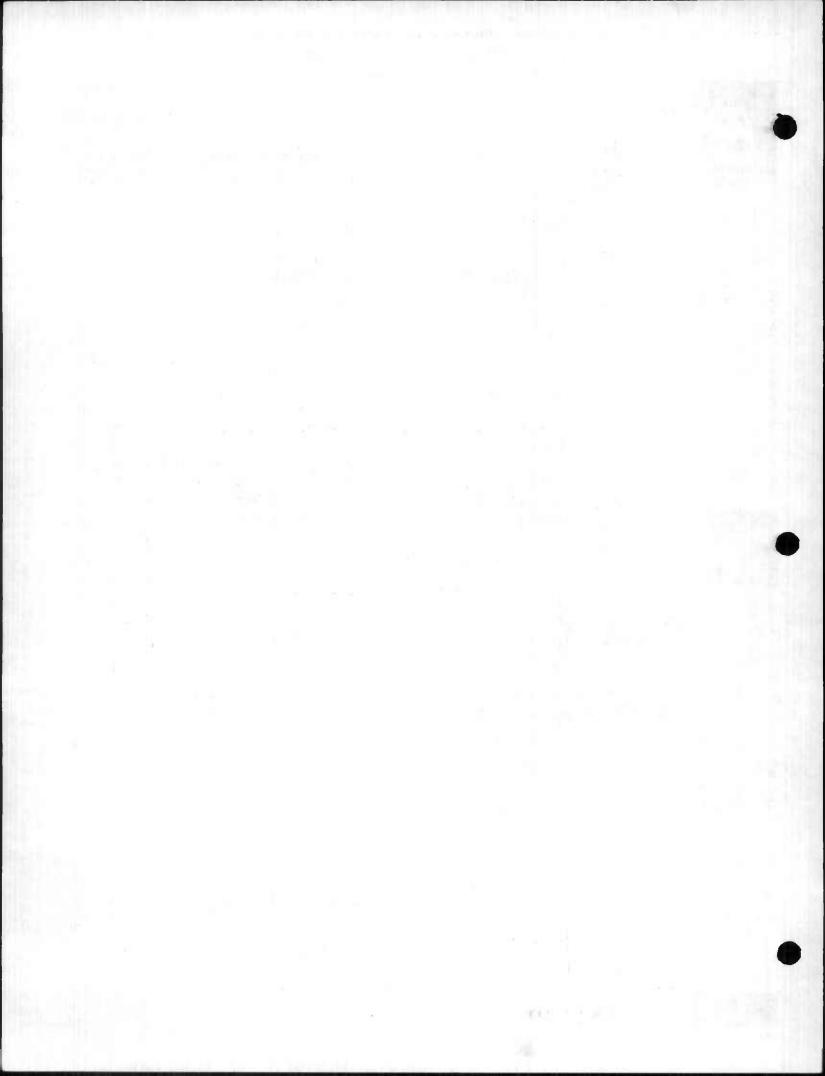
State Registrar

31. Data tiled (Month, Day, Yeer)
JUN 26 '98

DHMH 16 Rev 6/95



|  |  | 1 December 1 November 1  |  |                                   | Cer  | tificate                       | of Health and<br>of Death                   |                        | Reg. No.  | La U U / La   |  |  |  |
|--|--|--|--|-----------------------------------|--|--------------------------------|---|------------------------|---|---|--|--|--|
| Physic   | ian  | Decedent's Nama (First, Middle T - 1   |  |                                   |  |                                |   | 2. Data of De<br>Month | Day   | Yeer 3. Time of Dea   |  |  |  |
| /Medi  | ical   | John Edwar   |  | OMAS                              |  |                                | Ab Oit Tour                                 | June 9                 |   | 7:00p.m   |  |  |  |
| Exami  | ner  | 4a. Facility Nama (if not institution  |  |                                   |  |                                |   | or Location of Daat    |   | of Death  |  |  |  |
|  |  | Garrett County  5. Social Security Number  | Memorial<br>6. Sax   | 7. Age (In yrs.                   |  | If Undar 1 Y                   | Oaklaı<br>Year   If Under 24 I              |                        | Garr  |   |  |  |  |
| Funeral<br>Director  |  | 217-28-9538  | 10∏M 2□F   |                                   |  |                                |   | Ain. (Month, Di        | ay, Year)                                       | Birthplace (State or Fo Country)                                      |  |  |  |
| rirector   |  | Usuel Residance of Decedent  |  | 6.                                | 5  |                                |   | June 2                 | 5, 1932   | Maryland  |  |  |  |
| W #  |  | 10a. Stata 10b. County   |  | 10c. Cit                          | ty, Town or Lo   | cation                         |   |                        |   | 10d. Inside City Li   |  |  |  |
| 1 2  | ō  | MD   | Garrett  |                                   |  | Loch                           | Lunn  |                        |   | 1 ▼ Yas 2 □   |  |  |  |
| 28.0   | 8  | 10e. Street and Number   | darrett  |                                   |  | 10f. Zip Co                    | 1   |                        | 10a. Citizen of V                               | Citizen of What Country?  |  |  |  |
| 20 00  | Ö  | 108 Second Ave   |  |                                   |  |                                | 21550                                       |                        |   |   |  |  |  |
| iene.<br>r than "naturel", or items 23e or 28e-f show<br>the Medical Examiner must be multified at                                 | Funeral Director   | 11. Marital Status   |  | cedent Ever in U                  | J.S. 13. V   |                                |   | / (Specify Yes or No   | U.S.A.<br>e - American Indian,                  |   |  |  |  |
| 2 4  | F  | 1 Nevar Married 2 Men  | Armed I  | Forcas?                           | H  | Yes, specify                   | t of Hispenic Origin?<br>Cuban, Maxican, Pi | uerto Rican, etc.)     | Biad  | ck, White, atc.   |  |  |  |
| 0.4  | by   | 3 ☐ Widowed 4 ₺ Divorced   | If Vac C   | Giva                              | 1  | ☐ Yas 2页                       | [No Specify:                                |                        | Specify   | white   |  |  |  |
| atr.   | P  | 15. Decedan  | t's Education  |                                   | 16a. Deced   | ant's Usual C                  | ecupation                                   |                        | 16b. Kind of Bu                                 | usinass/industry  |  |  |  |
| 2 0  | Completed  | (Specify only higher Elemantery/Secondary (0-12)   | T  | -                                 | (Giva i  | kind of work o<br>OO NOT use i | lone during most of etired)                 | working                |   |   |  |  |  |
| T T  | E  | 10th   | College  | (1-4or 5+)                        | Lah  | orer                           |   |                        | Potatoe   | Farming   |  |  |  |
| the fi   | Be C   | 17. Fether's Nema (First, Middle,  | Last)  |                                   | Jack   | OLUL                           | 18. Mothar's                                | Nama (First, Middle    | Potatoe Farming (First, Middla, Maidan Surname) |   |  |  |  |
| ked<br>ic ev   | To B   | George   | Th   | omas                              |  |                                | Myrt1e                                      | A.                     | Dills   | Worth   |  |  |  |
| DE LE  | -  | 19a. informant's Name/Ralations  |  | Olida                             | 19b. Mailin  | g Addrass (S                   |   |                        | tural Route Number, City or Town, State, 2      |   |  |  |  |
| 27 le<br>r tra   |  | Alberta A. Tasl  | cer/ Dano  | htor                              | 275 Т  | ruonda                         | le Rd., (                                   | okland 1               | MD 21550  |   |  |  |  |
| Est  |  | 20a. Method of Disposition   | ker/ baug  | 20b. F                            | Place of Dispos  | sition (Nema                   | of  | Date                   | 20c. Location -                                 | City or Town, State   |  |  |  |
| P O  |  | 1 Burial 2 Crametion   |  | n State                           | cemetery, cram   |                                |   | 6 410 400              |   |   |  |  |  |
| ortan<br>Injur   |  | 4 Donation 5 Othar (Specify)  Underwood Cemetery  21. Signature of Funaral Service Licensaa  22. Nama and Addrass of Facility  Stewart Funeral |  |                                   |  |                                |   |                        |   |   |  |  |  |
| Department of reein and wentar Hygiene. Important: if item 27 is marked other than any injury or other traumatic event, the Maone. |  | A D M  | 11. Signature of Funaral Service Licensaa 22. Nama and Addrass of Facility Stewart Funera 32 S. Second St., Oaklan |                                   |  |                                |   |                        |   |   |  |  |  |
|  |  | 23a. Pert1. Entar tha disaasa, or  | H DU   | Call                              |  |                                |   |                        |   | d, MD 21550   |  |  |  |
| ysician<br>ledical<br>aminer   |  | shock, or haart failure. List<br>Immediata Causa (Final<br>disease or condition<br>rasulting In death)   |  | ute myod                          | cardial  |                                | ction                                       |                        |   | Interval Between Onset and Deet                                       |  |  |  |
| #  | ine  | atherosclerotic heart disease  |  |                                   |  |                                |   |                        |   | vears   |  |  |  |
| trans  | la la  | 0.   |  |                                   |  |                                |   |                        |   |   |  |  |  |
| ian  | 0  | Sequentially list conditions, if eny, leading to immadiate cause. Enter Underlying Causa (Diseasa or Injury                                    |  |                                   |  |                                |   |                        |   |   |  |  |  |
| physician and<br>tha bunel-transit   | dicai  | that initiated avants<br>rasulting in death) Lest  | 0.   | Dua to (o                         | or as e consequ  | ianca of):                     |   |                        |   |   |  |  |  |
| ing b  | 1 40 1   |  | d  |                                   |  |                                |   |                        |   |   |  |  |  |
| attending  <br>  for use as  | Physician/M  |  | u  |                                   |  |                                |   |                        |   |   |  |  |  |
| the a  | sic  | Part II. Other significant condition   | one contributing to  | death but not ras                 | sulting In the un  | derlying caus                  | a givan in Part I.                          | 23b. Did               | tobacco use cor                                 | ntribute to the cause of de   |  |  |  |
| ed by the a<br>detached t  | Phy  | chronic obstr  | uctive p   | ulmonary                          | disea  | se                             |   | 1 🗆                    | Yes 2N No                                       | 3 Probably 4 Unk  |  |  |  |
| 5.8  | by   |  |  |                                   |  | ~                              |   |                        |   |   |  |  |  |
|  | Completed  | polio  |  |                                   |  |                                |   |                        | s an autopsy<br>ormed?                          | 24b. Were eutopsy findir<br>available prior to<br>completion of cause |  |  |  |
| pluor<br>pluor   | pje  |  |  |                                   |  |                                |   |                        |   | of death?   |  |  |  |
| as been s  | 5  |  |  |                                   |  |                                |   | 10                     | Yas 2X No                                       | 1 ☐ Yas 2 ☐ No  |  |  |  |
| age 2  | Be (   | 25. Wes case rafarred to medical axaminer?   |  |                                   |  |                                | 26. Placa of                                | Deeth (Check only      | one)  |   |  |  |  |
| e has  | 2  | 1 ☐ Yas 2]() No  | Hospital: 1 🖸  | Inpatiant 2                       | ER/Outpatient  | 3□ DOA                         | Other: 4 Nursin                             | g Home 5 Res           | Idance 8 Oth                                    | ar (Specify)  |  |  |  |
| is certificate has<br>director, page 2   |  | 27. Manner of Deeth  |  | a of injury<br>onth. Day Year)    | 28b. Tima of   | 28c.                           | Injury at<br>Work?                          | 28d. Dascribe          | how injury occurr                               | red   |  |  |  |
| this certificate has<br>al director, page 2  | 27. Manner of Deeth 28e. Data of Injury 28b. Time of Injury 4 1 Natural 5 Pending (Month, Day Year) Injury M 28c. Injury at Work? 1 Accident invastigation |  |  |                                   |  |                                | 1 Yas 2 No                                  |                        |   |   |  |  |  |
| After this certificate has<br>funeral director, page 2   | ation  | 2 Accident invastigation M 1 Tas 2 No 3 Sulcida 6 Could not be detarmined 28a. Placa of Injury - At homa, farm, streat, factory, office        |  |                                   |  |                                |   | 28f. Location          | (Street end Numb<br>wn, Steta)                  | er or Rurel Route Number,   |  |  |  |
| ector: After this certificate has<br>by the funeral director, page 2   | tification   | detarmined detarmined detarmined building, atc. (Specify)  |  |                                   |  |                                |   |                        | mi, ototay                                      |   |  |  |  |
| Director: After this certificate has in by the funeral director, page 2  | Certification  | 4 Homicida detarm  |  |                                   |  |                                |   |                        |   |   |  |  |  |
| Virector: After this certificate has in by the funeral director, page 2  | ai Certification:  | 29a. Certifiar 1 X Cartifyin   |  |                                   | 29a. Certifiar (Check only one)  29 (Check only one)  29 (Check only one)  20 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, data and place of the pl |                                |   |                        |   |   |  |  |  |
| Virector: After this certificate has in by the funeral director, page 2  | edicai Certification   | 29a. Certifiar 1 Cartifyin (Check only 2 Medical   | Examiner: On tha   | basis of axamina                  | ition and/or Inv   | astigation, in                 | and mennar stated.  29c. Licanse number     |                        |   |   |  |  |  |
| Virector: After this certificate has in by the funeral director, page 2  | edicai   | 29a. Certifiar 1 Cartifyin (Check only one) 2 Medical  | Examiner: On tha   | basis of axamina                  | ation and/or Inv   |                                | canse number                                |                        | 29d. Data signed                                | d (Month, Dey, Year)  |  |  |  |
| Director: After this certificate has in by the funeral director, page 2  | edicai   | 29a. Certifiar 1 Cartifyin (Check only one) 2 Medical  | Examiner: On tha   | basis of axamina                  | ition and/or Inv   |                                |   |                        |   | d (Month, Dey, Year)  |  |  |  |
| Director: After this certificate has in by the funeral director, page 2  | edicai   | 29a. Certifiar 1 X Cartifyin (Check only one) 2 Medical 29b. Signatura and titla of cartifie   | Examiner: On the and me  | basis of axamina<br>innar stated. |  | 29c. L                         | D15333                                      |                        | 29d. Data signed 6 / 1 0                        | d (Month, Dey, Year)  |  |  |  |
| ector: After this certificate has by the funeral director, page 2  | edicai   | 29a. Certifiar 1 Cartifyin (Check only one) 2 Medical  | Examiner: On that and me   | basis of axamina<br>innar stated. | n 23a) (Type, I  | 29c. L                         |   | Oaklas                 | 6/10  | d (Month, Dey, Year)  |  |  |  |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth Month June John Paul Vauken (:55pm 4a. Facility Nama (If not institution, giva straet and number) 4b. City, Town, or Location of Deeth 4c. County of Death Lions Manor Nursing Home Allegany Cumberland If Under 24 Hrs. 8. Data of Birth (Month, Bay 1914) 7. Aga (In yrs. last birthday) 5. Social Security Number If Under 1 Year Birthpleca (Stata or Foreign Country) ₩M 2□ F Deys 218-01-6938 Md Usual Residence of Decedan 10h County 10c. City, Town or Location 10d. Insida City Limits Allegany Cumberland 1 Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 21502 45 LaVale Blvd USA 12. Was Decedant Evar in U,S Armad Forcas? 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Ricen, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 ☐ Yas 2X No If Yas, Giva Yaar or Datas: 1X Never Marriad 2 Married Specify: White 1 Yas 2√2 No Specify: 3 Widowed 4 Divorcad 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Business/Industry (Spacify only highast grada completed) Elamentery/Secondary (0-12) College (1-4or 5+) General Mtrs. Laborer 17. Fathar's Nama (First, Middla, Last) John Vauken 18. Mothar's Nama (First, Middla, Meidan Sumama) Theresa Podvov 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Route Number, City or Town, State, Zip Code) 312 Balsam Pl. Goldsboro, NC David Vauken 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) June 10'98 Kalbaugh Cemetery Elk 21. Signature of Funerel Sarvica Licenses 22. Nema and Addrass of Facility David A. Burdock FH 23a. Per . Entar tha disaasa, or complications that ceusad the death. Do not entar the mode of dying, such es cardiac or raspiratory errast, shock, or haart failura. List only ona causa on aach lina. Kitzmiller,Md Approximata Intervel Between Onsat and Deeth Immediata Cause (Final disaesa or condition rasulting in daeth)

**Physician** /Medical Examiner

**Physician** 

/Medical

**Examiner** 

10a Stata

12

**Funeral** 

Director

items 23a or 28a-f anow

6

natural',

al Hygiene.

h end Mental H 7 is marked ott

Department of Health el Important: if Item 27 is any injury or other trace once.

traumatic event, the Medical Examiner

Director

Completed by Funeral

Be

Peges 1 and 2 should be filed within 72 hours efter death with the Maryland

Baltimore, Maryland 21215-0020

2 edical Certification:

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Eurarial Director: After this certificate has been signed by the estending physician and completely filled in by the funesel director, page 2 should be deteched for use as the burier/ransit

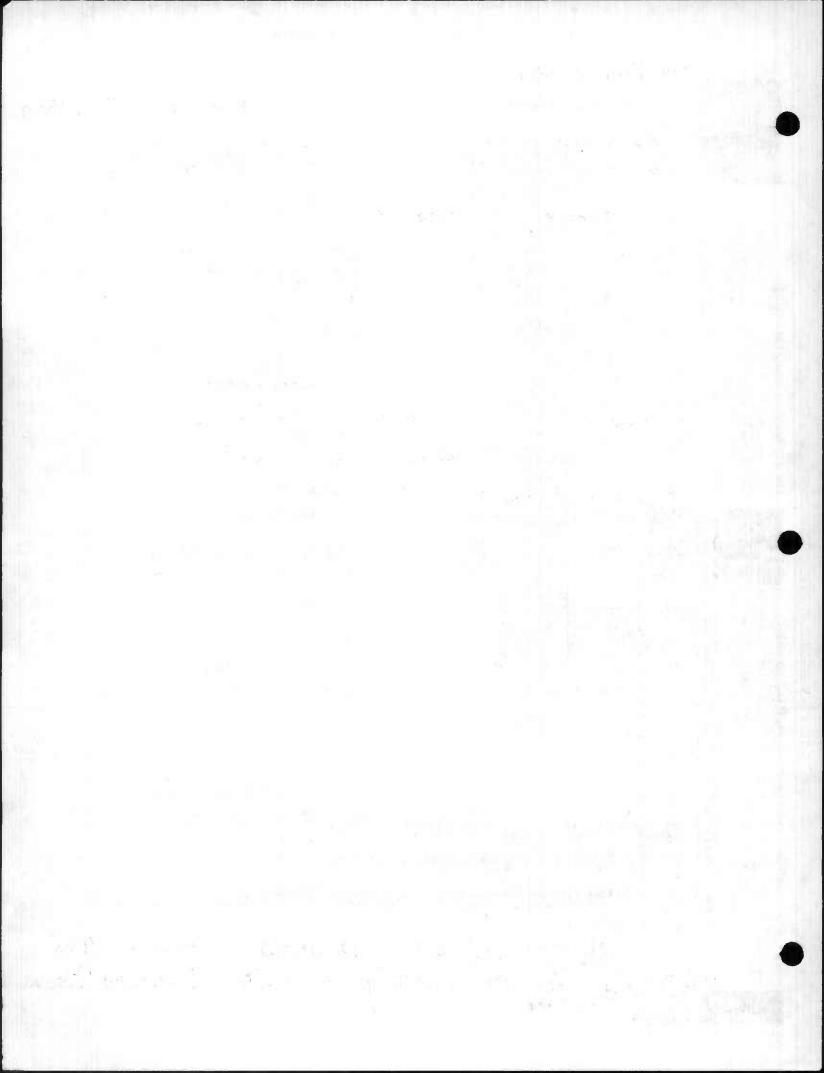
Division of Vital Records, P.O. Box 68760,

|  | Dua to (  | or as a consequence of                              | ):  |   | 0.   |
|--|---|---|---|---|--|
| Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying                       | b. Dua to (   | or es e consequance of                              | ):  |   |  |
| ceusé. Entar Underlying<br>Cause (Disease of Injury<br>that Initiated evants<br>rasulting in death) Last | Dua to (d   | or as e consequance of                              | ):  |   |  |
| Part ft. Other significant conditions of   | ontributing to death but not re-  | sulting in the underlying                           | causa givan In Part I.                                      | 23b. Did tobacco use co<br>1 ☐ Yes 2 ☑ No                                 | intribute to the cause of death?   |
|  |   |   |   | 24a. Was an autopsy performed?  | 24b. Wera autopsy findings<br>available prior to<br>completion of causa<br>of death? |
|  |   |   |   | 1 ☐ Yes 2 🛣 No  | 1 ☐ Yas 2 ☐ No   |
| 25. Was cesa rafarrad to medical axaminer?   |   |   | 26. Place of De   | eath (Check only ona)   |  |
| 1 ☐ Yes 2 ☑ No   | Hospital: 1 ☐ Inpatient 2 ☐   | ER/Outpatient 3 0                                   | OOA Other: 4 Nursing  | Home 5 ☐ Rasidance 6 ☐ Oth  | nar (Specify)  |
| 27. Mennar of Death 1 Manual 5 ☐ Panding 2 ☐ Accidant invastigation                                      |   | 28b. Tima of<br>Injury<br>M                         | 28c. fnjury et<br>Work?<br>1 ☐ Yes 2 ☐ No                   | 28d. Dascribe how injury occur  | red  |
| 3 Sulcide 6 Could not b<br>4 Homicida datarmined   |   | oma, farm, street, factory)                         | ry, office  | 28f. Location (Straat and Numb<br>City or Town, Stata)                    | per or Rural Routa Number,   |
| 29a. Certifiar (Check only one)  | ystcian: To the best of my known inter: On the bests of examine and manner stilled. | owledga, daath occurre<br>ation and/or Investigetio | d at the time, deta and plac<br>n, in my opinion, daath occ | ce, and dua to the cause(s) and me<br>curred at the time, date and place, | annar as stated.<br>and due to the ceusa(s)  |
| 29b. Signature end title of certifier  |   | 2:  | oc. Licansa number  | 29d. Dete signe   | d (Month, Day, Year)   |

912 Seton Drive Cumberland &

(Itam 23a) (Type, Print)

State Registrar



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiené | Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Booker, Sr. Month 4:30 Pm Bernard 27, 1998 4c. County of Deet 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth NA Baltimore #05P Union man. If Under 24 Hrs. 8. Dete of Birth (Month, Dey. If Under 1 Yeer 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign Country) 1 M 2 □ F Deys 216-30-7576 62 Yrs Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore MD 1 19 10s 2 □ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21218 1750 USA 11. Maritei Status 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Yes 2 10 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married Black 1 Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Baltimore City Baard of Education Elamentary/Secondary (0-12) College (1-4or 5+) Laborer 10th grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Maidan Surnama) Harvey Booker Wood Lessie 19e. Informent's Neme/Retationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stata, Zip Coda) 56. 2 Ballimore, MD 21218 Booker Abbotston Juanita 1750 20b. Piaca of Disposition (Neme of cemetery, crametory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State Anne Anundel Co., MO Cedar CEM 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funarel Service Licensee 22. Neme end Address of Fecility E. North Ave F. H 1101 March Bernard 23e. Pert1. Enter the diseese, or comprications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or haart failure. List only one cause on each line. Approximete Intervel Batween Onset and Deeth Immediate Ceuse (Finei days diseese or condition rasulting in deeth) Sequentielly list conditions, if eny, leeding to immadiete causa. Enter Underlying Cause (Disease or injury that initiated evants resulting in deeth) Lest Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 ♥ Unknown 24b. Wara autopsy findings eveiteble prior to completion of cause of death? 24a. Was en eutopsy 1 Yes 2 No 2 No 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Inpatient 2 ER/Outpetient 3 DOA 28b. Time of 28d. Describe how injury occurred

page 2 s

Examiner Physician/Medicai Completed by

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

ral', or items 23s or 28s-f show Examiner must be notified at

"natural", or

th end Mental Hygiene.
7 Is marked other than "natur traumatic event, the Medical

Pages 1 and 2 should be finent of Health end Mental Hint: If Item 27 Is marked of

Department of Health Important: If Item 27 any Injury or other tr

**Physician** /Medical

Examiner

filed within 72 hours after

21215-0020

Baltimore, Maryland

Director

Funeral

þ

Completed

Be

Funeral To the Hosp within 24 hox To the Fune completely fi

> State Registrar

25. Wes casa rafarrad to medicat exeminer? 1 Yes 2 No edical Certification: To 27. Manner of Deeth 28a. Dete of tnjury (Month, Day Year) 28c. Injury at Work? Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be datamined Location (Street end Number or Rural Route Number, City or Town, Stete) Piece of Injury - At homa, farm, straet, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledga, deeth occurred et tha tima, data and piace, and dua to tha cause(s) end manner as stated.

| Medical Examiner: On the best of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner stated. 29a. Certifier

29b. Signeture end title of certifier

29c. License number

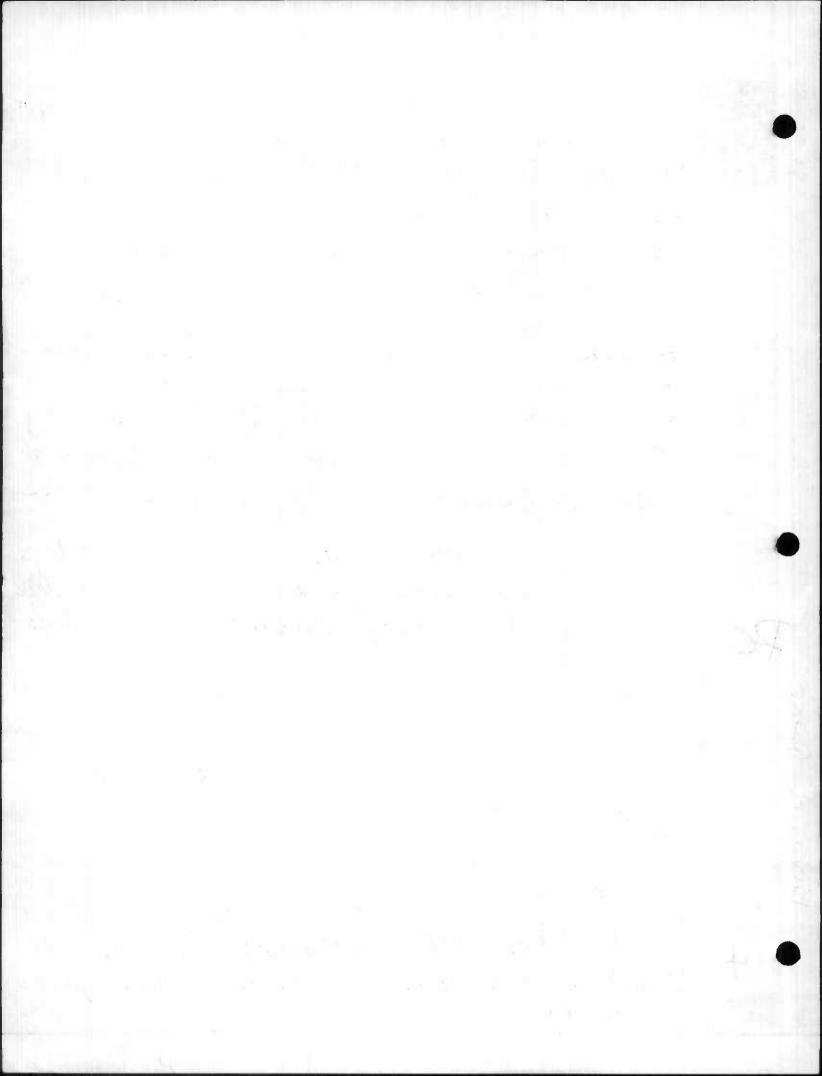
29d. Deta signed (Month, Dey, Year)

30. Name end eddress of person who complated cause of death (item 23e) (Type, Print)

ZHANG- HOWARD, Union Memorial Hospital, 201 E. University Ave, Balt RONG 31. Deta filad (Month, Dey, Year)

JUL 0 2 1998

32. Ragistrer's Signeture relia Davidson-Randall



| BRISCO  | 3   | Oldie             | , mary a                         | -                      | tificate                       |                              |                          | dental Hyg                      | Reg. No.                             | the C          |  |  |
|---|---|-------------------|----------------------------------|------------------------|--------------------------------|------------------------------|--------------------------|---------------------------------|--------------------------------------|----------------|--|--|
|   | 1. Decedant's Nama (First, Middle, I  | Last)             | 1 6 17                           |                        |                                |                              |                          | 2. Date of Dec                  |                                      |                | 3. Time of Death   |  |
| Physician   | JoAnne Br   | iscoe             |                                  |                        |                                |                              |                          | JUNE 2                          | 3, 1998                              | Year           | 2145PM   |  |
| /Medical  | 4a Facility Name (If not institution, g   |                   | mber)                            |                        |                                | 4b. C                        | City, Town, or L         | ocation of Death                |                                      | of Death       | 2145114  |  |
| Examiner  |   |                   |                                  | D                      |                                |                              |                          |                                 |                                      |                | COLINEDA   |  |
|   | WASHINGTON COUNTS. Social Security Number 6.  | Sax               |                                  | K .  i. last birthday) | If Undar 1 Y                   |                              | GERSTOW<br>Undar 24 Hrs. |                                 |                                      |                | COUNTY   |  |
| Funeral   | 212-58-9837   | 1 M 2 F           |                                  | Yrs.                   |                                |                              | tours Min.               |                                 |                                      |                | lace (State or Foreign                                       |  |
| Director  | Usual Residence of Decedent   | X                 | 47                               |                        |                                |                              |                          | Sept. I                         | 2, 1950                              | Mar            | yland  |  |
| 1   | 10a. State 10b. County  |                   | 10c. C                           | ity, Town or Lo        | cation                         |                              |                          |                                 |                                      | 1              | Od. Inside City Limits                                       |  |
| ritama 23s or 28s-f show<br>sites must be notified at<br>Funeral Director | Maryland Washi  | ngton             |                                  | Hager                  | stown                          |                              |                          |                                 |                                      |                | 1√2 Yes 2□No   |  |
| or 20   | 10e. Street and Number  |                   |                                  |                        | 10f. Zip Co                    | de                           |                          |                                 | 10g. Citizen of V                    | What Coun      | itry?  |  |
| al B  | 663 Hayes Avenue  | 2                 |                                  |                        | 21                             | 740                          |                          |                                 | USA                                  |                |  |  |
| THE LE  | 11. Marital Status  |                   | edant Evar in                    | U,S. 13.               | Vas Deceden                    | of Hispa                     | nic Origin? (Sp          | ecify Yas or No<br>Rican, etc.) |                                      | a - Americ     |  |  |
| Fune  | 1 Never Merried 2 Married   | Armed Fe          |                                  |                        | 37                             |                              |                          | Rican, etc.)                    |                                      | k, White,      |  |  |
| by  | 3 ☐ Widowed 4 ☐ Divorced  | If Yes, Gi        | ve                               |                        | I□ Yas 2□                      | ™ No Specify:                |                          |                                 | Specify                              | Bla            | ck   |  |
| alex<br>9d b  | 15. Decedent's  |                   |                                  | 16e Dece               | lent's Usuel Occupation        |                              |                          |                                 | 16b. Kind of Br                      | islness/inc    | dustry   |  |
| ieted   | (Spacify only highast g   |                   |                                  | (Give                  | kind of work o                 | lone dunir                   | ng most of work          | ing                             | TOO. TAING OF D                      | 20111000011110 | 2001ly   |  |
| n, the Medical  | Elementery/Secondery (0-12)   | College (         | 1-4or 5+)                        |                        |                                | om ou,                       |                          |                                 | ,                                    |                |  |  |
| 5 0   | LL  | -41               |                                  | domestic h             |                                |                              |                          |                                 |                                      |                |  |  |
| evant,<br>Be C  | 17. Father's Name (First, Middle, La.   |                   |                                  |                        |                                |                              |                          | a Virginia Briscoe              |                                      |                |  |  |
| To To   | George Newton 1   | McCann            |                                  |                        |                                | V                            | iola Vi                  | rginia 1                        | Briscoe                              |                |  |  |
| traumatic event, train<br>To Be Com                                       | 19a. Informent's Name/Reletionship James Newton Mo  |                   | Brother                          |                        | ng Address <i>(S</i><br>Howard |                              |                          |                                 | er, City or Town,  1, Mary           |                | 21740  |  |
| E de  | 20a. Mathod of Disposition  |                   | 20b.                             | Place of Dispo         | sition (Name                   | of                           | T                        | Date                            | 20c. Location -                      |                | own, State   |  |
| Important: If ham 27 is any injury or other training once.                | 1 Reurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  21. Sign ture of Funeral Service Licensee  22. Name and Address of Facility Gerald N. Minnich  305 N. Potomac St |                   |                                  |                        |                                |                              |                          |                                 |                                      |                |  |  |
| nysician<br>Medical<br>kaminer  | 23a. Part1. Enter the disease, or co<br>shock, or heert feilure. List on<br>Immediate Cause (Final<br>diseasa or condition<br>resulting in death)   |                   | erosci                           | eth. Do not ent        | uneral er the mode o           | Home<br>f dying, s           | euch as cardiac          | Hagers<br>or respiratory e      | Potoma<br>stown, N<br>rest.<br>UZeus | Maryl.         | and 21740 Approximete Interval Between Onsat and Death       |  |
| bunel-transit   | Sequentially list conditions  | b                 | Due to                           | (or as a consec        | juence of):                    |                              |                          |                                 |                                      | 1              |  |  |
|   | Sequantially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury   |                   |                                  |                        | 11922                          |                              |                          |                                 |                                      |                |  |  |
| ie bur  | that initiated events   | C                 | Due to /                         | or es e consec         | uence of/:                     |                              |                          |                                 |                                      |                |  |  |
| S S   | resulting In death) Last  |                   | 500 10 (                         | 01 03 0 0011300        | derice ory.                    |                              |                          |                                 |                                      |                |  |  |
| WSe su  |   | d                 |                                  |                        |                                |                              |                          |                                 |                                      |                |  |  |
| ettending properties as   |   |                   |                                  |                        |                                |                              |                          |                                 |                                      | 1              |  |  |
| by the attending stached for use a stached for use a Physician/M          | Part II. Other algnificant conditions   | contributing to d | eath but not re                  | sulting in the u       | nderlying caus                 | se given li                  | n Part I.                | 23b. Dld                        | tobacco usa co                       | ntributs to    | the cause of death?  |  |
| Phy Phy   |   |                   |                                  |                        |                                |                              |                          | 10                              | Yes 2 No                             | 3 Prol         | bably 47 Unknown   |  |
| igned by the se be deteched by Physic                                     |   |                   |                                  |                        |                                |                              |                          |                                 |                                      |                |  |  |
| should<br>should  |   |                   |                                  |                        |                                |                              |                          | 24a. Was<br>perfo               | an autopsy<br>med?                   | ev             | ere autopsy findings<br>eilable prior to<br>mpleton of cause |  |
| hes<br>ye 2   |   |                   |                                  |                        |                                |                              |                          |                                 |                                      |                | death?   |  |
|   |   |                   |                                  |                        |                                |                              |                          | 198                             | Yes 2□No                             | 16             | Yes 2 No   |  |
| Be Be   | 25. Was case referred to medical examiner?  |                   |                                  |                        |                                |                              | 6. Plece of Deal         | th (Check only o                | one)                                 |                |  |  |
| 0 0   | 1 Yes 2 No  | Hospital:         | Inpatiant 21                     | ER/Outpatler           | nt 3□ DOA                      | Other:                       | 4 Nursing Ho             | ome 5 Resi                      | dence 6 Oth                          | er (Specif     | ý)   |  |
| To Le   | 27. Manner of Death  14 Netural 5 Pending 2 Accident invastigat   |                   | of Injury<br>ath, Day Year)      | 28b. Time o<br>Injury  | 28c.                           | Injury et<br>Work?<br>1  Yes | 2 □ No                   | 28d. Dascribe                   | now injury occur                     | red            |  |  |
| Director: Af<br>d in by the fu<br>ertification                            | 3 Suicida 6 Could not determine   | be 28a. Place     | a of Injury - At ing, etc. (Spec | 1 1                    |                                |                              |                          | 28f. Location (                 | 04                                   |                |  |  |

29a. Certifier (Check only one) 29b. Signature and title of certifier

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and dua to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29d. Date signed (Month, Day, Year) 29c. Licansa number

O.C.M.E.

JUNE 24, 1998

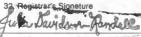
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

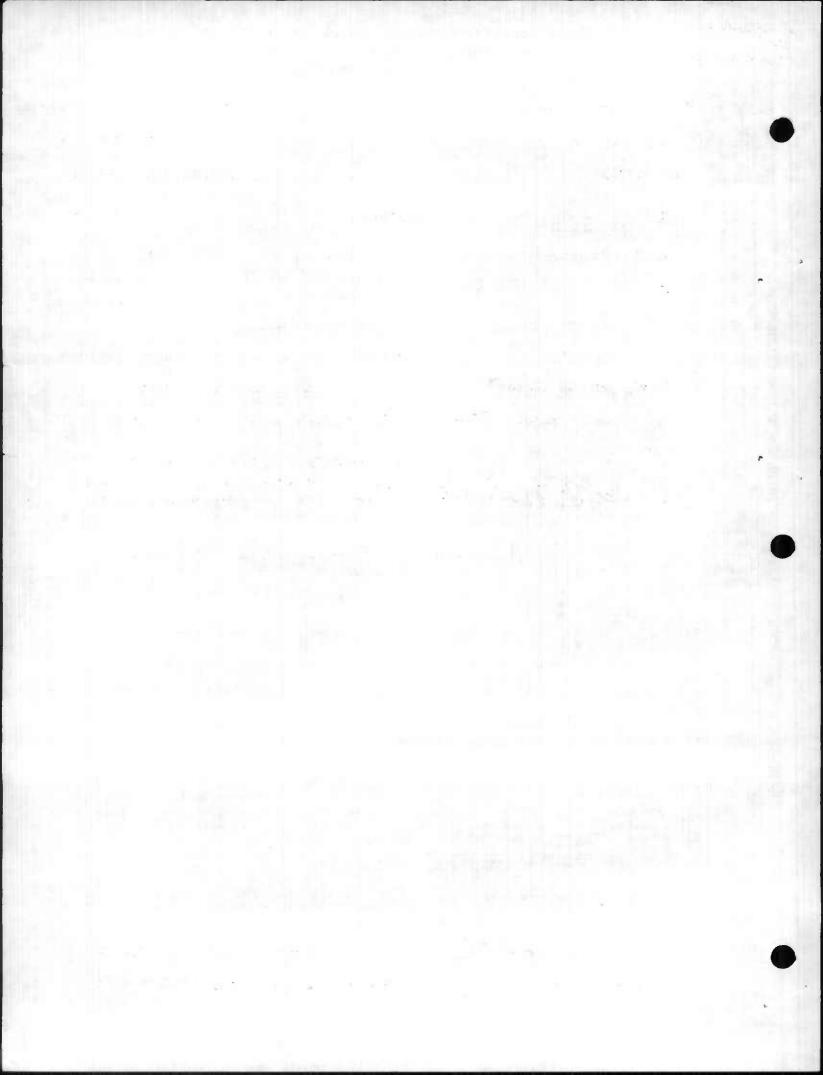
David Fowler, M.D.

111 Penn Street, Baltimore, Maryland 21201

State Registrar

31. Dete filed (Month, Day, Year)





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend: #7 Per FH Film G761 7-2-98RC Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Day O Month June **Physician** Charles Edward Bond 04-03PM /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** ER Fallston General Hospital Fallston Harford If Under 1 Year Months Days 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 24 Hrs. Birthplece (State or Foreign Country) **Funeral** 10 M 2□ F Hours 220-00-9698 54 Yrs. Director MARYLand Usual Residence of Decedent the Manyland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits d other than "natural", or items 23a or 28a-f show evant, the Medical Examiner must be notified at 1 Yes 2 No MARILANd Balto. Directo Soppalown 10s, Street and Number 10g. Citizen of Whet Country? 412 Dembe USA own Funeral 72 hours after death 12. Wes Decedent Ever in U,S Armed Forces? 14. Rece - American Indian, Bleck, White, etc. 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 D No If Yes, Give Yeer or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Black 1 ☐ Yes 2 No by Specify: 3 ☐ Widowed 4 ☑ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry oncrete 2 should be filed within 72 and Mental Hygiene.
Is marked other than "na Elamantary/Secondary (0-12) Collaga (1-4or 5+) Susque hann A OWTRUCK DRIVER 17. Fether's Name (First, Middla, Last) 18. Mother's Nama (First, Middle, Melden Simama) 20 Joseph Bond MARY Chase permit. Pages 1 and 2 sh Department of Health and Important; if Nem 27 is me any Injury or 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) 19a. Informant's Name/Relationship (Type, Print) 2731 Balto. 30 nd Rober 20b. Plece of Disposition (Neme of 20a. Method of Disposition Date 1 Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Feneral Service Licensee 1639 N. BROadway 231. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest shock or heart feilure. List only one cause on each line. Approximete interval Between Onset end Deeth **Physician** immediate Cause (Final disease or condition resulting in death) /Medical Acute Anaphylaxis Examiner Due to (or as a consequence of): Physician/Medical Examiner Bee Stings Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Causa (Disease or Injury that Initieted events resulting In death) Last Due to (or as a consequence of): physician Box 6876d the Due to (or as e consequence of): certificete SE ettending USB a 50 Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? the 1 Yes 2 No 3 Probably 4 Unknown Diabetes Mellitus þ Completed 24a. Wes en eutopsy performed? 24b. Were eutopsy findings Deen evailable prior to completion of cause of death? 390 certificate 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ ▼10 25. Was cesa rafarred to medicel axaminar? Be 26. Placa of Daath (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ XER/Outpetient 3 ☐ DOA 2 1. Yes 2 No

Division of Vital Records, P.O. or Attending Physician: this funeral Certification: deeth. Director: yd ni • Funeral DI Hospital Medical To the Function

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Mannar of Death 28a. Data of injury (Month, Day Year) 28b. Tima of Injury 28d. Dascribe how injury occurred 1 Natural 5 ☐ Pending investigation 1 ☐ Yes 2 ☐ No Accident 28e. Place of Injury - At home, farm, street, factory, office building etc. (Specify)
412 Denbytowne RD Stung by bees 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 412 Denbytowne RD 4 \ Homicida 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, data and piece, and due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end piece, and due to the ceuse(s) and menner stated. 29a. Certifier (Check only one)

To the I

30. Name and address of person who complated ceuse of daeth (Itam 23a) (Type, Print) G.Prabhu M.D. 218 Fulford 31. Dete filed (Month, Day, Year)

JUL 021998

29b. Signature end title of certifie

Ave Bel Air MD. 21014 410-879-6564

29c. License number

OCME

29d. Dete signed (Month, Dey, Year)

6 - 30 - 98

State Registrar

32. Registrar's Signature ulia Davidson

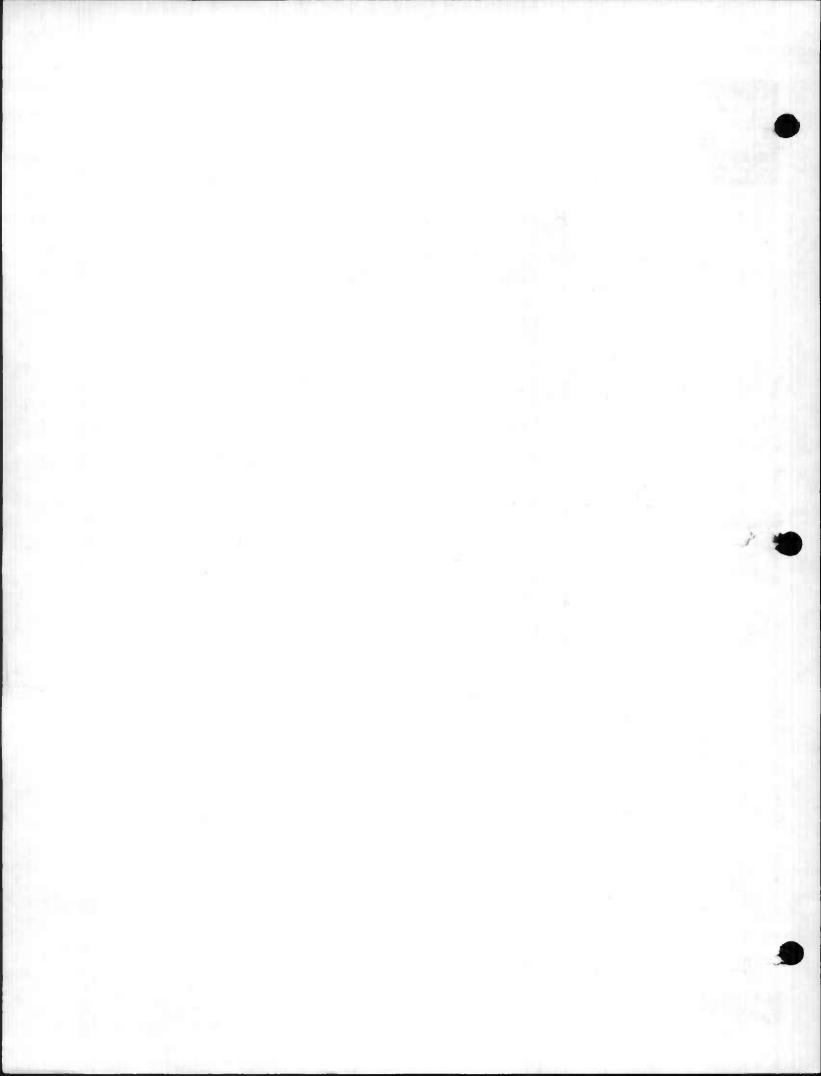
DME

The state of the s

State of Maryland / Department of Health and Mental Hygiene

|  |                  |      |  | otato or mary.   | Certific   |                       |   | violitai vij                | Reg. No.                       | 20                      | 3//   |  |  |  |  |
|--|------------------|------|--|--|--|-----------------------|---|-----------------------------|--------------------------------|-------------------------|---|--|--|--|--|
|  |                  |      | 1. Decedent's Neme (First, Middle, I   | Last)  |  |                       | . 22 1  | 2. Date of De               |                                | Veer                    | 3. Time of Deeth  |  |  |  |  |
|  | sician<br>edical |      |  | Vaseema  |  | B                     | aig   | June                        | 30 N                           | Yaar<br>QQS             | 2:52 pm   |  |  |  |  |
|  | minei            | -    | 4a. Facility Name (If not institution, g   | riva street and number)  |  |                       | 4b. City, Town, or  |                             |                                |                         |   |  |  |  |  |
|  |                  | ı    | Johns Hopkin   | is Bayview   |  |                       | Balti   | more                        |                                |                         |   |  |  |  |  |
| Fune<br>Direct   |                  |      | 5. Social Security Number  2-18-02-9896  Usual Residence of Decedent   | Sex 7. Age (In y   | Adams.   | hs Day                |   | (Month, Di                  | rth<br>ay, Year)<br>-1946      | 9. Birthple<br>Country  | In dia  |  |  |  |  |
| and  |                  | - 1- | 10a. State 10b. County   | 10c.   | City, Town or Location                           |                       | )   |                             |                                | 100                     | d. Inside City Limits   |  |  |  |  |
| ha Mary<br>8a-1 sho  | Funeral Director | 5    |  | Balto  |  | suil                  |   |                             |                                |                         | 1 ☐ Yes 2 No  |  |  |  |  |
| with t   | È                | 5    | 10e. Street and Number   | in the   | , 10f.   | Zip Code              | 0866  |                             | 10g. Citizen of                | Whet Country            | A3  |  |  |  |  |
| asth<br>23   | 67               | 2    |  | 12. Wes Decedent Ever in   | Drive  |                       |   | ancife Van as N             | 14 80                          | MOLICA<br>ce - American | Indian  |  |  |  |  |
| Ind 21215-0020  Se filed within 72 hours after death with the Maryland tal Hygiene.  Tal Hygiene.  The Hygiene of the file of the file of the second  | PV File          |      | 11. Merital Status  1 □ Nevar Marriad 2 Married  3 □ Widowed 4 □ Divorced  | Armed Forcas?  |  |                       | f Hispanlc Origin? (S<br>lban, Mexican, Puert<br>o Specify: | o Rican, atc.)              | Bia<br>Specif                  | ck, White, etc.         |   |  |  |  |  |
| 5-0<br>72 ho   | 1                | 3    | 15. Decedent's   | Education  | 16a. Decedent's L                                | Isual Occ             | upation   | dela a                      | 16b. Kind ot B                 |                         |   |  |  |  |  |
| ore, Maryland 21215-0<br>s 1 and 2 should be filed within 72 hr<br>if Health and Manlal Hygiene,<br>from 27 is marked other than "natur<br>other traumatic event, the Wesica   | Completed        |      | (Specify only highast of Elementary/Secondary (0-12)   | College (1-4or 5+)  3 y-ears   | //   | Tuse retii            | e during most of wor<br>red)<br>), fe                       | King                        | Ho                             | me                      |   |  |  |  |  |
| nd e file other  | 8                |      | 17. Father's Neme (First, Middle, La   |  |  |                       | 18. Mother's Ner  | me (First, Middle           | , Maiden Sumar                 | ne)                     |   |  |  |  |  |
| Maryland d2 should be file h and Mantal Hy 7 is merked oth traumetic event   | C                |      | Khawaja K  | areemuddi  | 1  |                       | Mahm  | 100d K                      | areer                          | nudd                    | lin   |  |  |  |  |
| Aar<br>2 sho<br>and<br>is me   |                  |      | 19e. Informent's Neme/Reletionship   | 110000   | 19b. Mailing Add                                 | ress (Stree           | et and Number or Ru   | ral Route Numb              | per, City or Town              | Stete, Zip C            | code) 20 8,66   |  |  |  |  |
| e, R<br>1 and<br>Haalth<br>9m 27<br>ther tr  |                  |      | Mirza Azma   | tullah - Baig  | 14305  | 701                   | ry wood   | Drive                       |                                | tonsul                  | 1/2 Mil   |  |  |  |  |
| Pagas 1<br>nent of H   |                  | 1    | 20a. Method ot Disposition 1 ⊠Burial 2 □ Cramation 3   |  | p. Plece of Disposition (<br>cemetery, crematory | Name of<br>or other p | laca)   | Date                        | 20c. Location                  | City or Tow             | n, State  |  |  |  |  |
| timen<br>tant:   |                  |      | 4 Donation 5 ☐ Other (Spec   | oity)  | King Mer   | 40170                 | al Partl  | 7-1-98                      | rund                           | allsti                  | in, red   |  |  |  |  |
| Baltimore, N<br>permit. Pagas 1 and<br>Department of Haalth<br>Important: If Item 27<br>any Inlury or other to   | ouce.            |      | 21. Signatura of Funaral Service Licensee  22. Jame and Address of Facility  22. Jame and Address of Facility  21. Signatura of Funaral Service Licensee  22. Jame and Address of Facility  23. Jame and Address of Facility  24. Jame and Address of Facility  26. Jame and Address of Facility  27. Jame and Address o |  |  |                       |   |                             |                                |                         |   |  |  |  |  |
|  |                  | 1    | 23a. Part1. Enter the disease, or to   | mplications that caused the de   | eeth. Do not enter the r                         | node of d             | ying, such as cardiad                                       | or respiratory              | rrest,                         |                         | Approximate nterval Between                                       |  |  |  |  |
| Physicia   | an               | 1    | Groom, or House Innation Else Off  | y one cause on each me.  |  |                       |   |                             |                                | Ċ                       | Onset and Death   |  |  |  |  |
| ° /Mēdic   | al               | - 11 | tmmediate Ceuse (Finei disaasa or condition  | · Sepsis   |  |                       |   |                             |                                | 1 2                     | 0 06  |  |  |  |  |
| Examin   |                  | М.   | resulting In death)  |  | o (or es e consequenca                           | of):                  |   |                             |                                |                         | days  |  |  |  |  |
| P ==   | <u>e</u>         |      |  | h h  |  |                       |   |                             |                                | i i                     |   |  |  |  |  |
| and hard   | Examiner         |      | Sequentially list conditions,  | Due to   | o (or es e consequenca                           | of):                  |   |                             |                                | -                       |   |  |  |  |  |
| 8  |                  |      | Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Ceuse (Disease or injury thet initiated events  | C  |  |                       |   |                             |                                |                         |   |  |  |  |  |
| 184  | edicai           |      | resulting in deeth) Last   | Due to   | (or as a consequenca                             | ot):                  |   |                             |                                |                         |   |  |  |  |  |
| certification of the state of t | 100              |      |  | d  |  |                       |   |                             |                                |                         |   |  |  |  |  |
| Box<br>aath cert<br>attendin<br>I for usa  | Cia              |      |  |  |  |                       |   |                             |                                |                         |   |  |  |  |  |
| , P.O. BOX<br>that the death cer<br>ed by the attendin<br>detached for use   | Physician/N      |      | Part II. Other significant conditions  | contributing to death but not i  | esulting in the underlyir                        | ng cause (            | given in Pert I.  |                             | Yes 2MNo                       |                         | he causa of desth?  |  |  |  |  |
| that the detail  | by P             |      | Guillain - P   | barne  | -  |                       |   | 1                           | THE ZIALNO                     | 3 Proba                 | biy 4 Onknown   |  |  |  |  |
| I Records, P.O. Box The law requires that the death cent ate has been signed by the attending  | Completed b      |      |  |  |  |                       |   |                             | an autopsy<br>ormed?           | avail                   | e autopsy tindings<br>lable prior to<br>pletion of cause<br>eath? |  |  |  |  |
| The law ate has page 2:  | , E              |      |  |  |  |                       |   | 10                          | Yes 2 No                       | 10                      | Yes 2□ No   |  |  |  |  |
|  | Be               |      | 25. Was case referred to medical   |  |  |                       | 26. Place of Dea  | ath (Check only             | one)                           |                         |   |  |  |  |  |
| - 5 0 T  | To               |      | exeminer? 1 Yes 2 No   | Hospital: 1 Inpatient 2  | □ ER/Outpatient 3□                               | DOA C                 | othar: 4□ Nursing H   | lome 5 Res                  | idenca 8 🗆 Oti                 | ner (Specify)           |   |  |  |  |  |
| O C B Ph O C Ph  | i i              |      | 27. Manner of Death  | 28e. Date of Injury<br>(Month, Day Yeer                                      | 28b. Time ot<br>Injury                           | 28c. Inj              | jury at<br>/ork?  | 28d. Describe               | how injury oocu                | rred                    |   |  |  |  |  |
| SiOI<br>eath.<br>or: Af  | atic             |      | 1 🖾 Netural 5 🗆 Pending 2 🗆 Accident Investigat  | ion  | М  |                       | ☐Yes 2☐No   |                             |                                |                         |   |  |  |  |  |
| Division  at or Attending Is after death.  I Director: After de in by the funal  | Certification:   |      | 3 Sulcide 6 Could not determine  | 28e. Place of Injury - A building, etc. (Spe                                 | t home, farm, street, fac<br>ocify)              | ctory, office         | 0   | 28f. Location<br>City or To | (Street and Num.<br>wn, Stete) | ber or Rural I          | Poute Number,   |  |  |  |  |
| Division of To the Hospital or Attending Privation 24 hours after death.  To the Funeral Director: After this completaly filed in by the funeral   | edical           |      |  | Physician: To the best of my kaminer: On the basis of examend menner steted. |  |                       |   |                             |                                |                         |   |  |  |  |  |
| Verithing To the | ×                |      | 29b. Signature and title of cartiflar 29c. License number 29d. Date signed (   |  |  |                       |   |                             |                                |                         |   |  |  |  |  |
|  |                  |      | Neely &  | Grogan   | MD   | C                     | 18027   |                             | Lune                           | 30                      | 1998  |  |  |  |  |
| 1  | -                | ;    | 30. Name and address of person wh  |  | tem 23e) (Type, Print)                           |                       |   |                             |                                |                         |   |  |  |  |  |
| 0  |                  |      | Kelly Groga  |  | ast Batti  |                       | 2 Street  | BaH                         | more                           | WD                      | 21324   |  |  |  |  |
|  | State            |      | 31. Date tiled (Month, Dey, Year)  | 32. Registrar's Signary  | mature Mandal                                    | 2                     |   |                             |                                |                         |   |  |  |  |  |

DHMH 16 Ray 6/95

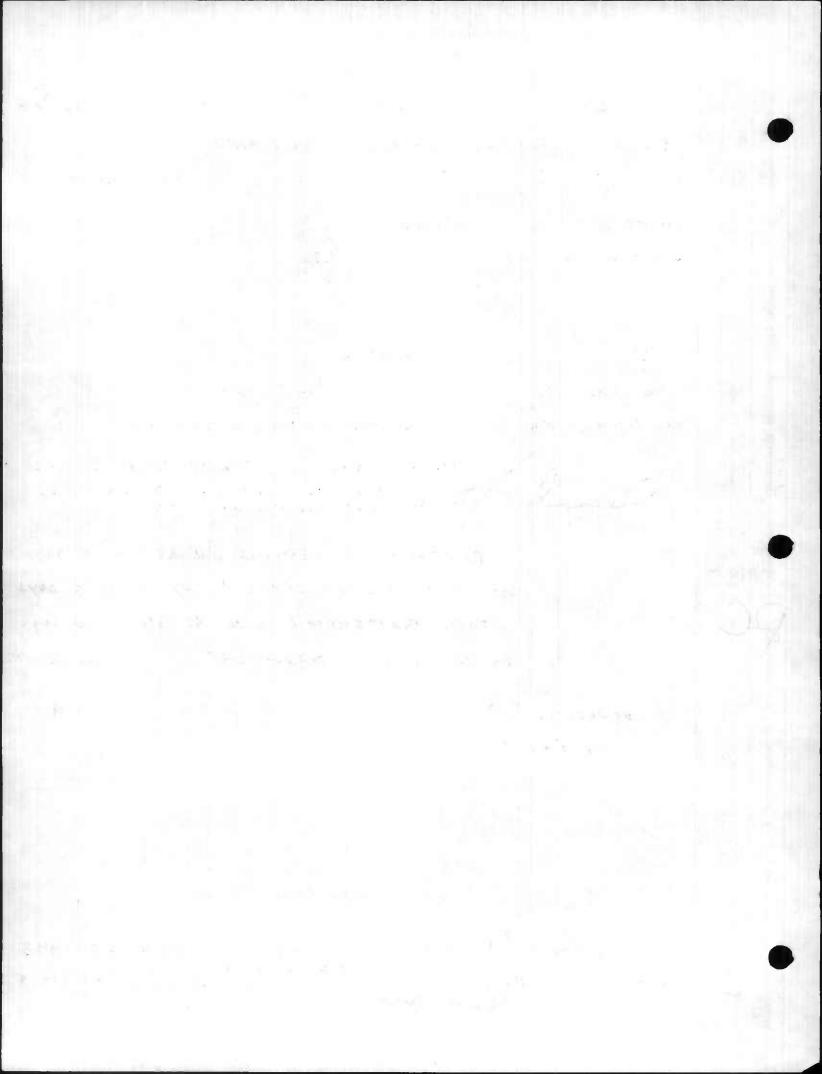


State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 1 Decedant's Nama (First Middle Last) 2 Data of Death 3. Time of Death Month 1998 **Physician** BARRETT LEDN 10 JUNE 25 /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Facility Nama (If not institution, giva street and number) Examiner MEDICAL CENTER BALTIMORE
If Undar 1 Yaer | If Undar 24 Hrs. | 8. Data of 1berT1 Birthplaca (State or Foreign Country) 5. Social Security Number 6. Sax 7. Age (In yrs. last birthday) M 20 F Months Days 45 Yrs. 212-58-3061 Director 11/09/1952 Maryland Usual Rasidance of Decedant the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r is marked other than "natural", or items 23a or 28a-f ahov traumatic event, the Modical Examiner must be notified at 1 Yes 2 □ No Directo Maryland Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 2358 McCullough Street U.S.A. 21217 Funeral 13. Was Decedent of Hispenic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 12. Was Dacedant Evar in U,S. Armed Forcas? 14. Rece - American Indian, Black, Whita, atc. permit. Pages 1 end 2 should be filed within 72 hours affer to Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or iten any injury or other traumatic event, the Medical Examinations. 1 Yes 2 No If Yas, Give Yaar or Detas: 1₺ Never Married 2□ Married 1 Yas 2 No Specify: Specify: Black py 3 ☐ Wirdowad 4 ☐ Divorced Completed 15. Dacedant's Education (Specify only highest grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16h. Kind of Business/Industry Elemantery/Secondary (0-12) Collega (1-4or 5+) Hone 12 Unemployed 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) John A Barrett Jr. Ruth Johnson 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Ruth Barrett / Mother 1623 Druid Hill Ave., Baltimore, Maryland 21216 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removel Irom State 4 ☐ Donation 5 ☐ Othar (Specify) Zion Cemetery 07/02/98Landsdowne, Maryland 21. Signature of Funeral Service Leagues 22. Nama and Addrass of Facility The Derrick C. Jones Funeral Home, 4611 Park Heights Ave., Baltimore, Maryland 21215

Do not antar the mode of dying, such as cerdiac or respiretory errast,

Approximate 23a. Part1. Entar tha disease, or complications that a shock, or heart failure. List only one cause on Who death. Interval Batween Onsat and Daath **Physician** Immediata Causa (Final disaasa or condition rasulting in daath) /Medical PNHEMONIA WILL SEPSIS BILATERAL 5 DAYS Examiner Physician/Medical Examiner ENCEPHALUPATHY SEVERE ANUMIC DAYL Sequentially list conditions, if any, laading to immadiata ceuse. Enter Underlying Causa (Disaasa or Injury that Initiated avants rasulting in daath) Last SEP515 STAPH BACTEREMAIA Dua to (or as a consequance of): DRUG USE UNKNIWN INTRA - VENUUS Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t d be datach 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown HEPATITIS Division of Vital Records, þ 24b. Wera autopsy findings available prior to complation of cause of death? been si 24a. Was an autopsy performad? Completed HIV (+VE) has certificate ha 1 Yes 2 No 1 Yas 2 No or Attending Physician: 25. Was cesa rafarred to madicel axaminar? Be 26. Place of Death (Check only ona) To Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA this funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28h Time of 28c. Injury at Work? Certification: After 5 Panding invastigation 1 Yas 2 No death. 2 Accidant within 24 hours after death To the Funeral Director: completaly filled in by the 6 Could not be datermined 3 Suicida 281. Location (Street end Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At home, larm, straet, factory, office building, atc. (Specify) 4 Homicide edical 29a. Cartifian 1 🖫 Certifying Phyelcian: To tha bast ol my knowladga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner stated. (Check only one) 29b. Signatura and titla of certifier 29c. License number 29d. Data signed (Month, Dey, Year) MD, 23300 JUNE 25 30. Name and addrass of person who completed cause of death (Item 23a) (Type, Print) Liberty Medical Leutn SUDHIR, D. PATE2 PATEZ. 2600 dil mis D. 21215

State Registrar



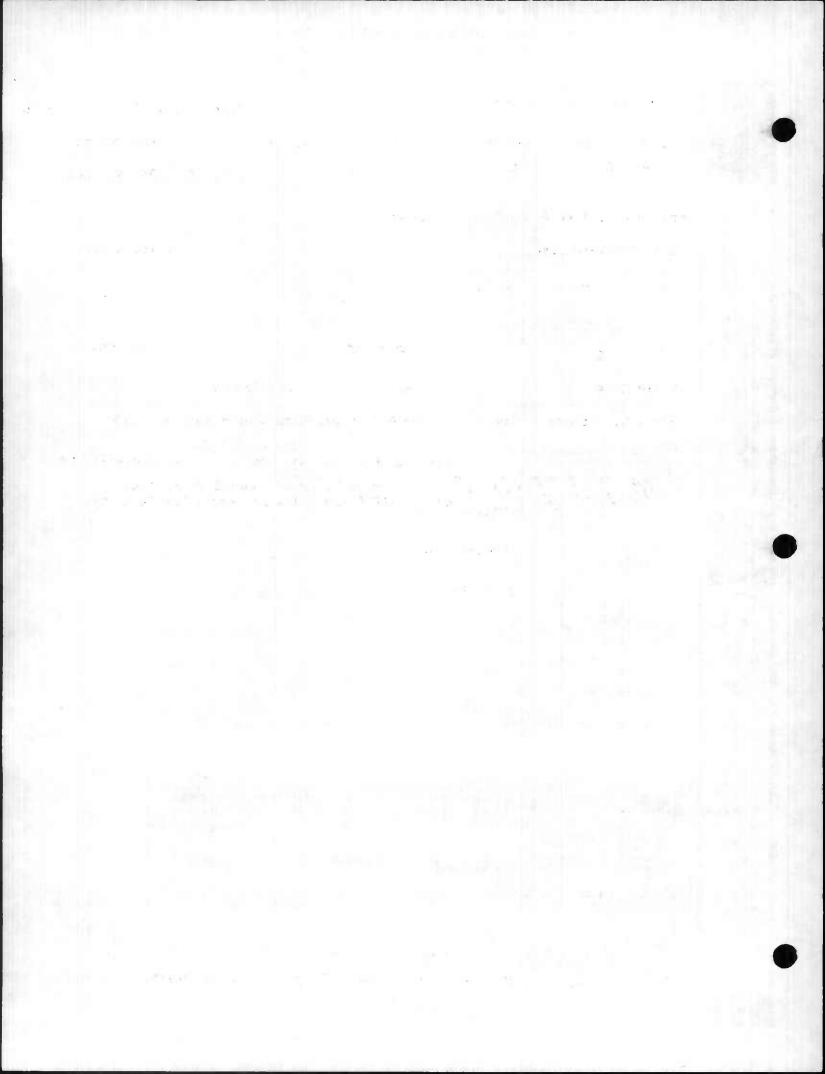
| Conclusion Share (Pint) Marker P. B.CCHY   South of Death   South Share (Pint) Marker P. B.CCHY   South Share (Pint) Marker P. B.CCHY   South Share (Pint) Marker P. B.CCHY   South Share (Pint) Marker P. B.CCHY   South Share (Pint) Marker P. B.CCHY   South Share (Pint) Marker P. B.CCHY   South Share (Pint) Marker P. B.CCHY   South Share (Pint) Marker P. B.CCHY   South Share (Pint) Marker P. B.CCHY   South Share (Pint) Marker P. B.C.CHY   Sout   |                             |  | 1 7-2-98RC  |  |  |                             |                                      |  | Death  | nd Mental                              | Reg. N  | lo.                                      | 3 2                                    | .0379                 |
|--|-----------------------------|--|---|--|--|-----------------------------|--------------------------------------|--|--|--|---|--|--|-----------------------|
| As Seeds Part Number 2, 1998 4:30 PI  As Early Name (Front Installation part stream and number) COLLINSWOOD NURSING HOME COLLINSWOOD NURSING COLLINSWOO | ian                         |  |   | ast)   |  |                             |                                      |  |  |  |   | ay                                       | Yaar                                   |                       |
| COLLINSMOOD NURSING HOME  5. Social Security Number  2. Social Security Number  2. Social Security Number  2. Social Security Number  2. Social Security Number  2. Social Security Number  2. Social Security Number  2. Social Security Number  2. Social Security Number  2. Social Security Number  2. Social Security Number  2. Social Security Number  2. Social Security Number  2. Social Security Number  2. Social Security Number  2. Social Security Number  2. Social Security Number  3. Social Security Num |                             |  |   |  |  |                             |                                      |  | Ob Tour  |  |   |  |  | 4:30 P                |
| 219-01-7570 PCM SIM SIF 79 Yrs. Mornins Days Hours Min. Alkabet. Daily 199 MAYSIAND  100 College 1 1 | ner                         | Market Street  |   |  | 7)   |                             |                                      |  | ROCK   | VILLE                                  |   |  |  | Y                     |
| Total States   Total Country   |                             | 219-01-7   | 7570  |  |  |                             |                                      |  |  | Min. (Monti                            | 26,1  |  |  |                       |
| VA ORANGE LOCUST GROVE   100 Ze Code   100 Citizen of What Country?   103 MT. PLEASANT DRIVE   100 Ze Code   100 Citizen of What Country?   11. Martin Status   12 Was Decaders Ever in U.S.   12 Was Decaders of Figures City (7 Sec. of 10 No. 11. Martin Status   12 Was Decaders Ever in U.S.   12 Was Decaders of Figures City (7 Sec. of 10 No. 11. Martin Status   12 Was Decaders Ever in U.S.   12 Was Decaders of Figures City (7 Sec. of 10 No. 11. Martin Status   12 Was Decaders of Figures City (7 Sec. of 10 No. 11. Martin Status   12 Was Decaders of Figures City (7 Sec. of 10 No. 11. Martin Status   12 Was Decaders of Figures City (7 Sec. of 10 No. 11. Martin Status   12 Was Decaders of Figures (7 Sec. of 10 No. 11. Martin Status   12 Was Decaders of Figures (10 No. 11. Martin Status   12 Was Decaders   12 Was De   |                             |  |   |  | 10c. Cit   | y, Town or Lo               | ocation                              |  |  | SEPTEMI                                | 3FK   | _  | 1                                      | 0d. Insida City L     |
| 3   Widowed 4   Divorced   Virta, Live   Specify: WHITE   Specify: Specify: Specify: White   Specify: White   Specify: Specify: Specify: Specify: White   Specify: Sp | to                          | VA   | ORANGE  |  |  | LOCUST                      | GROV                                 | VE   |  |  |   |  |  |                       |
| Solution   Solution   Specific    | rec                         |  |   |  |  |                             |                                      |  |  |  | 10g. C  | itizan of W                              | /hat Coun                              | itry?                 |
| Solution   Comparing Control (Comparing Control (   | a D                         | 193 MT.  | PLEASANT  | DRIVE  |  |                             |                                      | 2250   | 08   |  |   | U.S.A                                    | Α.                                     |                       |
| Security   Education   Education   Education   Security   Education   Security   Education   Security   Education   Security   Education   Security   Se   | by Funer                    | 1 🗆 Navar Ma   | arried 2 Married                                  | Armed Forcas<br>1-7 Yas 2<br>If Yas, Giva                        | ?<br>) No  |                             |                                      |  |  | n? (Specify Yas c<br>Puarto Rican, atc | or No-  | Black                                    | k, Whita,                              | atc.                  |
| Securitally list conditions   Securitally list list list list list list list list                |                             |  | pecify only highast gra                           | ada complated)   | 5+)  | 16a. Dece<br>(Giva<br>lifa. | dant's Usu<br>kind of wo<br>DO NOT u | ork dona d<br>sa ratired   | during most o<br>()                                  | f working                              | 16b.  |  |  | dustry                |
| JOHN BICHY  John BICHY  John Mailing Address (Street and Number or Rural Route Number, City or Town, Stans, Zip Code)  HOMAS BICHY (SND)  20s. Mailing Address (Street and Number or Rural Route Number, City or Town, Stans, Zip Code)  21 Submit 2   Cramation 3   Ramoval from State   4   Donation 5   Cohien (Specify)  22 Is Submit 2   Cramation 3   Ramoval from State   4   Donation 5   Cohien (Specify)  21 Submit 3   Financial Sarvice Licenses  LOUDON PARK CENETERY   4   Donation 5   Cohien (Specify)  22   Submit 3   Financial Sarvice Licenses  LOUDON PARK CENETERY   4   Submit 4   Submit 5 | Co                          |  |   |  |  |                             |                                      | SA   |  | None (First Mi                         | atalo Africa  |  |  |                       |
| THOMAS BICHY (SON)  20s. Mathod of Disposition of State 2 Commandor 3 Chamator 3 Chamator of Chamator of State 4 Chamator 3 Chamator of Ch | To Be                       | JOHN BI  | CHY   |  |  |                             |                                      |  | MYRT   | LE YOUNG                               | 3   |  |  |                       |
| 20. Place of Disposition (Name of Canada Can |                             |  |   |  |  |                             |                                      |  |  |  |   |  |  | Coda)                 |
| A   Donation   S   Donator (Specify)   |                             |  |   |  | 20b. P   | lace of Dispo               | sition (Na                           | ma of  |  |  |   |  |  | wn, Stata             |
| 21. Signature of Funeral Service Licensea  22. Nams and Address of Facility HUBBARD FUNERAL HOME INC. 4107 WILKERS AVENUE—BALTIMORE, MD 21229  23a. Part. Enter that disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Chest and Deat of Securities in the disease or conditions.  25a. Part. Enter that disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  25a. Part. Enter that disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  25a. Part. Enter that disease, or complications that cause of death or resulting in death)  25a. Due to (or as a consequence of):  25a. Due to (or as a consequence of):  25b. Due to (or as a consequence of):  25c. Due to (or as  |                             |  |   |  | a. I   |                             |                                      |  |  | 6/29/9                                 | 98  | BALT                                     | IMORE                                  | 2                     |
| 23a. Part I. Entar tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Battween shock, or heart failure. Use only one cause on each line.  Immediate Cause (Final disease or condition resulting in death)  Due to (or as a consequence of):  b. Due to (or as a consequence of):  c. Due to (or as a consequence of):  d. Due to (or as a consequence of):  d. Due to (or as a consequence of):  1   Yee 2   No 3   Yerobably 4   Unix    24a. Was an autopsy performed?  25b. Wars cass referred to medical assemble of death of d |                             | 21. Signatura of Funaral Sarvice Licensaa 22. Nama and Address of Facility |   |  |  |                             |                                      |  |  |  |   |  |  |                       |
| Immediate Cause (Final disease or condition rasulting in death)  Due to (or as a consequence of):  Due to (o |                             | OZO DOME COLO  |   | - Unable on the state of   | od the steet   |                             |                                      |  |  |  |   | E, MD                                    | 212                                    |                       |
| Cause (Disass or Injury Initiated evants and Injury Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  23b. Did tobacco use contribute to the cause of death of the cause of |                             | Immediata Caus<br>disaase or condi   | a (Final  | 0  | en   | ma                          | nic                                  | 1  | 0 :  | 0 0                                    |   |  |  |                       |
| Cause (Disease or Injury that initiated evants rasulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of the cause of (or as a consequence of the cause of (or as a consequence of the cause of (or as a consequence of the cause of (or as a consequence of the cause of (or as a consequence of the cause of (or as a c | amine                       | Sequantially list  | conditions.                                       | b. Chis  | Dua to (o  | r as a consac               | quance of):                          | ~  | the  | Pulmo                                  |   | y Dis                                    | 24                                     |                       |
| Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobacco use contribute to the cause of de 1   Yes 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 3   Probably 4   Unix 2   No 4   No  |                             | if any, leading to<br>cause. Enter Un<br>Cause (Disaasa                    | immediate<br>iderlying<br>or Injury               | C  |  |                             |                                      |  |  |  |   |  |  |                       |
| 24a. Was an autopsy find available prior to completion of cause of death?  25. Was casa referred to medical axaminar?  1   |                             |  |   | d.   | Dua to (or   | ras a consec                | juance of):                          |  |  |  |   |  | 1                                      |                       |
| 24a. Was an autopsy finding available prior to completion of cause of death?  25. Was case referred to medical axaminar?  1  | clan                        |  |   |  |  |                             |                                      |  |  |  |   |  | İ                                      |                       |
| 24a. Was an autopsy performed?  24b. Wars autopsy find available prior to completion of cause of death?  25. Was case referred to medical axaminar?  1   |                             | Part II. Other sign  | ement conditions of                               | contributing to death  | but not rasi   | ulting in tha u             | ndarlying o                          | ausa giv   | an in Part I.  |  |   |  | . /                                    |                       |
| 25. Was case referred to medical axaminar?    Yas 2   No   |                             |  |   |  |  |                             |                                      |  |  |  |   |  | ava                                    | allabla prior to      |
| 25. Was casa rafarred to medical axaminar?  1  | olet                        |  |   |  |  |                             |                                      |  |  |  | 1 🗆 Yas   | 2 <del>□N</del> 6                        |  |                       |
| Passive   Pass   | omplet                      |  |   |  |  |                             |                                      |  | 26. Placa of   | Death (Check o                         | only ona)   |  |  |                       |
| 27. Mannar of Death 1 Stratural 2 Accident 3 Sulcida 4 Homloida  28a. Data of Injury M 28b. Tima of Injury M 28c. Injury at Work? 1 Year 28c.  |                             | 25. Was casa raf   | arred to medical                                  |  |  |                             | _                                    | Oth:   | ar: AT Mirel   | no Homa 5□                             | Rasidance   | 6 □Otha                                  | r (Specif)                             | 1)                    |
| 29a. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the tima, data and place, and dua to the cause(s) and manner as stated. 29b. Signatura and titla of certifier  29b. Signatura and titla of certifier  29c. Licansa number  29d. Data signed (Month, Day, Year)   | Be                          | axaminar?<br>1∐ Yas 21   | ₽No   | Hospital:  | iant 2   | ER/Outpatie                 |                                      |  |  |  |   |  | nd                                     |                       |
| 29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signatura and titla of certifiar  29c. Licansa number  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  | To Be                       | axaminar?<br>1 ☐ Yas 2†<br>27. Mannar of De                                | No<br>eath<br>5 ☐ Pending                         | 28a. Data of In<br>(Month, D                                     | urv  | 28b. Tima o                 | f 2                                  | 28c. Injun<br>Worl   | at   | 28d. Dasc                              | ribe how in   | ury occurre                              | bu                                     |                       |
| 29b. Signatura and titla of certifiar  29c. Licansa number  29d. Data signed (Month, Day, Year)  D41931  June 26, 199  | To Be                       | axaminar? 1 □ Yas 21 27. Mannar of De 1 □ Natural 2 □ Accidant 3 □ Sulcida | eath 5 Pending Invastigation 6 Could not be       | 28a. Data of Inj<br>(Month, D                                    | ury<br>a <i>y Year)</i><br>njury - At ho                       | 28b. Tima o<br>Injury       | f 2                                  | 28c. Injun<br>Worl   | at   | 28d. Dasc                              | on (Straat  | and Numbe                                |  | l Routa Number,       |
| 198 - 0 D41931 June 26, 199,   | Certification: To Be        | axaminar? 1  | 5 Pending Invastigation 6 Could not be detarmined | 28a. Place of Ir<br>(Month, D<br>28a. Place of Ir<br>building, a | njury - At he  | 28b. Tima o<br>Injury       | M A Seat, factory                    | 28c. Injun<br>Word<br>1 1 2<br>y, offica                             | / at<br>⟨?<br>Yas 2 □ No<br>na, data and g           | 28d. Dasc 28f. Locati City o           | on (Straat<br>r Town, Ste                             | and Numbe                                | er or Aura                             | ated.                 |
| 000 000 000 000 000 000 000 000 000 00   | edical Certification: To Be | axaminar? 1  | 5 Pending Invastigation 6 Could not be detarmined | 28a. Data of Inj<br>(Month, D<br>28a. Place of Ir<br>building, a | ury<br>ay Year)<br>njury - At ho<br>to. (Spacif)<br>of my know | 28b. Tima o<br>Injury       | M 2<br>M reat, factory               | 28c. Injun<br>Worl<br>1 (1)<br>y, offica<br>at the tim<br>, in my of | yat<br>c?<br>Yas 2 No<br>na, data and pointon, death | 28d. Dasc 28f. Locati City o           | on (Straat<br>r Town, Sta<br>tha cause<br>ima, data a | and Number<br>(s) and mar<br>nd place, a | er or Rura<br>nner as st<br>and dua to | ated.<br>tha cause(s) |
|  | edical Certification: To Be | axaminar? 1  | 5 Pending Invastigation 6 Could not be detarmined | 28a. Data of Inj<br>(Month, D<br>28a. Place of Ir<br>building, a | ury<br>ay Year)<br>njury - At ho<br>to. (Spacif)<br>of my know | 28b. Tima o<br>Injury       | M 2<br>M reat, factory               | 28c. Injun<br>Worl<br>1 (1)<br>y, offica<br>at the tim<br>, in my of | yat<br>c?<br>Yas 2 No<br>na, data and pointon, death | 28d. Dasc 28f. Locati City o           | on (Straat<br>r Town, Sta<br>tha cause<br>ima, data a | and Number<br>(s) and mar<br>nd place, a | er or Rura<br>nner as st<br>and dua to | ated.<br>tha cause(s) |

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## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene

|  |  |  | Cer  | tificate of   | Death   |                                 | Reg. No.                          | 6.                       | 0300   |
|--|--|--|--|---|---|---------------------------------|-----------------------------------|--------------------------|--|
| Physician<br>/Medical  | 1. Decedent's Name (First, Middle, Last<br>Shirley M. B  | urgess   |  |   |   | 2. Dete of Dec<br>Month<br>June | Dey 19, 19                        | Yeer                     | 3. Time of Deeth 8:25 A.M  |
| Examiner   | 4e Facility Neme (If not institution, give   | street end number)   |  |   | 4b. City, Town, or Lo                                   | ocation of Deeth                | 4c. County                        | of Death                 |  |
| Funeral  | Larkin-Chase Nur   | x 7. Age (In   | yrs. lest birthdey)  | If Under 1 Year<br>Months Deys                      | Bowie If Under 24 Hrs. Hours Min.                       | 8. Date of Birt<br>(Month, De   | Prince                            |                          | rge's<br>ace (Stete or Foreign<br>ry)                                    |
| Director   |  | ]M 2⊠F   | 62 yrs.  |   |   |                                 | 5, 1935                           |                          | ginia  |
| ž ==   | Usuel Residence of Decedent  10e. Stete 10b. County  | 10c  | . City, Town or Loc  | ation   |   |                                 |                                   | 10                       | Od. Inside City Limits   |
| tor to   | Maryland Prince G  | eorge's  | Lanham   |   |   |                                 |                                   |                          | 1 Yes 2 No   |
| 23a or 28a-f a<br>nat be notified<br>al Director   | 10e. Street and Number<br>6326 Cipriano Roa  | d  |  | 10f. Zip Code                                       | 20706   |                                 | 10g. Citizen of W<br>United       |                          |  |
| al', or items 23a or 28a-f ahow<br>Examinet must be notified at<br>by Funeral Director   | 11. Meritel Stetus  1 Never Married Merried  3 Widowed 4 Divorced  | 12. Wes Decedent Ever<br>Armed Forces?<br>1 ☐ Yes 2 ☑ No<br>Il Yes, Give<br>Year or Dates: |  | Vas Decedent of P<br>Yes, specify Cub<br>☐ Yes 2 No | lispanic Origin? (Sp<br>en, Mexican, Puerto<br>Specify: | ecify Yes or No<br>Rican, etc.) | Biec                              | - America<br>k, White, e | etc.   |
| natural',<br>ndrai Eru<br>leted by   | 15. Decedent's Edu<br>(Specify only highest grad   | cation<br>e completed)   | 16a. Deced   | ent's Usual Occup                                   | petion<br>during most of work<br>d)                     | ing                             | 16b. Kind of Bu                   | siness/Ind               | lustry   |
| than<br>dmc  | Elementery/Secondery (0-12)  | College (1-4or 5+)   |  | <i>00 NOT</i> use <i>retire</i><br>maker            | d)  |                                 | Owr                               | 1 Hom                    | e  |
| raumatic avent, I  | 17. Fether's Neme (First, Middle, Last)  |  |  |   | 18. Mother's Name                                       | e (First, Middle,               | Meiden Sumem                      | e)                       |  |
| arked<br>atic a  | Ollie Moss   |  |  |   | Patti   |                                 |                                   |                          |  |
| .0 2   | 19a. Informent's Neme/Reletionship (7)   |  |  |   | end Number or Run<br>o Road La                          |                                 |                                   |                          | Code)  |
| if item 27 or other tr   | Frank W. Burgess 20e. Method of Disposition  | Husband  | h Place of Dispos  | ition (Name of                                      | T   |                                 | 20c. Location -                   |                          | wn, Stete  |
|  | XX Burial 2 Cremetion 3 F  | Removel from State   |  |   | ∞) June 25<br>1 Gardens                                 | , <sup>Date</sup> 98            | Davidso                           | nwil                     | 1 a MD   |
| any Injury o   | 21. Signeture of Funeral Service Licens  |  | 22.<br>R   | Name and Address obert E.                           | ess of Fecility<br>Evans Fu                             |                                 | ome, Inc                          |                          |  |
|  | 23a. Pert1. Enter the diseese, or comp<br>shock, or heert failure. List only o   | ications that are led the  | death. Do not ente   | bUUU Ann  | apolis Rd   | . Bowle                         | Marylar                           | 1d 20                    | /15<br>Approximete   |
| os the bring was desired in the second secon | resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest  | Brain Tu   | MOT to (or es e consequence co | uence of):  |   |                                 |                                   |                          |  |
| for use e  | Mark The Control of t | d  |  |   |   |                                 |                                   |                          |  |
| by Physician/M   | Pert II. Other significant conditions co   | ntributing to death but not  | t resulting in the un  | iderlying cause gi                                  | ven in Pert I.  |                                 | tobacco use cor<br>Yes 2□ No      | 3 Prot                   | the cause of death   |
| should   |  |  |  |   |   |                                 | an eutopsy<br>ormed?              | COI                      | ore autopsy tindings<br>bilable prior to<br>inpletion of cause<br>deeth? |
| page 2   |  |  |  |   |   | \$CX                            | Yes 2□No                          | OK                       | XYes 2□ No   |
| s certificate<br>director, pag<br>To Be Co   | 25. Wes case referred to medical examiner?   |  |  |   | 26. Plece of Deal                                       | th (Check only                  | one)                              |                          |  |
| After this funeral di  | 1 Yes 2 No  27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigation   | 1 Inpatient 28a. Dete of Injury (Month, Dey Yea  | 2 ER/Outpatien 28b. Time oi  | 28c. inju   | 7   |                                 | denca 6 Oth-<br>how injury occurr |                          | v)   |
| Certification:   | 3 Sulcide 6 Could not be determined  | 28e. Plece of injury -<br>building, etc. (Sp   |  | eet, fectory, office                                |   | 28f. Location (<br>City or To   | Street end Numb<br>wn, Stete)     | er or Rura               | l Route Number,  |
| To the Funeral Director:<br>completely filled in by the<br>Medical Certificat  |  | sician: To the best of my<br>ner: On the besis of exer<br>end menner steted.               |  |   |   |                                 |                                   |                          |  |
| To the   | 29b. Signeture and the of certifier  | //   |  | 29c. Licen  |   |                                 | 29d. Dete signe                   | d (Month,                | Dey, Year)   |
| 12   | ▶ (Yamile  | V Lah  | //   | DC  | - 2116:   | )                               | 6/30                              | 198                      |  |
| 10   | 30. Name end eddress of person who carried Pamela Blake, MD  | 3800 Reset   |  |   | nington D   | C. 200                          | 17_2197                           |                          |  |
| 1  | ramera brake, in   |  | LVIOL RUI  | IN Wasi   | TINGCOM D   |                                 | 01 21)1                           |                          |  |

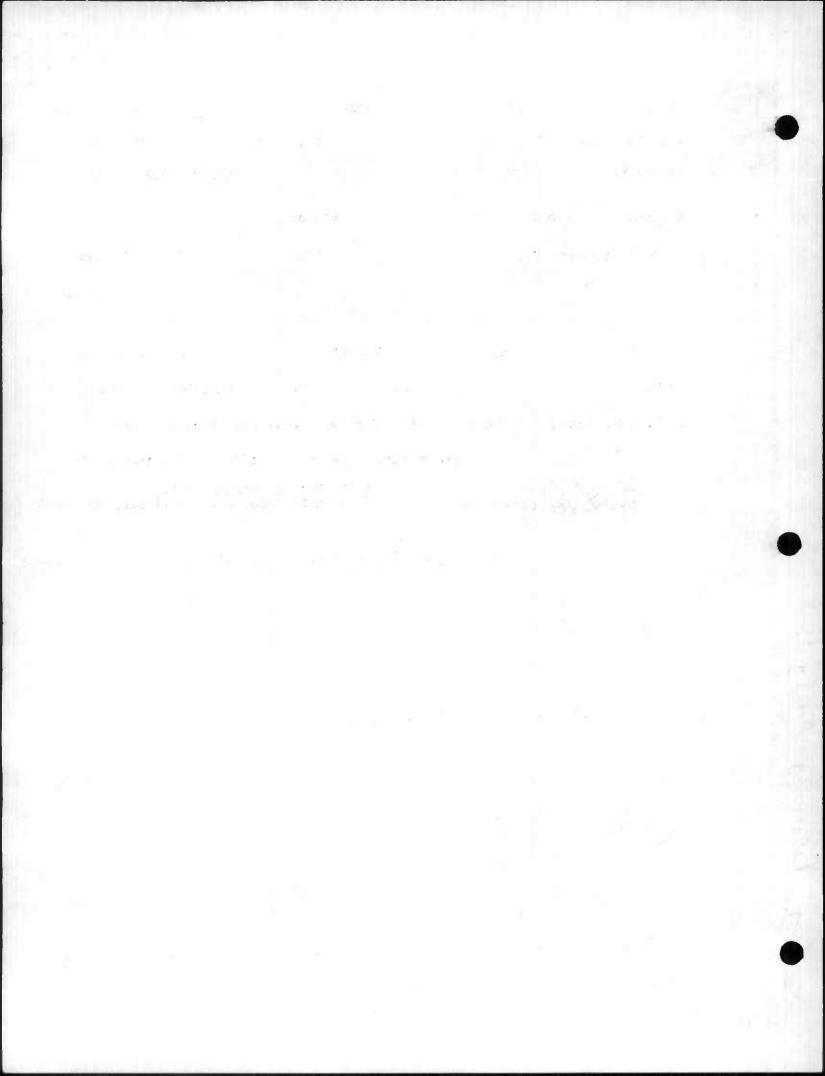
DHMH 16 Rev 6/95



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| Physician /Medical   |                   | Decedent's Neme (First, Middle, L  | .ast)   |  |  |  |   |  | 2. Date of Dea   |  |  | 3. Time of Death  |
|--|-------------------|--|---|--|--|--|---|--|--|--|--|---|
|  |                   | Mary   | Louise  |  |  | Benv   | vay   |  | June   | 29   | 1998   | 0615  |
| Examiner   | 4.0               | Facility Name (If not institution, g   | ive street and numb   | per)   |  |  | 4   | b. City, Town, or L  |  | 4c. County   |  | 00,0  |
|  | F                 | allston General  | Hospita1  |  |  |  |   | Fallston   |  | I  | Harfor   | d   |
| Funeral<br>Director  | 2                 | 88 38 1417   | Sex 7.<br>1 □ M 2 □ F   | Age (In yrs.   | last birthday,<br>Yrs.   | If Under 1 Y<br>Months D   | ear<br>ays  | If Under 24 Hrs.<br>Hours Min.   | 8. Date of Birth<br>(Month, Day<br>March 2   | Year)<br>1,1922  | 9. Birthpia<br>Country<br>Ohi  | ce (Stete or Foreign<br>y)<br>O   |
| Department of health and Mental Hygiens. Department of health and Mental Hygiens. Important: If them 27 is marked other than "natural; or items 23a or 28a-f show any injury or other traumatic event, the Medical Exprised must be notified as once.  To Be Completed by Funeral Director | 10a               | ual Residence of Decedent a. State 10b. County aryland Harf  | ord   | 10c. Ci  | ty, Town or L  |  | Fa  | 11ston   |  |  | 100  | d. Inside City Limits 1 ☐ Yes 2 🏋 No  |
| rec  | 106               | e. Street and Number   |   |  |  | 10f. Zip Co  |   |  | 1  | Og. Citizen of   | What Countr  | v?  |
| A O  |                   | 2822 Fallsmon  | t Dr.   |  |  |  |   | 21047  |  | United   | d Stat   | es  |
| by Funeral Director  |                   | Maritel Status  1 Never Merried 2 Married 3 Widowed 4 Divorced   | 12. Was Decede Armed Force 1  Yes 2 If Yes, Give Year or Dete   | es?<br>DINo  |  | Was Decedent<br>If Yes, specify<br>1 ☐ Yes 2   | _   | spenic Origin? (Sp<br>n, Mexican, Puerto<br>Specify:   | pecify Yes or No-<br>o Rican, etc.)  |  | ce - Americer<br>ck, White, et<br>y: W   |   |
| eted dra   |                   | 15. Decedent's (Specify only highest g   | Education   |  | 16a. Dece  | dent's Usual O   | ccupa   | ition  | kina   | 16b. Kind of B   | usiness/indu   | stry  |
| r, the Medical   | E                 | Elementary/Secondary (0-12)  | College (1-4<br>5+  | or 5+)   | life.  | Teache   |   | luring most of work  | All I  | Public   | c Scho   | ols   |
| Be   | 17.               | Father's Name (First, Middle, Las  | at)   |  | _  | _  |   | _  | ne (First, Middle,   |  | ne)  |   |
| To   |                   | Robert   |   |  | Bage   |  |   | Grace  | Eliza  |  | Coo  |   |
| 7 Is n   |                   | a. Informant's Name/Reletionship<br>illiam R. Benwa  |   | nd   |  | -  |   | nt Dr.,  |  |  |  | Code)   |
| other  |                   | Method of Disposition  | y / Husba   |  |  | osition (Neme of<br>matory or other  |   |  | Dete   | 20c. Location  | 21047<br>- City or Tow   | n, State  |
| y or   |                   | 1 ☐ Burial 2 【Cremation 3<br>4 ☐ Donation 5 ☐ Other (Spec  |   | HIO .  |  | matory or othe<br>unt Cre  |   |  | 1/98   | Baltin   |  |   |
| injur  | 21.               | Signature of Funeral Attrace Idea  |   | 02   |  | 2. Name end A  |   |  | 1/ 30  | Daiti  | liote,   | PID .   |
| any ir   | ļ.                | > the same   | 11  |  |  | CAFA St  | epl   | hen D. La<br>n Pastur  | ohrmann  | P.A.   |  | D 21286   |
| ilcian<br>edical<br>miner  | lmi<br>dis<br>res | Pert1. Enter the disease, or conshock, or heart failure. List only mediate Cause (Final ease or condition sulting in deeth)  | y one cause on eac  | ong  | or as e conse  | we   | ,   | end f  |  |  | li li  | Approximate nterval Between Onset end Deeth   |
| Examiner   |                   | quentially list conditions,<br>ny, leeding to immediate<br>use. Enter Underlying<br>use (Disease or injury   | b   | Due to (d  | or as a conse  | 1  |   |  |  |  | 1  |   |
| 3 6  | I Ca              |  |   |  |  | quence of):  |   |  |  |  |  |   |
| # J  | res               | use (Disease or injury<br>it initiated events<br>aulting in death) Lest  | c   | Due to (d  | r as a consec  |  |   |  |  |  |  |   |
| -  | res               | it intiated events<br>sulting in death) Lest   |   |  |  | quence of):  |   |  |  |  |  |   |
| Physician/M  | Par               | t initiated events unliting in death) Lest   |   | h but not res  | ulting in the u  | quence of):  |   | en in Part I.  | 23b. Did to  |  |  | hs cause of death?<br>bbly 4 □ Unknown  |
| by Physician/M   | Par               | t initiated events unliting in death) Lest   | contributing to deat  | h but not res  | ulting in the u  | quence of):  |   | en in Part I.  |  | n autopsy  | 3 Probe  | +   |
| by Physician/M   | Par               | t initiated events unliting in death) Lest   | contributing to deat  | h but not res  | ulting in the u  | quence of):  |   | en in Part I.  | 1 □ Y  | in autopsy med?  | 3 Probe  | e autopsy findings<br>lable prior to<br>pletton of ceuse<br>seth?                                   |
| Be Completed by Physician/M  | Par 25.           | t initiated events unliting in death) Lest   | contributing to deat  | h but not res  | ulting in the u  | quence of):  | 7   | 26. Place of Dee   | 1 ☐ Y  | in autopsy med?  | 3 Probe  | e autopsy findings<br>lable prior to<br>pletton of ceuse<br>seth?                                   |
| To Be Completed by Physician/M   | Par               | t Initiated events suiting in death) Lest  till. Other significant conditions  Was cese referred to medical examiner?  1 Yes 2 No  | Contributing to deat  | h but not res  | ulting In the u  | quence of): inderlying ceus  | Othe  | 26. Place of Dee<br>ef: 4⊡ Nursing H   | 24a. Wes a performance of the Check only or ome 5 Residue.   | In autopsy med?  es 2 No  nee 2 No  nee 6 Ott  | 3 Probe  24b. Werr evalit compored de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | e autopsy findings able prior to pletton of ceuse seth?   |
| To Be Completed by Physician/M   | Par 25.           | Was cese referred to medical examiner?  1   Yes   2   No  Manner of Death  1   Naturel   5   Pending   | Hospitel: To Inp  | h but not res  | ulting In the u  | nuence of):  underlying ceus  underlying ceus  nt 3 DOA  f 28c.                              | Othe  | 26. Place of Dee<br>ef: 4 □ Nursing H  | 24a. Wes a performance of the Check only or  | In autopsy med?  es 2 No  nee 2 No  nee 6 Ott  | 3 Probe  24b. Werr evalit compored de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | e autopsy findings able prior to pletton of ceuse seth?   |
| To Be Completed by Physician/M   | Parr 25.          | was cese referred to medical examiner?   | Hospitel: 12 Inp. 28a. Dete of (Month, on the 28e. Place of 28e. Place of 18e.  | h but not res  | ER/Outpatie 28b. Time of Injury  | quence of): inderlying ceus  | Other Injury Work                                       | 26. Place of Dee<br>ef: 4⊡ Nursing H   | 24a. Wes a performance of the Check only or ome 5 Residue.   | in autopsy med?  es 2 No es 2 No es 6 Otto ow injury occur   | 3 Probe  24b. Werrevali common of de  1 1 mer (Specify)  | e autopsy findings able prior to pletton of ceuse eeth?   |
| Certification: To Be Completed by Physician/M  | Par 25.           | Was cese referred to medical examiner?  I Naturel Caccident Caccid | Hospitel: 12 Inp. 28a. Dete of (Month, on the 28e. Place of 28e. Place of 18e.  | natient 2 Injury Day Year) Injury - At h. etc. (Specil                                     | ER/Outpatie 28b. Time of Injury ome, ferm, st  | inderlying ceus  Int 3 DOA  Int 28c.  M creet, factory, of                                   | Other Injury Work                                       | 26. Place of Dee  # 4 □ Nursing H  at  # yes 2 □ No  e, dete and place.  | 24a. Wes a performance of the control of the contro | in autopsy med?  es 2 No es 2 No es 2 No es 6 Ott ow injury occur treet and Numl n, Stete)  ause(s) end m  | 3 Probe  24b. Werrevality common of de 1 1 mer (Specify) mer (Specify) mer anner es stal   | e autopsy findings able prior to pletton of ceuse seth?  Yes 20 No                                  |
| To Be Completed by Physician/M   | Par 25.           | Was cese referred to medical examiner?  1   Nature    5   Pending investigating   1   Nature    2   Accident   3   Suicide   4   Homloide   2   Madical Examiner?  | Hospitel: 1 Inp  28a. Dete of (Month, on be 28e. Place of building, hysician: To the be miner: On the bask              | natient 2 Injury Day Year) Injury - At h. etc. (Specil                                     | ER/Outpatie 28b. Time of Injury ome, ferm, st  | nt 3 DOA  f 28c.  M reet, factory, of  | Other Injury Work                                       | 26. Place of Dee  # 4 □ Nursing H  at  # yes 2 □ No  e, dete and place.  | 24a. Wes a performance of the pe | in autopsy med?  es 2 No es 2 No es 2 No es 6 Ott ow injury occur treet and Numl n, Stete)  ause(s) end m  | 3 Probe  24b. Werrevality common of de to the  | e autopsy findings able prior to pletion of ceuse eeth?  Yes 2 No  Route Number,                    |
| edical Certification: To Be Completed by Physician/M   | Par 25.           | Was cese referred to medical examiner?  1   Vest    | Hospitel: 1 Inp  28a. Dete of (Month, on be 28e. Place of building, hysician: To the be miner: On the bask              | natient 2 Injury Day Year) Injury - At h. etc. (Specil                                     | ER/Outpatie 28b. Time of Injury ome, ferm, st  | inderlying ceus  Int 3 DOA  of 28c.  M  reet, factory, of  cocurred at the vestigation, in a | Other Injury Work 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 26. Place of Dee  # 4 Nursing H  at  ?  /es 2 No  e, dete and place, inlon, death occur  | 24a. Wes a performance of the pe | in autopsy med?  es 2 No es 2 No es 2 No es 6 Ott ow injury occur treet and Numb n, Stete)  ause(s) end mate and place,  | 3 Probe  24b. Werrevality common of de to the  | e autopsy findings able prior to pletion of ceuse eeth?  Yes 2 No  Route Number,                    |
| persy filed in by the function director, page 2 should be defined for use a edical Certification: To Be Completed by Physician/M.  | Par 25.           | Was cese referred to medical examiner?  1   Yes   2   No   | Hospitel: 1 Inp  28a. Dete of (Month, on be 28e. Place of building, hysician: To the be miner: On the bask and manner   | atient 2 Injury Day Year) Injury - At h, etc. (Specific stoff my knows of examinar stated. | ER/Outpatie<br>28b. Time of<br>Injury<br>ome, ferm, st<br>wledge, deat<br>tion and/or in | nt 3 DOA  f 28c.  M reet, factory, of  | Other Injury Work 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 26. Place of Dee  26. Place of Dee  4 \( \) Nursing H  27.  28. 2 \( \) No  29. No  20 | 24a. Wes a performance of the pe | in autopsy med?  es 2 No es 2 No es 2 No es 2 No es 6 Ott ow injury occur treet and Numb n, Stete)  ause(s) end m ate and place, es 20 No es 2 | 3 Probe  24b. Werr evaling common of de the common of de the common of de the common of de the common of de the common of de the common of de the common of de the common of de the common of details and due to the common of details and due to the common of details and de to the common of details and detail | e autopsy findings able prior to pletton of ceuse seth?  Yes 20 No  Route Number,  led. he ceuse(s) |
| The Function Director. After this certificate has been signed by the attending pietely filled in by the function, page 2 should be detached for use a edical Certification: To Be Completed by Physician/M.  | Par 25.           | Was cese referred to medical examiner?  1   Vest    | Hospitel: 1 Inp 28a. Dete of (Month, on the beat and manner) 28c. Place of building, thysician: To the beat and manner. | atient 2 Injury Day Year) Injury - At h, etc. (Specific st of my knows of examinar stated. | ER/Outpatie 28b. Time of Injury ome, ferm, st y) wledge, deat tion and/or In             | nt 3 DOA  f 28c.  M reet, factory, of h occurred at it vestigation, in it                    | Other Injury Work 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 26. Place of Dee  26. Place of Dee  4 \( \) Nursing H  27.  28. 2 \( \) No  29. No  20 | 24a. Wes a performance of the pe | in autopsy med?  es 2 No es 2 No es 2 No es 2 No es 6 Ott ow injury occur treet and Numb n, Stete)  ause(s) end m ate and place, es 20 No es 2 | 3 Probe  24b. Werr evaling common of de the common of de the common of de the common of de the common of de the common of de the common of de the common of de the common of de the common of details and due to the common of details and due to the common of details and de to the common of details and detail | e autopsy findings able prior to pletton of ceuse seth?  Yes 20 No  Route Number,  led. he ceuse(s) |

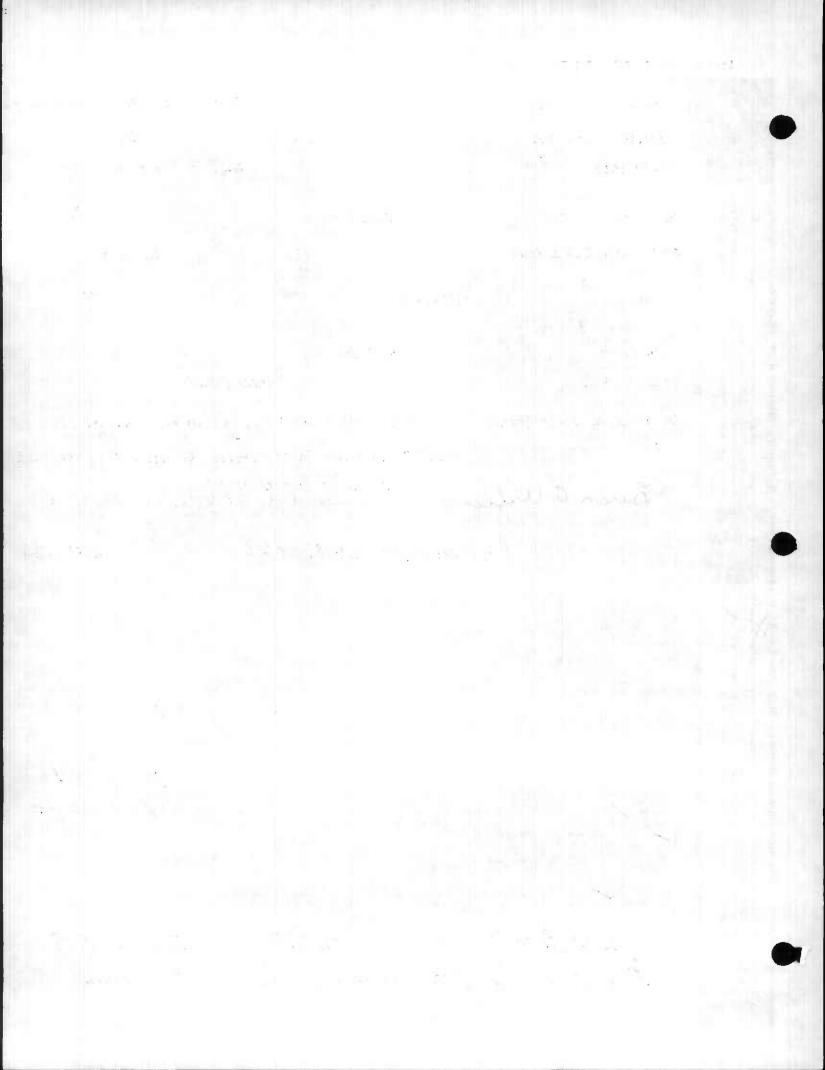
DHMH 16 Rav 6/95



| Amend: #19   | b !              | Per FH Film G761 7-2-98  | RCState of Maryla   | nd / Departme<br><i>Certifica</i>                      | ent of Health and<br>ate of Death                                |   | giene 98                                    | 20382  |
|--|------------------|--|---|--|--|---|---|--|
| Physic<br>/Medi  |                  | Decedent's Name (First, Middle, Last  AMES   | L   | BRO  | WN   | 2. Date of Dea<br>Month                       | 30 Yes                                      | 3. Time of Quality   |
| Exami  | ner              | 4a. Fecility Neme (If not institution, give L3 Derty Med. C. S. Sociel Security Number 6. St.  | 1 Center  | : lest birthday) If Und                                | 01   | Mo RE   | 4c. County of D                             | N /-A  |
| Funeral<br>Director  |                  |  |   | 32 Yrs. Month  |  |   | 6 <sup>7</sup> ;1915                        | Sirthplace (State or Foreign<br>MARYLAND   |
| the Maryland<br>28a-f show   | ctor             | MD . 10b. County   | 10c. C  | ity, Town or Location  BALTIM                          | ORE  |   |   | 10d. Inside City Limits 1 X Yes 2 □ No   |
| .≘ 8 €   | Dire             | 10e. Street end Number   |   | 10f. 2   | Zip Code   |   | 10g. Citizen of What                        | Country?   |
| fler death<br>r items 23   | Funeral Director | 2501 VIOLET AV  11. Meritel Status  1 Never Married 2 Married  | 12. Was Decedent Ever in I<br>Armed Forces?<br>1 ☐ Yes 2 No                     | If Yes, s  | 21215<br>cedent of Hispenic Origin?<br>cecify Cuben, Mexican, Pu | (Specify Yes or No-                           | Bleck, W                                    | merican Indien,  |
| hours hours  | ed by            | 3 Widowed 4 Divorced   | If Yes, Give Year or Dates:   | 16e. Decedent's U                                      | 2 No Specify:  |   | Specify:                                    | BLACK<br>es/Industry   |
| 2121<br>s within<br>piene.<br>r then   | Completed        | (Specify only highest grade Elementery/Secondery (0-12)  | College (1-4or 5+)  | (Give kind of life. DO NOT                             | vork done during most of v<br>use retired)                       | vorking                                       |   | DELIVERY   |
|  | Be               | 17. Fether's Neme (First, Middle, Last)  | **  | 2110011  | 18. Mother's N   | leme (First, Middle,                          | Meiden Sumeme)                              |  |
| Maryland d 2 should be file th and Mentel Hy 7 Is merked oth traumatic event   | 2                | WILLIAM BROWN  19a. Informent's Neme/Relationship (7)  | Time Print)   | 10h Mailing Addr                                       | ELI ess (Street end Number or                                    | ZABETH I                                      |   | Zin Cadal  |
| Mar<br>and 2 sho<br>alth and<br>27 Is my<br>r traum  |                  | BETTY SIMMS (DA  |   |  | ORODADO RD   |   | ).,MD. <del>2</del>                         | 1233 21244   |
| Page<br>ent o  |                  | 20e. Method of Disposition  10 Burlel 2 Cremetion 3 4 Donation 5 Other (Specify  | Removel from State  | Plece of Disposition (A cemetery, cremetory of NG MEM. | leme of rother place) PARK7/3,19                                 | Dete  | 20c. Location - City BALTIMOR               | or Town, State LTO.  |
| Baltim<br>permit. Pa<br>Departmen<br>Important:<br>any fnjury.   |                  | 21. Signature of Funding Service Licent  | soè e   | VYNN LEWI  | end Address of Facility  | FUNERA  |   | 1215-6393  |
| Physician<br>/Medical<br>Examiner  |                  | 23a. Pert1. Enter the disease, or comp<br>shock, or heart feilure. List only of<br>Immediate Ceuse (Final<br>disease or condition<br>resulting in deeth)   | · Ren   |  | CARCINI  |   | rest,                                       | Approximate Interval Between Onset and Death                                       |
| uted   | Examiner         | Sequentially list conditions,  | b. Ren  | cal Factor or es e consequence d                       | erl_   | _   |   | unGrown<br>weeknown  |
| Box 68760 leath certification attending provides as the formula as the formula of | dical            | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest | c. Due to (   | UW OWA   | 1):  |   |   | Wat KOW!   |
| death cert<br>death cert<br>e attending<br>e for use   | ician            | Pert II. Other significent conditions co   | ontributing to death but not re   | culting in the undertain                               | a cause alven in Part I  | 23h Did t                                     | obecco use contrib                          | ute to the cause of death?   |
| P.O<br>nat the<br>d by th  | by Physician/Me  | Facts. Other significant conditions of   | ontributing to death but not re   | stitling in the tridenying                             | g cause given in Fait i.   | 1 1   | _   | Probably 4 Unknown   |
| aw requ  | Completed b      |  |   |  |  | 24e. Wes e<br>perfor                          |   | b. Were eutopsy findings<br>eveilable prior to<br>completion of cause<br>of deeth? |
| al R   |                  |  |   |  |  | 1□Y   | es 2 No                                     | 1□Yes 20 No  |
| of Vital I<br>Physician: The<br>this certificate<br>ral director, pag  | o Be             | 25. Wes case referred to medical examiner?  1 ☐ Yes 2 ☑ No   | Hospitel: 1 Inpatient 2   | ☐ ER/Outpetient 3☐                                     | Other:   | Deeth (Check only of                          | ne)<br>ence 6 Dother (S                     | langiful.  |
| Division of Vital Re to the Hospital or Attending Physician: The li within 24 hours efter death.  To the Funeral Director: After this certificate he completaly filled in by the funeral director, paga  | -                | 27. Menner of Deeth 1 Natural 5 Pending 2 Accident investigation   | 28a. Date of Injury<br>(Month, Dey Year)  | 28b. Time of Injury M                                  | 28c. Injury et Work?   |   | ow Injury occurred                          | респу)   |
| Division To the Hospital or Attending I within 24 hours efter death To the Funeral Director: After completaly filled in by the funeral   | Certification:   | 3 Suicide 6 Could not be<br>4 Homicide determined  | 28e. Plece of Injury - At I building, etc. (Spec.                               | nome, farm, street, fact                               | ory, office  | 281. Location (S<br>City or Tow               |   | Rural Route Number,  |
| To the Hospital within 24 hours ( To the Funeral I   | edical           | 29e. Certifier (Check only one) 15 Certifying Phy 2 Medical Exem   | ysician: To the best of my kniner: On the basis of examinend and manner steted. | owledge, death occurre<br>etion end/or Investigati     | ed et the time, date end ple<br>on, in my opinion, deeth oc      | ce, end due to the d<br>curred et the time, d | euse(s) end menner<br>dete end place, and d | es steted.<br>due to the cause(s)  |
| To the<br>To the   | Me               | 29b. Signeture end title of certifier  |   | - 2  | 29c. License number  |   | 29d. Date signed (Me                        | - 0  |
|  |                  | Kwang N  | Cew mo  | >  | 017031   | U   | une 30                                      | . 1948   |
| 6  |                  | 30. Name and address of person who o   | completed cause of death (Ite   | 2600 Lib   | esty Heig  | Lt. Bal                                       | timore 1                                    | 1798   |
| Sta<br>Regist  |                  | JUL 02 T   | 32. Registrar's Sign  | evideon-Randa  | M.   |   |   |  |

| Item 20  | b per FH Film G761 7-8-9  | State of Marylar<br>8 rja   |                     | tment of H<br>ificate of       |                              |   | giene 🥞 🖯<br>Reg. No.  | 2.1                           | 0383  |
|--|---|---|---------------------|--------------------------------|------------------------------|---|--|-------------------------------|---|
| Physician<br>/Medical  | Decedent's Name (First, Middle, Last)     Charles M. Bow  |   |                     |                                |                              | 2. Date of De July                        | -  | Year<br>98                    | 3. Tima of Death 12:01 A. N   |
| Examiner   | 4a Facility Name (If not institution, give s<br>Joseph Richey Ho  | use   |                     |                                | Baltimo                      |   | N/   |                               |   |
| Funeral<br>Director  |   | 7. Age (In yrs. 65  |                     | If Under 1 Year<br>Months Days | If Under 24 Hrs<br>Hours Min |   | th Year) 932   | 9. Birthple<br>Counti<br>Mari | Rand  |
| V1215-0020  within 72 hours after death with the Maryland one. than "natural", or items 23a or 28a-f show he Moderal Exprine mult be notified at properties or properties  | Usual Residence of Decedent  10e. Stete 10b. County  Maryland N/A   | 10c. Cit  | ly, Town or Loca    | ltimore                        |                              |   |  |                               | od. Inside City Limits 1 X Yes 2 □ No   |
| 1020  Ours after death with the Manylen ral', or items 23a or 28a-f show the mind to notified at the Puneral Director  | 10e. Street end Number 4000 South Clare R 11. Maritel Stetus  | 12. Was Decedent Ever in U  | ,S. 13. W           |                                | 1213<br>Hispanic Origin? (   | Specify Yes or Norto Rican, etc.)         | the same of the sa | S. A.                         | n Indian,   |
| 0020 rours after of teat, or iteat   | 1 Never Married 2 Married 3 Widowed 4 Divorced  | Armed Forces?  1 X Yes 2 □ No If Yes, Give Yeer or Dates: 1953                      | -1955 <sup>10</sup> | □Yes 2X No                     | Specify:                     | rto Rican, etc.)                          | Specify  |                               | hite  |
| and 21215-0020 a filed within 72 hours att at Hygiene. other than "natural", or rent, the Medical Exercise.  | 15. Decedent's Educification only highest grade  Elementary/Secondary (0-12)  6th Grade   |   | (Give kii           | NOT use retire                 | during most of wo<br>d)      | orking                                    | Electro  |                               | ustry   |
| Maryland 2 d 2 should be filed th end Mental Hygi 7 is marked other traumatic event, I   | 17. Fether's Name (First, Middle, Last) Eugene Bowen  |   |                     |                                | На                           | eme (First, Middle<br>ttie Woo            | d  |                               |   |
| re,<br>s 1 en<br>f Heal<br>tem 2<br>other  | 19a. Informent's Name/Relationship (Ty, Margaret A. Bowen  20a. Method of Disposition  1 ⊠ Burial 2 □ Cremation 3 □ R   | (Wife)  | 4000 .              | South Co                       | lare Roa                     | d, Balti                                  | more, Ma<br>20c. Location -  | rylar<br>City or Tov          | nd 21213<br>wn, Stete   |
| Baltimore, permit. Pages 1 er Department of Hea Important: If them; any injury or other  | 4 □ Donation 5 □ Other (Specify)  21. Signature of Funeral Servica Licanse  | M.S   | 22. I<br>Sc         | Name end Addre                 | Funeral                      | 7 <del>/6</del> /98<br>Home In<br>Baltimo | c.   |                               | , Maryland  |
| Box 68760 such certificant and certificant attending phy class and control of the certificant attended to the cert | 23a. Part1. Enter the disease, or complishock, or heart failure. List only on Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury thet initieted events resulting in death) Last | Due to (c   |                     | 2\/A ence of):                 |                              |   | ilioot,  |                               | Approximete Interval Between Onset and Deeth Onset Approximete Interval Between Onset Interval Between Onset Interval Between Onset Interval Interval Interval Interval Interval Interval Interval Interval Interval Interval |
| P.O. nat the dd by the detached Physic   | Part II. Other significant conditions con   | tributing to death but not res  | sulting in the und  | lerlying cause gi              | ven in Part I.               |   | tobacco use co   |                               | the cause of death?   |
| al Records, The law requires th The law seen signer, page 2 should be d  |   |   |                     |                                |                              | 24a. Was                                  | an autopsy<br>ormed?   | ava                           | re autopsy findings<br>alleble prior to<br>apletion of cause<br>death?  |
| of Vital Richards The Interpretate the Interpretate the Tall director, page: To Be Com:  | 25. Was case referred to medical examiner?  | lospital:   | 1500000000          | e□ 20.   Ot                    | hor:                         | eath (Check only Home 5□ Res              |  | 1 C                           | Yes 20 No   |
| VISION Attending Is death. ector: Atter by the funer iffication  | 27. Manner of Death 12. Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be determined  | 28e. Placa of Injury - At h building, etc. (Speci                                   | 28b. Time of Injury | 28c. Inju<br>Wo                | 4 🗆 Isuising                 | 28d. Describe                             | how injury occur<br>(Street and Numb<br>wn, State)   | red                           |   |
| To the Hospital or within 24 hours effer To the Funeral Dir completely filled in Medical Cert  |   | sician: To the best of my kno<br>ner: On the basis of examina<br>and manner stated. |                     |                                |                              |   |  |                               |   |
| To the within To the Common  | 29b. Signature end title of cartifur  | ounly ins   |                     | 29c. Licen                     | se number<br>8587            |   | JULY   | d (Month, I                   | Day, Year) 1998   |
| 3  | 30. Name and oddress of person who co   | empleted cause of death (Itel  900  32. Begistrar's Sign                            | CATO                | on As                          | 5 B                          | AUTO,                                     | MI   | 212                           | 29  |
| State<br>Registrar   | JUL 0 2 1998  | Jahr Durid  | box-Manda           | 282                            |                              |   |  |                               | 1113  |

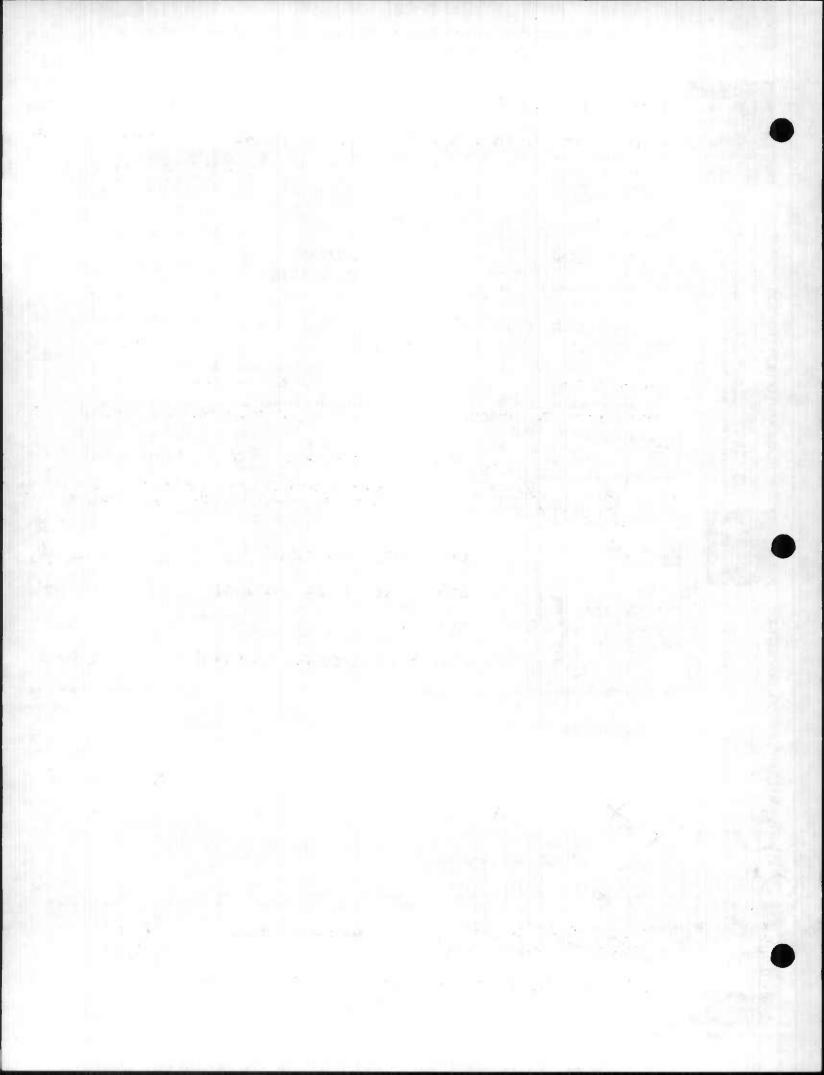
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1 Decedant's Name (First Middle Last) 2. Date of Death Month **Physician** COX FRENERICK 9:05 PM 89 98 6 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not Institution, giva street and number) Examiner RALTEMORE COTY OF MARYLAND BALTIMORE MEDICAL SYSTEM UNIVERSITY If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Yaar) 7 May 21, 1957 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foraign **Funeral** Months Days Hours 1XX/ 2 F Maryland 41 219-68-9411 Director Usual Rasidence of Dacedant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d, Inside City Limits Pages 1 and 2 should be filed within 72 hours efter deeth with the Marylar neal of Health and Mental Hygiene. In the file marked other than "natural; or items 23a or 28a-1 show int: if them 27 is marked other than "natural; or other traumatic event, the Medical Examinations in the notified and provided 1 Yas 20No Directo Hanover York PA 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 17331 IISA 1301 Brad Drive Funeral 12. Was Decedenl Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14 Race - American Indian. 11. Marital Status Black, White, atc. 1 Yas 2 No If Yas, Give Year or Datas: 1 □ Navar Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yas XX No Specify: White Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Corrections Prison Guard 12 18. Mothar's Nama (First, Middla, Maidan Surnama) 17. Fathar's Nama (First, Middla, Last) Be Dorothy Snyder Robert E. Cox 19b. Mailing Addrass (Street and Number or Rural Routs Number, City or Town, State, Zip Code). 47 Waterfront Drive, Hanover, Pennsylvania 17331 19a. Informant's Name/Ralationship (Type, Print) Robert W.Cox, Sr./Brother 20b. Place of Disposition (Nama of cemetary, cramatory or other place) Data 20c. Location - City or Town, State 20a. Mathod of Disposition permit. Pages Department of Important: If it eny injury or once. 1 N Burial 2 □ Cramation 3 □ Ramoval from Stata Marburg Memorial Gardens 7/2 Hanover, PA 4 ☐ Donation 5 ☐ Othar (Specify) 21 Signatura of Funaral Sarvice Licensaa 22. Name and Addrass of Facility Kaufman Funeral Home @ Meadowridge Memorial Park 7250 Washington BLVD, Elkridge, Maryland, 21075 anul 23a. Part1. Enter the disease, or complications that ceused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or healt failure. List only one cause on each line. Approximata Intarvat Batween Onsel and Death **Physician** /Medical Immediata Cause (Final disaasa or condition rasulting in daath) CRYPTOGENISC CIRRHOSIS Examiner Dua to (or as a consaquance of): Examine STACE ONE YETM FND LIVER The law requires that the death certificate be executed physician and s the buriel-transit Sequantially list conditions, if any, laading to immadiata ceuse. Entar Undarlying Cause (Disaasa or Injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): SEPSIS of-Wital Records, P.O. Box 68760, 10 DAYS Physician/Medical Dua to (or as a consequence of): 60 attending p ORGAN FAIWRE DAYS MUCTISYSTOM signed by the a 23b. Did tobacco usa contributa to the cause of death? Part It, Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 Unknown p 24b. Wara autopsy findings available prior to been si 24a. Was an autopsy Completed completion of cause of death? page 2 has certificate Physician: 25. Was cesa rafarrad to medicel axaminar? Be 28. Piaca of Death (Chack only ona) 1 Yas 2 No Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 Inpatiant 2 ER/Outpatient 3 DOA this funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28h. Tima of 28c. Injury at Work? Certification: 1 Natural
2 Accidant Bull 5 Panding 1 Yas 2 No Invastigation 6 Could not be datamined 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide Certifying Phyalclan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

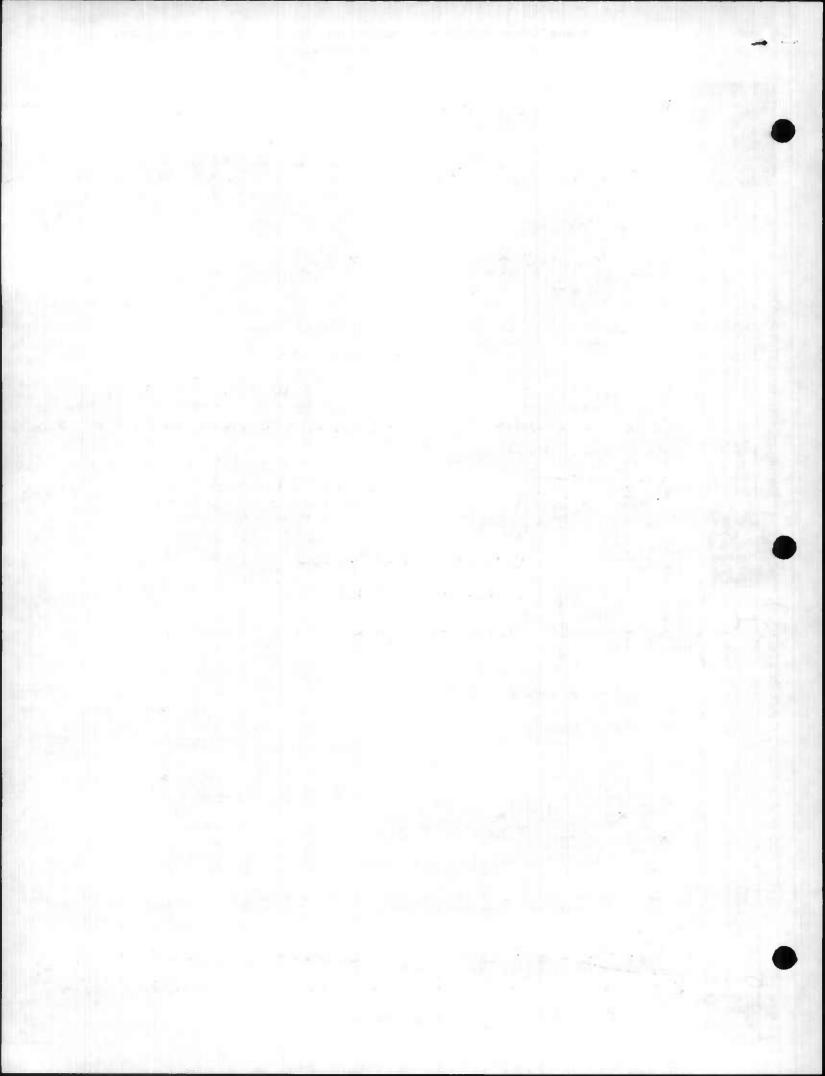
| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar 24 hor Medical within 2 To the I 29d. Data signed (Month, Day, Year) S 29b. Signature and title of ca 29c. Licensa number DEN# AU 4/76 435 P9305 129 48 10 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) SURGERY DEPARTMENT MICHAEL 31. Data filed (Month, Day, Year) 32. Ragistra Signature

Gulia Davidson State Registrar



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 2. Data of Death 1. Decedent's Nama (First, Middla, Last) Month **Physician** 23,1998 10:00A0 Cochran ancy June /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not Institution, giva street and number) Examiner Hospital Harford Fallston Fallston General 7. Age (In yrs. last birthday) If Under 1 Yaar If Under 24 Hrs. 5. Social Security Number 6. Sex Birthplace (State or Foreign Country) **Funeral** 1 □ M 2 💢 F Months Days Hours 38-14-490 Yrs. June3,1920 North Carolin Director Usual Residence of Decedent the Maryland 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Medical Examinal must be notified at 1 Yas 2 No Director Street Maryland Hartord 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21154 Road 3766 S. A.
Amarican Indian, death Funeral 12. Was Decedant Evar in U,S. Armed Forcas?, 1 ☐ Yas 2 ☐ No If Yes, Giva / Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Pueno Rican, atc.) 14. Race -11. Marital Status Biack, Whita, atc. 72 hours after 1 □ Never Married 2 □ Married Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 Widowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry al Hygiene. should be filed within Elamantary/Secondary (0-12) College (1-4or 5+) Home Homemaker 18. Mothar's Nama (First, Middla, Maidan Sumama) 17. Father's Nama (First, Middle, Last) h and Mental h Johnson Bartley 910 YO mag 19b. Mailing Addrass (Straat and Number of Rural Routa Number, City or Town, Stata, Zip Coda) 2 1 3 19a. Informant's Name/Raiationship (Type, Print) permit. Pages 1 and 2 st Department of Health and Important: If Item 27 is n Cochran 3611 Blenheim Phoenix, Maryland James Road Baltimore, 20b. Place of Disposition (Nama of cematary, cramatory or other place) June 25 20c. Location - City or Town, State 20a. Method of Disposition Burial 2 Cramation 3 Ramoval from Stata ö Baptist VIEW (emetery 1998 4 □ Donation 5 □ Other (Specify) Forest Hill, Maryland 22. Nama and Address of Facility Crapel - Bel Air, P.A. Evans Funera (Crapel - Bel Air, P.A. 21. Signature of Funeral St 23a. Part. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one dause on each line. Forest Hill, Maryland 21050 Approximata Interval Batween Onset and Daath **Physician** /Medical Immadiata Causa (Final ARTERY DISEBSE disaasa or condition rasulting in daath) pronary Examiner Mellitu Diabetes Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Causa (Disease or Injury that initiated avants resulting In death) Last Dua to (or as a consequence of) espirators Division of Vital Records, P.O. Box 68750 a lure Physician/Medical physic s the ta Due to (of as a consequence of) 23b. Did tobacco use contribute to the cause of death? Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 ☐ Yes 280 No 3 Probably 4 Unknown ped s þ 24b. Wara autopsy findings available prior to completion of cause ot death? Completed 24a. Was an autopsy 1 T Yes 2 No 1 Yes 2 No certificate 25. Was casa rafarrad to medical 88 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1€ Inpatient 2 ER/Outpatient 3 DOA Pile 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how Injury occurred 28b. Time of 28c. Injury at Work? Certification: 5 Panding Invastigation Attending 1X Natural 1 ☐ Yas 2 ☐ No 2 Accident affar death Director: 6 Could not be datarmined 3 Suicide 28a. Piace of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide Hospital 24 hours Funeral 29a. Cartifiar 😭 Certifying Phyalcian: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha cause(s) and mannar es stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) To the To the To the F 29d. Data signad (Month, Day, Year) 29b. Sign tage and title of certifier 29c. Licansa number SpiOnzi person who complated causa of death (itam 23a) (Type, Print) 30. Name at 1-0-SiR ( 31. Data filed (Month, Day, Year) JUL 021998 32. Registrar's Signatura State Julia Davidson Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend: #1 Per MD Film G761 7-7-98RC Certificate of Death 1. Decedenf's Neme (First, Middle, Lest) 2. Data of Deeth 3. Time of Deeth JOSEPH JOE ONYERS 07:40 ewis 4b. City, Town, or Location of Death Fecility Neme (If not institution, give street end number) 4c. County of Death BALTIMORE UNIVERSIT If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) XM 20 F Months Deys Hours Yrs. 213-36-4082 58 Aug. 10, 1939 SC Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits Xes 2□No MD n/a Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1606 Vincent Ct. 21217 USA 14. Race - American Indian, Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marifai Sfafus Bleck, White, etc. 1 Never Marriad 2 ☐ Married 1 Yes 2 Do Specify: 3 ☐ Widowed 4 ☐ Divorced **Black** 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 9th Laborer Southern Pavement 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Melvin Convers Rhunette williams 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Rosa Lee Holand/sister 1324 N. Mount St. Balto., MD 20e. Method of Disposition 1 Burial 2 Cremefion 3 Removal from Stete 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Mt. Zion 7/7 Baltimore, MD 4 Donation 5 Other (Specify) 22. Name end Address of Fecility James A. Morton & Sons Funeral Home 21 Semily of Funaral Service Licensee 1701 Laurens St. Balto., 21217 DA Son 23a. Part Inter the disease, or complications thef caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, should be heart failure. List only one cause on each line. Approximata Interval Between Onset and Death Immediate Ceuse (Final disease or condition resulting in death) Due to (or es e consequence of): ENCEPHALOPATHY Sequentially list conditions, if eny, leading to immediate cause. Enter Undartying Cause (Disease or injury that initiated events rasulting In death) Last Due to (or es e consequence of): STAGE RENAL Due to (or es e consequence of). Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HRONIC PANCREATITIS 24b. Were eutopsy findings aveilable prior to 24e. Wes en eutopsy performed? completion of causa of deeth? 2 No 25. Was case referred to medical exeminer?

The law requires that tha death certificata be axecuted physician and tha buriai-transit 80 ettending | signed by the e been si

**Physician** 

/Medical **Examiner** 

> Examine Physician/Medical ρ Completed Be 2 Certification:

this certificate has director, funeral After

**Physician** 

/Medical

Examiner

**Funeral** 

Director

"natural", or items 23a or 28a-f ahow

permit. Peges 1 and 2 should be filed within 72 hours aftar a Department of Health and Mertlel Hygiena. Important: if Itam 27 is marked other than "natural", or Itel any fillury or other traumatic event, tra Medical Examina

Baltimore,

Director

Funeral

þ

Completed

with the Marylend

death

Division of Vital Records, P.O. Box 68760, Physician: or Attending death.

n 24 hours after death.

Ne Funeral Director: All pletely filled in by the fu within 24 ho To the Fune completely f

State Registrar

29b. Signature and the 30. Neme end eddress of person

edical

31. Dete filed (Month, Day, Year)

1 Yes 2 No

27. Menner of Deeth

1 Neturel

2 Accident

3 Suicide

29e. Certifier

4 - Homicide

(Check only one)

Mu-golis MI David 32. Regisfrer's Signeture

Hospital:

5 Pending

Investigation

6 Could not be determined

28a. Dete of Injury (Month, Dey Year)

Julie Davidson Randa 20

completed ceuse of deeth (item 23e) (Type, Print)

1 Inpatient 2 ER/Outpetient 3 DOA

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28b. Time of

UMM9

26. Plece of Deeth (Check only one)

Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

28d. Describe how injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Certifying Physician: To the best of my knowledge, deeth occurred et the time, deta and plece, end due to the cause(s) and manner as stated.

| Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) and mannar stated.

29c. Licanse number

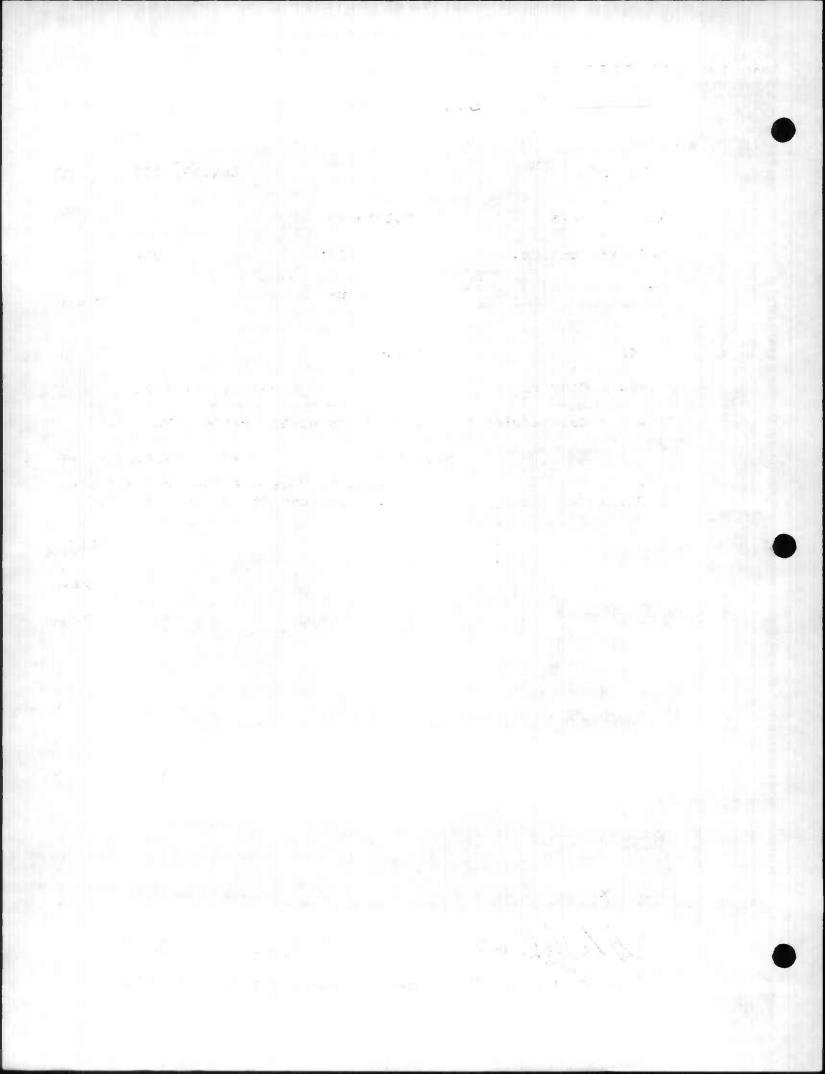
1 Yea 2 No

28c. Injury at Work?

29d. Date signed (Month, Day, Year)

229. Greene St, Bultimore MD 21201

**DHMH 16 Ray 6/95** 



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Day Month Vesi **Physician** JUNE 8:45 P.M. FRANK CUSUMANO 30, 1998 /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Fecility Neme (If not institution, give street and number) Examiner TOWSON BALTIMORE GENESIS ELDERCARE LOCH RAVEN 7. Age (In yrs. last birthday) # Under 1 Year Months Days 5. Social Security Number if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7/8/14 Birthplace (State or Foreign Country) 6 Sex **Funeral** Days 1 □XM 2 □ F Yrs. 055-01-2128 ILLINOIS Director Usual Residence of Decedent with the Meryland 10a State 10b Counts 10c. City. Town or Location 10d. inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2 No Director BALTIMORE COCKEYSVILLE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 17D SPRINGHEAD COURT 21030 Funeral USA filed within 72 hours efter deeth 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11 Marital Status Black, White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: 1 Never Merried 2 Married 1 ☐ Yes XX No Specify: 2 Specify 3 Widowed 4 Divorced WHITE Completed 18a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Hygiene. CONTRACTOR SELF EMPLOYED 3rd GRADE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Pages 1 end 2 should be nent of Health and Mental SEBASTINO CUSUMANO VINCENZA STADIA 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, Informant's Name/Relationship (Type, Print) Heaith a 17D SPRINGHEAD COURT COCKEYSVILLE, MD 21030 if item 27 or other t FRANCES CUSUMANO WIFE Baltimore, 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removal from State Department o important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) MORELAND MEMORIAL PARK 7/3/98 HILLENDALE, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Fecilit JOHNSON FUNERAL HOME, P.A. 8521 LOCH RAVEN BLVD. TOWSON, MD 21286 Filer the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner ovascellar Examiner physician end s the buriel-transit that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lesf Due to (or as a consequence of) ASCUD Box 68760 Physician/Medical Due to (or as a consequence of) 98 USB 0 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detached P.O. 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown secubitus eleers Records. à 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an eutopsy Completed pege 2 2 No 1 ☐ Yes 2 No 1 Yes certificate Division of Vital Physician: director. Be 25. Was cese referred to medical examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatienf 2 ☐ ER/Outpatienf 3 ☐ DOA this 28a. Date of Injury (Month, Day Year) funeral 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of After Hospital or Attending 1 Natural 5 Pending death. 1 Yes 2 No 2 Accident Investigation after death Director: 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide C To the Hospital or within 24 hours aft To the Funeral Di completely filled in Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the ceuse(s) end manner es steted.

Medicat Examiner: On the best of examination and/or investigetion, in my opinion, deeth occurred et the time, date and piece, and due to the ceuse(s) and manner stated. 29a. Certifier edical 29c. License number 29d. Dete signed (Month, Day, Year) 29b. Signature end title of certifier 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) BALTO. MD CARL SPERLING 5601 LOCH RAVEN BLUD

Registrar **DHMH 16 Rev 6/95** 

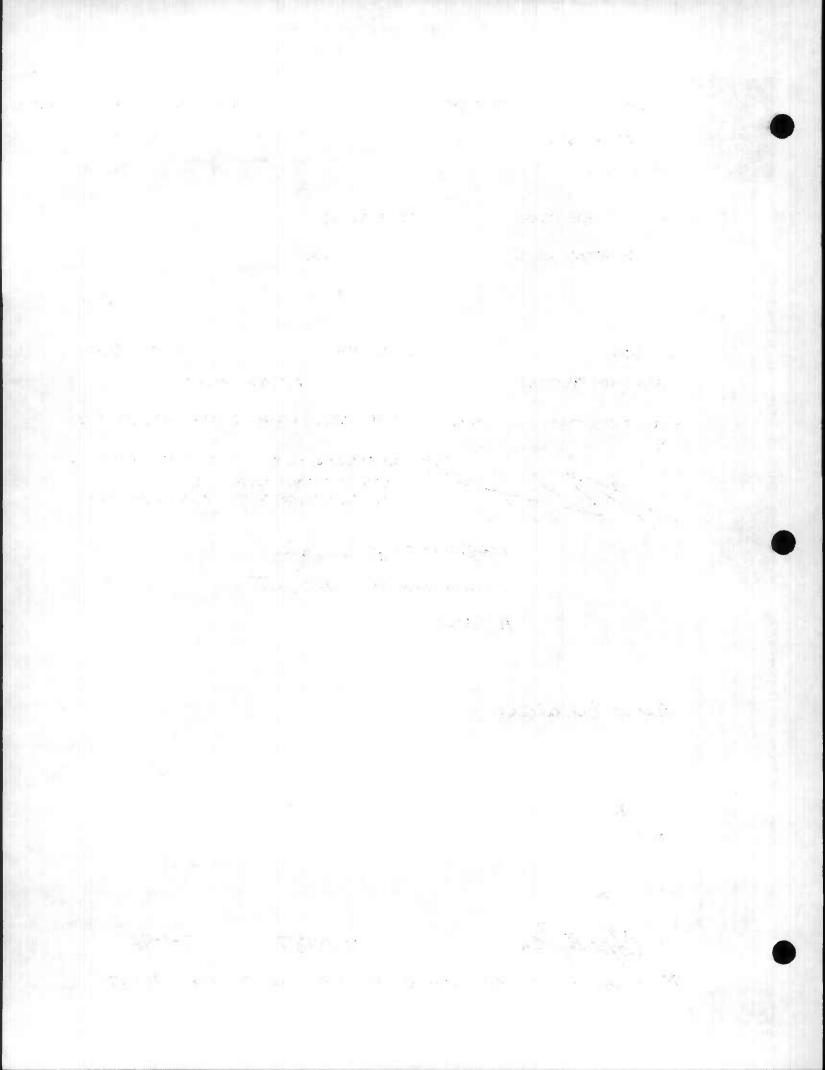
State

31. Date filed (Month, Day, Year)

JUL 021998

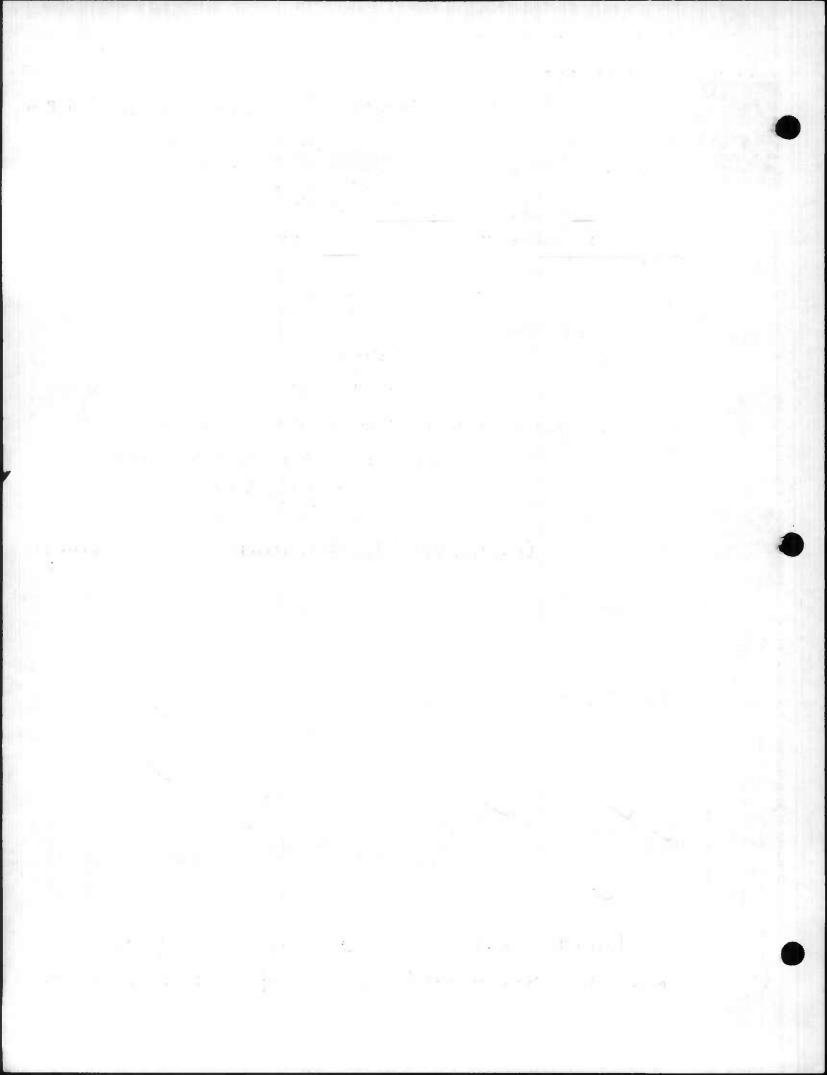
32 Registrar's Signature

Julia Davidson-Randall



State of Maryland / Department of Health and Mental Hygiene

|   |                | 1. Decedent's Nama (First, Middle, Last  | )_   |                        |   | ificate o   | f Death  | 2. Dete of De                           |                                    |   | na of Death        |
|---|----------------|--|--|------------------------|---|---|--|---|------------------------------------|---|--------------------|
| Physici<br>/Medic   |                | Anna 1   | Rosale   | (                      | coler                                   | nan   |  | J Wonth                                 | E 30                               | Year 8.   | 11 Pm              |
| Examin  |                | 4e. Fecility Nama (If not institution, giva  | street and number)   |                        |   |   | 4b. City, Town, or                                   | Location of Deat                        | h 4c. County                       | of Death  |                    |
|   |                | Fallston General   | Hospital   |                        |   |   | Fallsto  |   | Harfo                              | ord   |                    |
| Funeral<br>Director   |                | 5. Social Sacurity Number 6. Sa 216-66-9742 Usuel Rasidence of Decedant  | 7. Age   | 79                     | last birthday)<br>Yrs.                  | If Under 1 Yes<br>Months Day                                  |  |   | th, 1918                           | 9. Birthplaca (St.<br>County)<br>Mary Land                | ata or Foreign     |
| anyland<br>show   |                | 10a. State 10b. County   |  | 10c. City              | , Town or Loca                          | ation   |  |   |                                    | 10d. Insid  | da City Limits     |
| the Mar<br>28s-f et   | ctor           | Maryland N/A   | Harford  | Be                     | ltimor                                  | e Bel   | Air  |   |                                    | 103   | Yes 2 □ No         |
| th with the 23e or 28   | al Directo     | 10e. Street and Number 1024 Pro  | ospect Mill  | Road                   |   | 10f. Zip Code 21.22   | 21015  |   | 10g. Citizan of V<br>U.S.A.        | Vhat Country?   |                    |
| 5-0020<br>72 hours efter death with the Maryland<br>natural', or items 23s or 28s4 ehow | by Funeral     | 11. Marital Stetus  1 Nevar Married 2 Married  3/X/Widowed 4 Divorced  | 12. Was Dacedant E<br>Armed Forces?<br>1 ☐ Yas 2 ☐XN<br>If Yes, Give<br>Yaar or Datas:   |                        |   | as Decedent of<br>Yes, specify Cu<br>☐ Yas 2 <b>∑</b> N       | Hispenic Origin? (<br>lban, Maxican, Pua<br>Specify: | Specify Yes or No<br>rto Rican, etc.)   |                                    | e - Amarican Indie<br>ck, White, etc.<br>White            | n,                 |
| within sna.   | Be Completed   | 15. Decedent's Edu<br>(Specify only highest grad<br>Elemantary/Secondary (0-12)<br>8 Yrs.  | cation<br>a co <i>mpleted)</i><br>Collega (1-4or 5-  | +)                     |   | nt's Usual Occ<br>nd of work don<br>O NOT usa reti<br>DEMAKET | upation<br>a during most of we<br>red)               | orking                                  | 16b. Kind of Bu                    | usinass/Industry  |                    |
| be filed that dother event, if  | O              | 17. Father's Nama (First, Middla, Last)  |  |                        | 11011                                   | MINARCL   | 18. Mother's Na                                      | ma (First, Middla                       |                                    | ne)   |                    |
| - 0 = 0 e   | To B           | ROBERT   |  |                        | 5                                       | MITH  | ANNA   |   |                                    | McMA  | AHON               |
| re, Maryic  |                | 19a. Informant's Name/Relationship (T)   | rpe, Print)  |                        | 19b. Mailing                            | Address (Stre   | et and Number or F                                   | Rural Route Numb                        | er, City or Town,                  | Stata, Zip Code)  |                    |
|   |                | Carol Coleman Day  | ghter In   |                        | 1024 H                                  | rospec  | t Mill Rd  | . Bel Ai                                | r Maryla                           | and 21015   | 5                  |
|   |                | 20a. Mathod of Disposition  ¶∰Burial 2 ☐ Cramation 3 ☐ F   | lamoval from Stata   |                        | lece of Disposi<br>ematary, crema       |   |  | Data                                    |                                    | City or Town, Stat  |                    |
| nit. Pagi<br>artmant<br>ortant: if<br>injury or   |                | 4 ☐ Donation 5 ☐ Other (Specify)   |  | Mos                    |   |   | er Cemt.   | 7/3/98                                  | Baltimo                            | re,Maryla   | and                |
| pemit. Paga<br>Department of<br>Important: If<br>any injury or                          |                | 21. Signature of Funaral Service Licens  | n. Kr  | 1                      | 22.                                     | Mitche.   | rass of Facility<br>11-Wiedef<br>York Rd.            |   | Inc.                               |   |                    |
|   |                | 23a. Part1. Enter the disease, or compleshock, or heart failure. List only or  | ications that causad<br>ne cause on each lin   | the the                | . Do not enter                          | tha moda of d   | ying, such as cardia                                 | ac or respiratory a                     | rrast,                             | Approx  | imata<br>I Batween |
| Physician<br>/Medical<br>Examiner   |                | Immediata Cause (Final disaasa or condition  |  | V                      |   | lar   | acycli   | ul-                                     |                                    | Onset a   | and Death          |
| LAMMICI   | - E            | rasulting in death)  |  | Dua to (o              | r as a consequ                          | anca ot):   |  |   |                                    |   | 0                  |
| cuted<br>nd<br>ansit  | Examiner       | Commented to the comment of the comm | ). —————   | Due to (or             | r as a conseque                         | ,   |  |   |                                    |   |                    |
| 5   |                | Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Causa (Disaasa or Injury that initiated avents  |  | 70a 10 (0              | as a consequ                            | silve oi).  |  |   |                                    |   |                    |
|   | edicai         | Causa (Disaasa or Injury<br>that initiated avents<br>rasulting In daath) Last  | ;  | ue to (or              | es e consaque                           | ince of):   |  |   |                                    |   |                    |
| a gran  | ~              |  | J  |                        |   |   |  |   |                                    |   |                    |
| daath cert<br>a attandin<br>od for usa  | ian            |  |  |                        |   |   |  |   |                                    |   |                    |
| tha da  | Physician/     | Part II. Other significant conditions cor  | tributing to death bu  | t not rasu             | ulting in the und                       | erlying causa (   | givan In Part I.                                     | 23b. Dld                                | tobacco use coi                    | ntribute to the cau                                       | use of death!      |
| es that the death certigned by the attendin   | by Ph          |  |  |                        |   |   |  | . 1                                     | Yes 25 MG                          | 3 Probably  | 4 Unknow           |
| requir<br>seen s<br>should  | Completed t    |  |  |                        |   |   |  |   | an autopsy<br>ormed?               | 24b. Wera autop<br>available p<br>complation<br>of death? | rior to            |
| sicien: The law<br>cartificate has t  | Com            |  |  |                        |   |   |  | 1 🗆                                     | Yas 2 No                           | 1 🗆 Yas   | 2 No               |
| ysician:<br>s cartific<br>director,   | Be             | 25. Was casa rafarred to madical axaminar?   |  |                        |   |   |  | eath (Check only                        | ona)                               |   |                    |
| S 0 0   | 2              | 1  Yes 2   | 1 Impatier<br>28a. Data of Injun<br>(Month, Day  | ,                      | ER/Outpatient<br>28b. Tima of<br>Injury | 28c. Inj  | ury at<br>ork?                                       | Homa 5 Rasi<br>28d. Dascribe            | dance 6 Oth<br>how injury occurr   |   |                    |
| or Attentiated birector:  | Certification: | 2 Accident invastigation 3 Sulcide 6 Could not be 4 Homicida determined  | 28e. Place of Inju-<br>building, atc.  | ry - At ho<br>(Specify | ma, farm, strea                         |   | ⊒Yas 2□No<br>a                                       | 28f. Location (<br>City or To           |                                    | er or Rural Routa   | Number,            |
| Hospital     24 hours     Funeral lataly filled   | edicai C       | 29a. Certifier (Check only one) 1 artifying Physical Examination (Check only one)  | aician: To the best of<br>nar: On the basis of<br>end manner stet  | axaminat               | vledge, death o<br>lon and/or inva      | occurred at the<br>stigation, in my                           | time, date and place<br>opinion, death occ           | a, and dua to the<br>urred at the time, | cause(s) and ma<br>date and place, | nnar as stated.<br>and due to the cau                     | ise(s)             |
| within 2<br>To the<br>comple  | Me             | 29b. Signature and title of certifier  | A STATE OF THE STA |                        |   | 29c. Lica   | nsa number   |   | 29d. Data signed                   | d (Month, Day, Yea  | er)                |
|   |                | Duna   | MID  |                        |   | D   | 32609  |   | 7/11                               | as  |                    |
|   | -              | 30. Name and address of person who con Kammadrin M 31. Data filed (Month, Day, Yaar)  JUL 0 2 15   | mplated causa of de  | ath (Item              | 23a) (Type, P                           | int)  | 21   | 0.                                      | · Co-                              |   |                    |
| 6   |                | Kammalin   | IIIham M   | 01                     | 03 Ken                                  | oluliv  | n >1 +   | avre.                                   | De Usa                             | u moz   | 1078               |



State of Maryland / Department of Health and Mental Hygiene

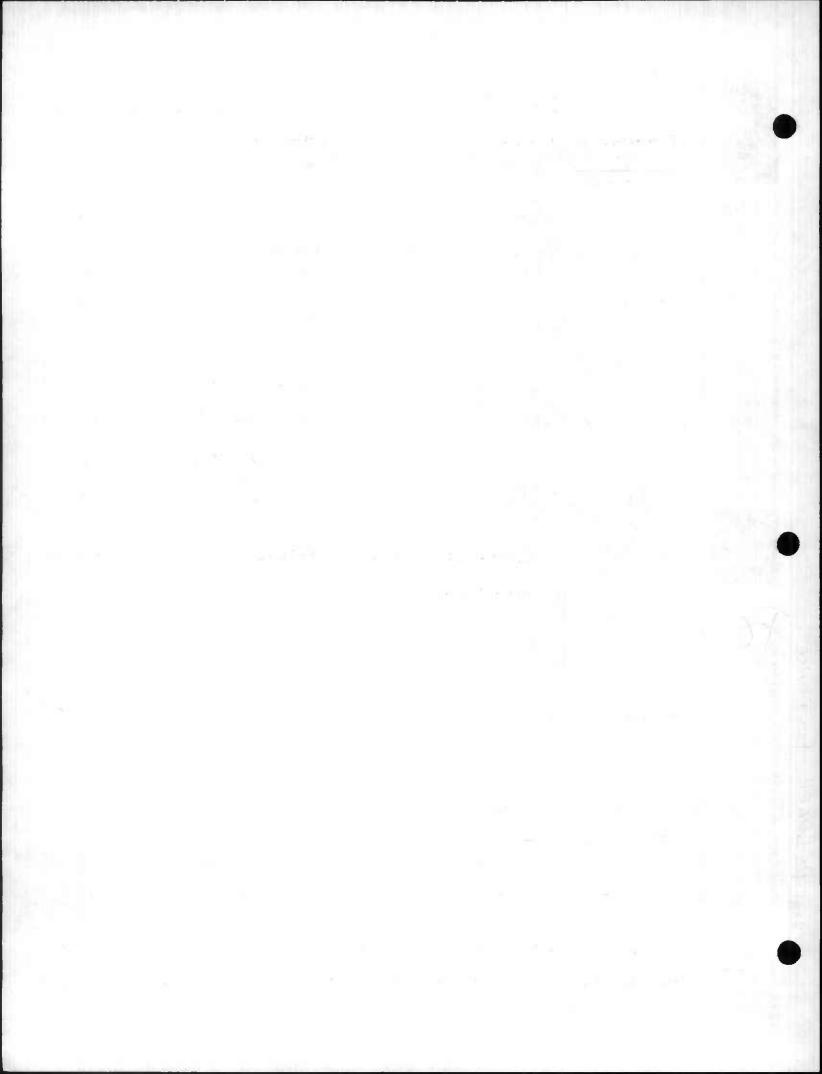
Certificate of Death Item#5 per FH G762 8/6/98 EW 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Dey 28 Dolgach **Physician** Month Florence JUNE 12:30 /Medical 4e. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** BALTIMORE ST AGNES HOSPITAL Hours Min. 8. Date of Birth (Month, Dey, Yes 7. Age (In yrs. lest birthdey) If Under 1 Year 5. Social Security Number **Funeral**  Birthpiece (State or Foreign Country) 1□M 29F 245 241 30 6384 Usuel Residance of Decedent Deys 88 Yrs N.C. Director 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits NIA Baltimore 1 Tes 2 No Director MD 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Edmond SON 0 8 21223 W.S.A. me 23a 3050 Funeral Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Marital Stetus 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 1 ☐ Never Married 2 ☐ Merried 21215-0020 1 Yes 2 No Specify: Specify: Black Completed by 3 ₩idowed 4 Divorced The Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hyglene. Bissett Drug Elamentery/Secondary (0-12) College (1-4or 5+) Laborer 17. Fether's Name (First, Middle, Last) marked other Baltimore, Maryland 18. Mother'a Name (First, Middle, Melden Surname) Be Pages 1 and 2 should be 1 ant of Health and Mental I John Langley Teel Lina 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Are, Baltimore, MD or other trac Edmondson Florence A. Deloach 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burlel 2 □ Cremation 3 □ Removel from State Department of important: If eny injury or once. Catonsville, mD Western Star com 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service License 22. Name end Address of Fecility 1101 E. North Ave F. H GAST March 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Ceuse (Final disease or condition rasulting In deeth) /Medical FAILURE · CONGESTIVE HEART 6 MONTHS Examine Examiner MALNUTRITION Sequantially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Diseese or Injury that Initiated evants resulting in daeth) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 PUnknown URINARY TRACT INFECTION 24b. Were autopsy findings available prior to completion of ceuse of death? 24e. Was en eutopsy performed? Completed page 2 certificate 1 Ves 2 Divo 1 Yes 2 No of Vital 25. Was case raferred to medicel axaminer? 26. Placa of Daath (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 2 ☐ No 2 28e. Data of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Attac 1 Natural 5 Panding 1 Yes 2 No investigetion 2 Accidant 6 Could not be datamined 3 Sulcide 28e. Place of Injury - At homa, farm, street, fectory, office building, atc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicida within 24 hours a To the Funeral C 29a. Certifier 1 Certifying Physicien: To the best of my knowledga, deeth occurred at the time, dete and place, end due to the ceuse(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, daeth occurred at the time, date and place, and dua to the cause(s) end manner stetad. ŝ 29b. Signature and title of cegifier 29c. License number 29d. Dete signed (Month, Dey, Year) Luly 111706 MD 30. Nama and address of person who/complated cause of death (Item 23a) (Type, Print) IVAN AKSENTITEVICH STAGNES HOLPIFAL GOO CATON AVE BALTIMORE 31. Date filed (Month, Day, Year) 32. Refistrar's Signatura

Aundour Randoll State JUL 021998 Registrar

**DHMH 16 Rav 6/95** 

FLO RENCE

DELOACH



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend: #1 Per MD Film G762 8-28-98RC Certificate of Death 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **EDWARD Physician** mes /Medical 4e Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Randalls town are Geneses der tomore If Under 1 Year 8. Dete of Birth (Month, Day, 03 - 2/ 5. Sociel Security Number 9. Birthplece (State or Foreign 6. Sex 7. Age (In yrs. last birthday) **Funeral** 180 M 2□ F Months Deys Hours Min Yrs. 225-16-239 Director Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental hygiene. Important: If them 27 is marked other than "natural" any injury or other traumatic averages. 10c. City, Town or Location 10a State 10b. County 10d. Inside City Limits BAITMER 1 Tes 2 No Director arylans 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street end Number 21229 USA EU MO COVENTRY Funeral 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? → 1 Yes 2 □ No If Yes, Give Yeer or Dates: 14. Rece - American Indien, Bleck, White, etc. 11. Marttel Stetus 1 Never Merried 2 Merried 1□ Yes 20 No Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working) iile. DO NOT use retired) | Compared the property of the pr 16b, Kind of Business/Industry Blackstone College (1-4or 5+) Elementery/Secondery (0-12) ABOTER Supply 7th grade 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be EPES WAVERLY 19b. Mailing Address (Street end Number or Rurel Royte Number, City or Town, State, Zip Code) 2/22 9 19e. Informent's Name/Reletionship (Type, Print) Ed OUENTRY BALTIMITE, Med Young-Penson/ Dought Istine 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) Date 20c. Location - City or Town, State 20e. Method of Disposition 1 Suriel 2 Cremetion 3 Removel from State Baptist Church GAZERINE 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility CHATMAN 21. Signeture of Funerel Service Licensee 5240 REISTERSTOWN NO MO BAIH MORE, And 21215 Jew 23a. Perty Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final diseese or condition resulting in deeth) Examiner Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Physician/Medical Due to (or es e consequenca of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by the a should be datached 1 Yee 2 No 3 Probably 4 Unknown p 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 24a. Wes en eutopsy Completed performed' s certificate has t director, page 2 s 2 00 28 No 1□ Yes 1 Yes director, 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Other: 4 Sursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of 1 Neturei 5 Pending

Division of Vital Records, P.O. Box funeral After death.

or Attending Physician: after death Director: To the Hospital or Atter within 24 hours after der To the Funeral Director completaly filled in by th

State Registrar

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title of centric

29c. License number

1 Yes

29d. Date signed (Month, Day, Year)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print) DIEILE

investigetion

6 Could not be determined

02

2 Accident

3 Sulcide

29e. Certifier

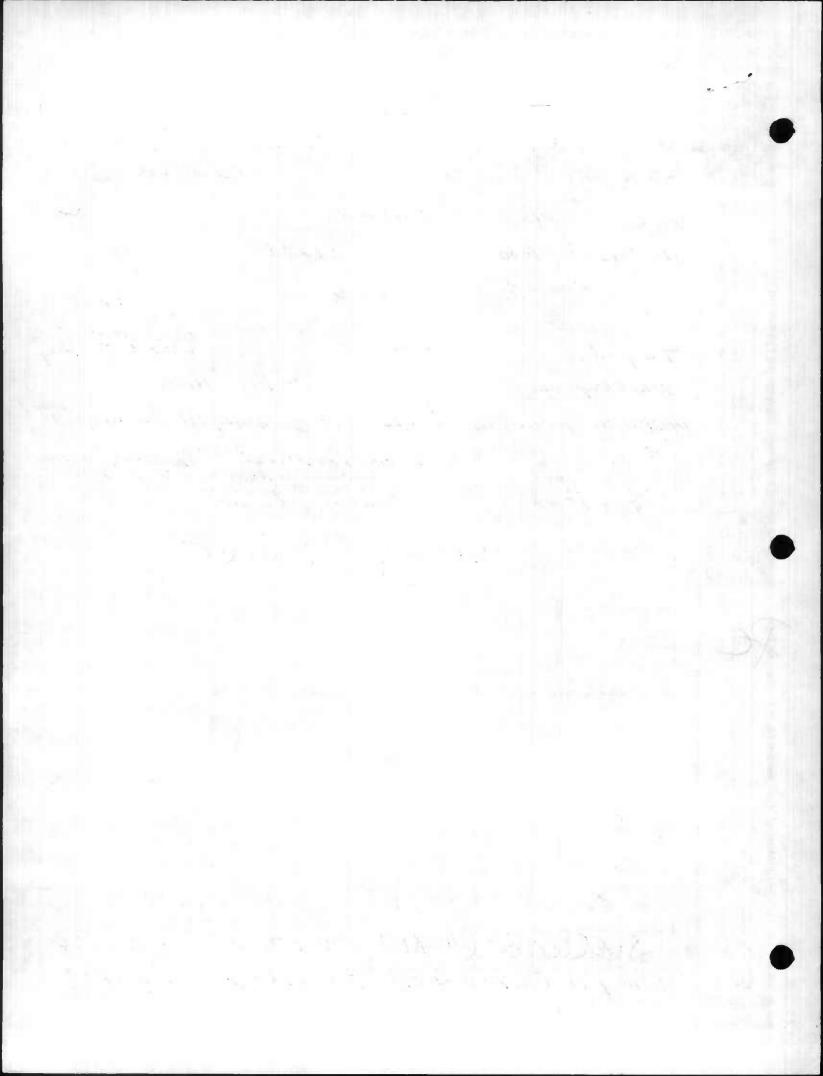
4 Homicide

OD Court HOAD, 31. Dete filed (Month, Day, Year)

32 Registrate Signeture

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Medical



State of Maryland / Department of Health and Mental Hygiene (1)

WILLIAM GODLEY Certificate of Death 2 Date of Death 3 Time of Death 1. Decedent's Name (First, Middle, Last) SR. **Physician** William GODIEY. LOG 27, 1998 JUNE 1412 PM /Medical Facility Name (If not institution, give street and number)
SINAI HOSPITAL E.R. 4b. City, Town, or Location of Death 4c. County of Death **Examiner** BALTIMORE 6. Sex 12 M 2□ F If Under 1 Year If Undar 24 Hrs. Birthplace (State or Foreign Country) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** Days 23 220 90 5980 Yrs. Mary/AND **Director** Usual Residence of Decedent pemit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, if a Medical Francisc must be notified as page. 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Nos 2 No BALTIMORE Director 4 ary 1 Aus 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 21211 U519 GH75 3621 Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: þ Black 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry SELF Employers Elementary/Secondary (9-12) College (1-4or 5+) LAIDIOUEmat 10th grade 18. Mothar's Name (First, Middle, Maiden Sumama) 17. Father's Name (First, Middle, Last) Be ROBERT LEG GODLEY 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 100 3621 HEIGHTS BALTIMORE MIN 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date Surlal 2 Cremation 3 Removal from State n Encorial ATE 4 Donation 5 Othar (Spacify) 22. Nama and Address of Facility 21. Signature of Funeral Service Licer BALTINEULE 40 KEIST 23a. Part1. End the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock of heart failure. List only one cause on each lina. Approximate Interval Between Onset and Death **Physician** Immediate Causa (Final disease or condition resulting in death) /Medical Examiner to (or sa a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medicai The law requires that the death certificate of Dua to (or as a consequence of) 980 signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown ò 24b. Were autopsy findings available prior to completion of ceuse of daath? 24a. Was an autopsy periormed? Completed is certificate hes director, page 2 s 2 No or Attending Physician: 25. Was casa referred to medical examiner? Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatient XX ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Othar (Specify) To XXYes 2□ No this funeral 28a. Date of Injury (Month, Day Year) 28b. Time of 27. Manner of Death 28c. injury at Work? 28d. Describe how injury occurred Certification: Aftar UNK 1 Natural 5 Pending 5 r death. 1 Yes 2 No Investigation 6.27-98 Director: / 2 Accidant 6 Could not be datarmined 28t. Location (Straat and Number or Rural Routa Number, City or Town, State)

20 6 4 AVE 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 5 after 4 Homicida 24 hours after Funeral Dire-letaly filled in b ridgewood AVE Smel 1 Cartifying Physician: To the best of my knowledga, daath occurred at the time, date and place, and dua to the causa(s) and manner as stated.

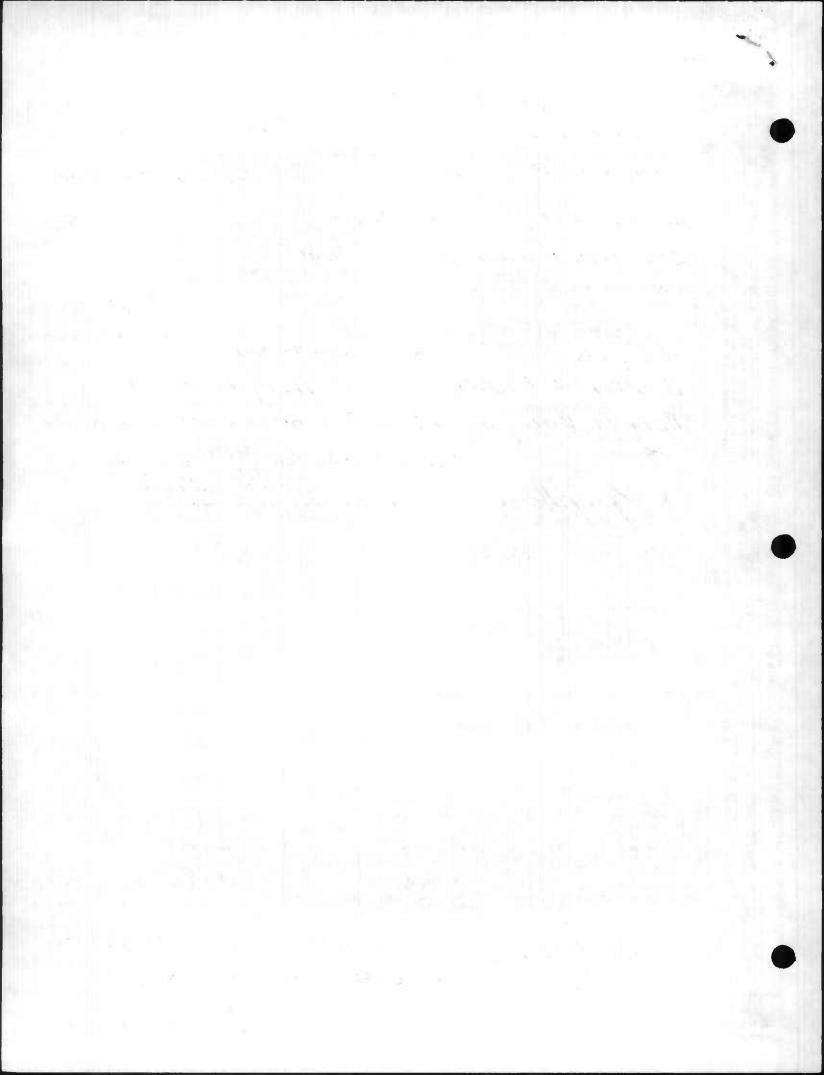
\*\*Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and dua to the causa(s) and manner stated. 29a. Certifier edical completaly (Check only one) within 2 To the 29d. Date signed (Month, Day, Year) 296. Signature and title of cyrities 29c. Licensa number O.C.M.E JUNE 28, 1998 who completed causa of death (Itam 23a) (Type, Print) 30. Nama and ad 111 Penn Street, Baltimore, Maryland 21201 XON

32 Registrar's Signature

in Carlon Parlete

Registrar

31. Data filad (Month.

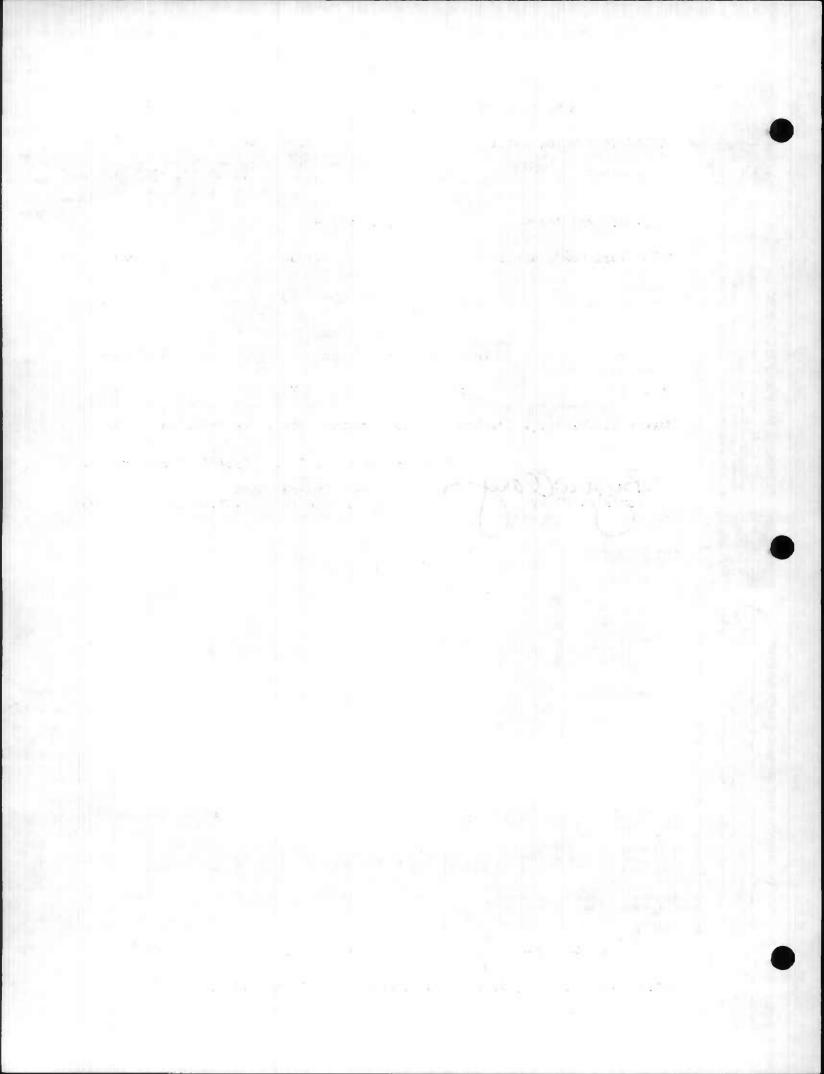


State of Maryland / Department of Health and Mental Hygiene

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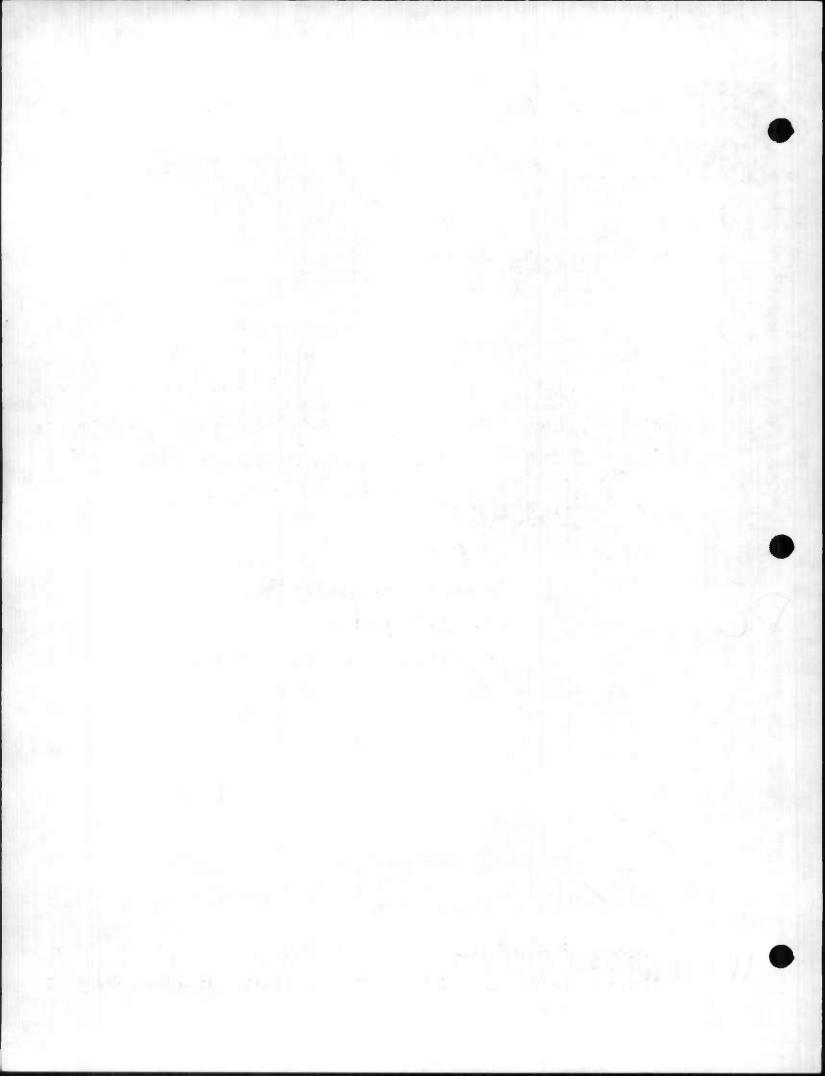
|   |   |   | C                             | ertificate of   | Death               |   | Reg. No.                            | 0 20  | 260                     |
|---|---|---|-------------------------------|---|---------------------|---|-------------------------------------|---|-------------------------|
|   | 1. Decedent's Name (First, Middle,  | Last)   |                               |   |                     | 2. Date of De<br>Month                  | eath<br>Dey                         | Yeer 3. T   | ime of Death            |
| Physician<br>/Medical   | Marvin W  | ayne Goldber  | g, Sr.                        |   |                     | June 2                                  | 9, 1998                             |   | pm                      |
| Examiner  | 4a Facility Name (If not institution,   | give street end number)   |                               |   | 4b. City, Town, o   | or Location of Deat                     | h 4c. County                        | of Death  |                         |
|   | 10768 York Roa  | d, apt.1  |                               |   |                     | ysville                                 | Bal                                 | ltimore   |                         |
| ineral<br>rector  | 212-20-7095   | 5. Sex 7. Age (   | n yrs. lest birthdo<br>73 Yrs | Months Devs   |                     | in. (Month, Di                          | rth<br>ay, <i>Year)</i><br>10, 1925 |   | State or Foreign        |
| *   | Usual Residence of Decedent  10a. State 10b. County   | 11  | 0c. City, Town or             | Location  |                     |   |                                     | 10d ins   | side City Limits        |
| T E   |   |   |                               |   |                     |   |                                     |   | Yes 2 No                |
| ecto  | Maryland Balti  | more  | Co                            | ckeysvill   | e                   |   | 40 000 41                           |   |                         |
| ai Dir  | 10768 York Road   | , apt.1   |                               | 10f. Zip Code   | 21030               |   | 10g. Citizen of \                   | USA   |                         |
| ledical Examinet must be notified at pleted by Funeral Director | 11. Marital Status  1 Never Married 2 Marrie  3 XWidowed 4 Divorced   | 12. Was Decedent Even Armed Forces?  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                               | Was Decedent of<br>If Yes, specify Cul     □ Yes 2 ☑ No |                     | (Specify Yes or No<br>erto Rican, etc.) | Specify                             | e - American Ind<br>ck, White, etc.<br>/:<br>White  |                         |
| 2   | 15. Decedent's  | Education   | 16a. De                       | cedent's Usual Occu                                     | pation              |   | 16b. Kind of B                      | usiness/Industry                                    | -                       |
| Completed   | (Specify only highest   |   | (G<br>life                    | ive kind of work done<br>e. DO NOT use retin            | during most of ved) | working                                 | H10-H10                             |   |                         |
| E   | Elementery/Secondery (0-12)   | College (1-4or 5+)<br>n/a   | I                             | roprietor   |                     |   | Real                                | Estate  |                         |
| Be Comp   | 17. Father's Neme (First, Middle, L.  |   |                               |   | T                   | Name (First, Middle                     | , Maiden Sumen                      | n <i>e)</i>   |                         |
| ToB   | Leon  | Go  | 1dberg                        |   | Viola               | a                                       |                                     | Lynch   |                         |
| -   | 19a. Informant's Neme/Relationshi   |   |                               | ailing Address (Stree                                   |                     |   | -                                   |   | )                       |
|   | Marvin W. Goldb   | ero Ir /Son   | 10                            | 0 Channel   | 1 Road              | New Park                                | PΔ 1                                | 7352  |                         |
|   | 20e. Method of Disposition  | C1g. 01.700n  | 20b. Piace of Di              | sposition (Name of                                      |                     | Date                                    |                                     | City or Town, St                                    | ete                     |
|   | 1 X Burial 2 Cremation 3<br>4 Donation 5 Other (Spe   |   | -                             | cremetory or other plants.<br>Legiscopa                 |                     | 7/3/98                                  | Cockeys                             | sville,   | MD                      |
| any injury<br>once.   | Bryan W. C1   | Clary   | 7                             | Lemmon F  | uneral H            |   |                                     | 21002   |                         |
|   | 23a. Part1. Inter the disease, or conshock, or heart foure. List o  |   | e death. Do not               | enter the mode of dv                                    | ing, such as card   | oad, Timo                               | nium, Mu<br>arrest.                 |   | oximate                 |
|   | shock, or heart foliure. List o   | nly one causa on each line.   |                               | ,   |                     |   |                                     | Interv  | val Between             |
| an<br>cal   | Immediate Cause (Final  | (0.10:  | /.                            | 001   |                     |   |                                     |   |                         |
| iner  | disease or condition resulting in deeth)  | e. Cardi<br>Du<br>b. diose  | OPVIN MO                      | my Coll   | COP                 |   |                                     |   |                         |
| <b>6</b>  |   | -0: /   | erto (or es e con             | sequence or):   |                     |   |                                     |   |                         |
| 든   |   |   |                               |   |                     |   |                                     | 1   |                         |
| cal Examiner  | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events | c   | e to (or as a con             |   |                     |   |                                     | i<br> <br>  |                         |
| Physician/Medica  | resulting in death) Lest  | d   |                               |   |                     |   |                                     |   |                         |
| Physician/  | Part II. Other significant condition  | contributing to death but i   | not resulting in th           | e underlying cause g                                    | iven In Part I.     | 23b. Dld                                | l tobacco usa co                    | ntributa to the c                                   | auss of death?          |
| by Phy  |   |   |                               |   |                     | 10                                      | Yss 2□ No                           | 3 Probably  | 4 Onknown               |
| Completed b   |   |   |                               |   |                     |   | s an autopsy<br>ormed?              | 24b. Were eur<br>available<br>completi<br>of death? | prior to<br>on of cause |
| PO  |   |   |                               |   |                     | 10                                      | Yes 2 No                            | 1 ☐ Yes   | 21 No                   |
| Be Com  | 25. Was case referred to medical  |   |                               |   | 26. Place of 0      | Deeth (Check only                       | one)                                |   |                         |
| TO B  | exeminer?<br>1 ☐ Yes 2 ☒ No   | Hospital:   | 2 ER/Outpa                    | tient 3 DOA O   | ther:               | g Home 57 Res                           |                                     | ner (Specify)                                       |                         |
| atlon: To   | 27. Manner of Deeth  1 XNaturel 5 Pending 2 Accident investigs  | 28e. Date of Injury<br>(Month, Dey Y  |                               | e of 28c. Inj   |                     |   | how injury occur                    |   |                         |
| Certification:  | 3 Sulcide 6 Could no determin   |   | - At home, farm,<br>(Specify) | street, factory, office                                 |                     | 28f. Location<br>City or To             | (Street and Numi                    | ber or Rural Rout                                   | e Number,               |
| edical C  |   | Physician: To the best of recaminar: On the basis of evant and manner state | camination and/o              |   |                     |   |                                     |   | ause(s)                 |
| completely filled in by the funeral Medical Certification:      | 29b. Signature and title of certifier   | 24.3  |                               | 29c. Licer  | nse number          |   | 29d. Date signe                     | ed (Month, Dey, 1                                   | (ear)                   |
|   | 11.1.1.   | 51.11   |                               | n>  | 0910                |   | 6/301                               | 108   |                         |
| 1   | 10000   | July  |                               |   | 07/0                |   | -/50/                               | 10  |                         |
| (   | 30. Name and address of person w  |   |                               |   |                     |   |                                     |   |                         |
|   | Robert Stoltz,  |   |                               | suite 605   | , Luther            | rville, M                               | D 2109                              | 3   |                         |
| State   | 31. Date filed (Month, Day, Yeer)   | 32. Registrar's   | Signature                     | 70 4  |                     |   |                                     |   |                         |
| legistrar   | JUL 0219  | 170 Have  | Davidson                      | gandell   |                     |   |                                     |   |                         |



State of Maryland / Department of Health and Mental Hygiene 98 20394

|                             |  |  | Certifica  | le oi             | Dealli                                 |                            | Reg. No.                          |              |                           |
|-----------------------------|--|--|--|-------------------|--|----------------------------|-----------------------------------|--------------|---------------------------|
|                             | 1. Decedent's Name (First, Middle, Las   | 9,   |  |                   |  | 2. Data of D               |                                   | V            | 3. Tima of Death          |
| sician                      | BFNVAMIN)  | Green  |  |                   |  | Month                      | 30 PA                             | (998)        | 3:15 Am                   |
| edical                      | 4e Fecility Nema (If not institution, giva   |  | -  |                   | 4b. City, Town, or                     |                            |                                   | of Death     |                           |
| iner                        | 1 1 1 1 1  | 0 0  |  |                   | (1)                                    |                            |                                   | NA           |                           |
|                             | 5. Social Security Number 6. Se  | - V  | t histografi If Unde   | ar 1 Year         | If Undar 24 Hrs                        | nore                       |                                   |              | on /State or Foreign      |
|                             |  | 7. Age (In yrs. las  | Yrs. Months  |                   | Hours Mir                              |                            | ay, Year)                         | Countr       | ca (Stata or Foraig       |
|                             | 210 30 0000  | 99   |  | J                 |  | 5-                         | 1-1949                            |              | Ma                        |
|                             | Usuel Residence of Decedant  10a. Stete 10b. County  | 10c City   | Town or Location   |                   |  |                            |                                   | 10           | d. Insida City Limit      |
|                             | 110  |  |  |                   |  |                            |                                   | 100          | 1 XYas 2 N                |
| ישוניום ושוניום             | Md NA  | Bal-   | timore   |                   |  |                            |                                   |              | 1 M Tas 2 LIN             |
| 1                           | 10e. Street and Number   |  | 10f. Z   | ip Code           |  |                            | 10g. Citizen of V                 | Vhat Countr  | y?                        |
|                             | 1646 Warwin  | ck Avenue  |  | 212               | 16                                     |                            | U.                                | 5.A          |                           |
|                             | 11. Maritel Status   | 12. Wes Decedent Evar in U.S.  | 13. Was Deci   | edenf of H        | Ilspanic Orlgin? (<br>en, Mexican, Pue | Specify Yas or N           | o- 14. Rac                        | e - Amarica  |                           |
| ı                           | 1 □ Navar Married 2 ☑ Married  | Armed Forcas?<br>1 ☐ Yas 2 ②(No  | If Yes, sp   | ecify Cub         | en, Mexican, Puè                       | rto Rican, etc.)           | Blac                              | k, Whita, et | C.                        |
|                             | 3 Widowed 4 Divorced   | If Yas, Giva<br>Yeer or Datas:   | 1 ☐ Yas  | 250No             | Specify:                               |                            | Specify                           | : B1         | adl                       |
| F                           |  |  |  |                   |  |                            | 105 IC-1-1 D                      |              |                           |
|                             | 15. Dacadant's Edu<br>(Specify only highast grad   | da complated)  | 16a. Decedant's Usi<br>(Giva kind of w                                 | ork dona          | pation<br>during most of wi<br>d)      | orking                     | 16b. Kind of Bu                   | Isiness/indi | L                         |
|                             | Elamantary/Secondary (0-12)  | Collega (1-4or 5+)   | IIIa. DO NOT   | usa <i>ratire</i> | (1)                                    | 4 .                        | as.                               | capi         | 707                       |
| ı                           | 11 angrade   | NA   | Constr   | uct               | 1011                                   | orker                      | Build                             | 109          |                           |
|                             | 17. Father's Neme (First Middle, Last)   |  |  |                   | 18. Mothar's Na                        | ma (First, Middl           | a, Maidan Sumam                   | ia)          |                           |
|                             | Joseph Green   |  |  |                   | Eliza                                  | beth                       | Veneu                             | 1            |                           |
|                             | 19a. Informant's Name/Relationship (T  | vpe. Print)  | 19b. Mailing Addres  | ss (Street        | and Number or F                        | Rural Route Num            | ber. City or Town.                | Stata, Zip C | Coda) 2/2/                |
|                             | 501.   | on - Sister  | 311-68   | 7                 | . 1- 11                                | 1                          | 0                                 | LLin         | are und                   |
| 1                           | 20e. Mathod of Disposition   |  | ce of Disposition (Na  |                   | Natta                                  | Data                       | 20c. Location -                   | City or Tou  | m State                   |
| 1                           | 1 Buriel 2 Cremetion 3 1   |  | atary, cramatory or  | othar pla         | ca) - 10 1                             | Data                       | 1.1                               | ,            | 0                         |
|                             | 4 □ Donation 5 □ Other (Specify,   |  | outus p  | emo               | nal fart                               | 11-6-4                     | Arow                              | tus, M       | ed                        |
|                             | 21. Signetura of Funaral Sarvica Licans  | saa  | 22. Neme a   | nd Addra          | ss of Facility                         | ost                        |                                   |              | 2/21.                     |
|                             | la o o   | . 0  | Mare   | 1-                | HIW                                    | hah                        | 1                                 | Bul          | da ud                     |
| _                           | 23a. Part 1. Enter the disaase, or comp  | lications that account the death   | Do not optor the ma  | 130               | 00 W                                   | al)aar                     | grenue                            | . pai        | Approximata               |
|                             | shock, or heart feilure. List only of  | one ceuse on each line.  | Do not enter the mo  | oua or dyn        | ng, such as cardi                      | ac or raspiratory          | arrasi,                           |              | Interval Between          |
|                             |  | c . 1  | ^  |                   |  |                            |                                   |              | Orisat and Death          |
|                             | Immediete Cause (Final disaasa or condition  | ( ) dive   | - Dusco  | ~1.               |  |                            |                                   |              |                           |
|                             | rasulting In daeth)  | a. Due to (or a  | s a consaguance of   | ): 4              |  |                            |                                   |              |                           |
| ı                           |  | (2 Henuty  | Enco   | Mari              | conta                                  |                            |                                   |              |                           |
|                             |  | b  | COVICE   | GIV               | 1910mg                                 |                            |                                   |              |                           |
| H                           | Sequentially list conditions, if eny, leading to Immediata causa. Entar Undarlying Cause (Disease or Injury  | Dua to (or a   | A consequence of   | );                |  |                            |                                   |              |                           |
| 1                           | causa. Entar Undarlying<br>Cause (Disease or Injury  | (3) ren  | d Fare   | ure               |  |                            |                                   |              |                           |
|                             | thet initiated evants<br>rasulting in death) Last  |  | s e consequence of   | ):                |  |                            |                                   |              |                           |
| Medi                        |  | (4) meta   | love a   | ado               | ni n                                   |                            |                                   |              |                           |
|                             |  | 0  | 0,   | Cicio             | 100                                    |                            |                                   | 1            |                           |
|                             | Pert il. Other aignificant conditions co   | entributing to death but not resulti   | ng In the underlying   | causa oi          | van in Pert I.                         | 23b. Di                    | d tobacco usa co                  | ntribute to  | the cause of deati        |
| a section of the section of | g  |  |  | and St.           |  |                            | Yaa 2□No                          |              | ,                         |
| 1                           |  |  |  |                   |  |                            | 2,100                             |              | DE OTTACIO                |
|                             |  |  |  |                   |  | 240 We                     | s an autopsy                      | 24h Wai      | re autopsy findings       |
|                             |  |  |  |                   |  | per                        | formed?                           | evei         | leble prior to            |
| Compresed                   |  |  |  |                   |  |                            |                                   | of d         | plation of cause<br>eath? |
| 1                           |  |  |  |                   |  | 10                         | Yas 120 No                        | 10           | Yas 12 No                 |
|                             | 25. Was case raferrad to medical   |  |  |                   | 26. Place of D                         | aath (Chack onl)           | one)                              |              |                           |
|                             | examiner?  | Hospital:  | 3/0  | Oti               | har                                    |                            |                                   | as (Canality |                           |
| ν.                          | 1 ☐ Yes 2 ☐ No   | 1 L Impatient 2 LIEF   | R/Outpetient 3 0 0   | NA J              | 4 LI Nuising                           |                            | sidanca 6 Oth<br>how Injury occur |              |                           |
|                             | 27 Manner of Death   | (Month, Dey Year)  | Injury   | 28c. Inju<br>Wo   |  | Lou. Dasuill               | Chorn injury 00001                |              |                           |
|                             | 27. Manper of Death  Natural 5 Panding   |  | М  | 1[_               | Yas 2□No                               |                            |                                   |              |                           |
|                             | Natural 5 Panding invastigation  |  |  | ry, office        |  | 28f. Location<br>City or T | (Street and Numb<br>own, Stata)   | per or Rural | Houta Number,             |
|                             | Natural 5 Panding invastigation 3 Suicida 6 Could not be   | 28e. Place of Injury - At hom  | e, farm, street, facto   |                   |  |                            |                                   |              |                           |
| Sertification: To           | Natural 5 Panding invastigation 3 Suicida 6 Could not be   |  | e, tarm, street, tacto   |                   |  |                            |                                   |              |                           |
| Certification:              | Natural 2 Accident 3 Suicide 4 Homicide  5 Panding invastigation 6 Could not be datarmined   | 28e. Place of Injury - At hom<br>building, atc. (Spacify)  |  | d et the ti       | ma, date and pled                      | ce, and dua to th          | e cause(s) end me                 | ennar as sta | nted.                     |
| Certification:              | Natural 2 Accident 3 Suicide 4 Homicide  29a. Cartiflar (Check only  2 Medical Exami   | 28e. Place of Injury - At hom building, atc. (Spacify)  valcion: To the best of my knowle ther: On the basis of axamination                    | edga, death occurre  |                   |  |                            |                                   |              |                           |
|                             | Natural 2 Accident 3 Suicide 4 Homicide  29a. Cartiflar (Check only one)    Natural   5 Panding invastigation   6 Could not be datarmined   Could no | 28e. Place of Injury - At hom<br>building, a(c. (Spacify)  | edga, death occurre<br>n and/or Invastigetio                           | n, in my          | opinion, deeth occ                     |                            | , date end place,                 | and dua to   | tha cause(s)              |
|                             | Natural 2 Accident 3 Suicide 4 Homicide  29a. Cartiflar (Check only  2 Medical Exami   | 28e. Place of Injury - At hom building, atc. (Spacify)  valcion: To the best of my knowle ther: On the basis of axamination                    | edga, death occurre<br>n and/or Invastigetio                           | n, in my          | opinion, deeth occ                     | curred at tha time         |                                   | and dua to   | tha cause(s)              |
| colon oci micanoni          | Natural 2 Accident 3 Suicide 4 Homicide  29a. Cartiflar (Check only one)    Natural   5 Panding invastigation   6 Could not be datarmined   Could no | 28e. Place of Injury - At hom building, atc. (Spacify)  valcion: To the best of my knowle ther: On the basis of axamination                    | edga, death occurre<br>n and/or Invastigetio                           | n, in my          | opinion, deeth occ                     | curred at tha time         | , date end place,                 | and dua to   | tha cause(s)              |
| edical Certification:       | Natural 2 Accident 3 Suicide 4 Homicide  29a. Cartiflar (Check only one)    Natural   5 Panding invastigation   6 Could not be datarmined   Could no | 28e. Place of Injury - At hom building, atc. (Spacify)  (alcian: To the best of my knowle ther: On the basis of axamination and manner statad. | edga, death occurre<br>n and/or Invastigetio<br>2                      | n, in my          | opinion, deeth occ                     | curred at tha time         | , date end place,                 | and dua to   | tha cause(s)              |
|                             | Natural 2 Accident 3 Suicide 4 Homicide  29a. Cartifiar (Check only one)  29b. Signature and titla of cartifiar 30. Name and addrass of person who compared to the control of the cartifiar one)   | 28e. Place of Injury - At hom building, atc. (Spacify)  raician: To the best of my knowle ther: On the basis of axamination and manner statad. | edga, death occurre<br>n and/or Invastigetio<br>2<br>3a) (Type, Print) | n, in my          | opinion, deeth occ                     | curred at tha time         | , date end place,                 | and dua to   | tha cause(s)              |
| edical Certification:       | Natural 2 Accident 3 Suicide 4 Homicide  29a. Cartiflar (Check only one)  29b. Signature and title of cartiflar  | 28e. Place of Injury - At hom building, atc. (Spacify)  raician: To the best of my knowle ther: On the basis of axamination and manner statad. | edga, death occurre n and/or Invastigetio 2 3a) (Type, Print)          | n, in my          | opinion, deeth occ                     | curred at tha time         | , date end place,                 | and dua to   | tha cause(s)              |

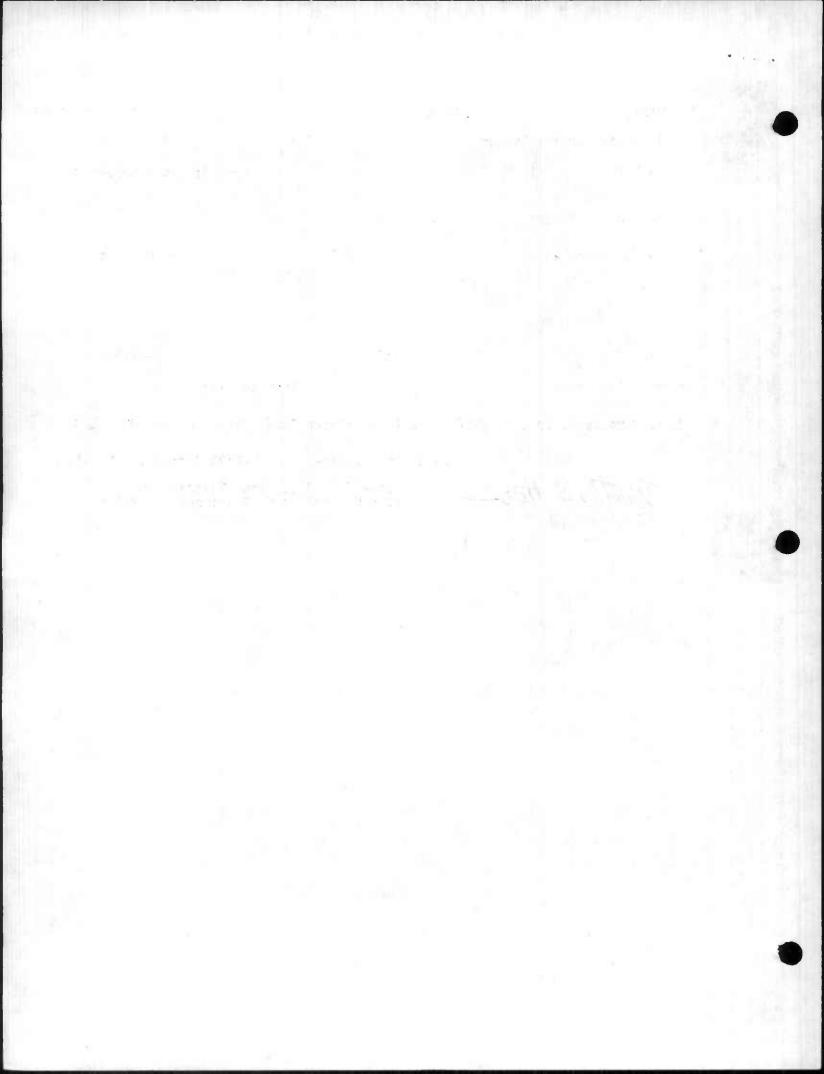
Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|   |   |                     | Otate   | Oriviaryiai  |                                    | tificate of   | Death   |  | Reg. No.                           | 8                                      | 20393  |
|---|---|---------------------|---|--|------------------------------------|---|---|--|------------------------------------|--|--|
|   | Physici<br>/Media                             | cai                 | Decedant's Name (First, Middle, Last)     JOHN     4a. Facility Neme (If not institution, give street and                         | GEI(   | GER                                |   | 4b. City, Town, or I                                    | 2. Date of Dea<br>Month<br>JUNE            | Day<br>29                          | Yeer<br>1998                           | 3. Time of Death   |
| 2   | Examir  | ner                 | Riverview Nursing Cer   |  |                                    |   | Essex   | Location of Death                          | 4c. County                         | of Deeth<br>Cimore                     |  |
|   | Funeral<br>Director                           |                     | 5. Sociel Security Number 212-09-6827 6. Sex 10 M 20  |  |                                    | if Under 1 Year<br>Months Days                        |   | 8. Date of Birth<br>(Month, Day<br>Nov. 21 |                                    | 9. Birthpi                             | ace (State or Foreign  |
| yland   | Now III                                       |                     | 10e. Stete 10b. County  | 10c. Cit   | y, Town or Loc                     | cation  |   |  |                                    | 10                                     | Od. Inside City Limits   |
| Me  | Ted.  | ctor                | Maryland Baltimore  | 11   | Middle                             | River   |   |  |                                    |  | 1 ☐ Yes 2 No   |
| E E   | or 28   | Oire                | 10e. Street end Number  |  |                                    | 10f. Zip Code   |   | 1  | 0g. Citizen of V                   | Whet Count                             | ry?  |
| w the   | frems 23a                                     | ral                 | 2146 Vailthorn Road   |  |                                    | 2122  | 20  |  | United                             | Stat                                   | es   |
| 21215-0020<br>within 72 hours efter deeth with the Meryland | 5   | by Funeral Director | 1 Never Married 2 Married 1 ☐ Yes,  | Decedent Ever in U.<br>I Forces?<br>es 2 No<br>Give<br>or Dates: | lf.                                | /as Decedent of H<br>Yas, specity Cub.<br>☐ Yes 2 XNo | dispanto Origin? (S)<br>an, Mexican, Puerti<br>Specify: | pecify Yes or No-<br>o Ricen, etc.)        | Blac                               | e - Americe<br>ck, White, e<br>w: Whit | etc.   |
| 21215-0020<br>d within 72 hours ef                          | Hene.<br>r than "netural",<br>The Medical Exc | Completed           | 15. Decedent's Education (Specify only highest grade complete Elamantary/Secondary (0-12) Coileg                                  | ed)<br>e (1-4or 5+)  | 18a. Decede<br>(Give k<br>life. D  |   | pation<br>during most of word<br>d)                     | king                                       | 16b. Kind of Bu                    | ospac                                  |  |
| DO S  | E S E   | BeC                 | 17. Father's Name (First, Middle, Last)   |  | NO TOO                             |   | 18. Mother's Nan  | ne (First, Middle,                         |                                    |  |  |
| Maryland  | o d   | TOE                 | John Geiger   |  |                                    |   | There   | sa Piazz                                   | a                                  |  |  |
| lar<br>2 sho  | and<br>s m                                    |                     | 19a. Informant's Name/Relationship (Type, Print)  |  | 19b. Mailing                       | Address (Street                                       | and Number or Ru  | ral Route Numbe                            | r, City or Town,                   | State, Zip                             | Coda)  |
|   | itam 27 i                                     |                     | Mrs. Dorothy E. Geiger  |  |                                    | Vailtho   | orn Road  | Middle                                     |                                    |  |  |
| 0 87  | 2 2 0   |                     | 20a. Method of Disposition  1 ☒ 🛣 riel 2 ☐ Cremation 3 ☐ Removal fro  | om Stete C   | emetery, crem                      | itlon (Name of atory or other pla                     |   |  | 20c. Location -                    |  |  |
| L Pa  | Department<br>important: If<br>any injury o   |                     | 4 ☐ Donetion 5 ☐ Other (Specify)  | P  |                                    | Cemeter   |   | 7/2/98 P                                   | arkvill                            | e, Ma                                  | ryland   |
| Balt<br>Permit.   | important: I<br>any injury o                  |                     | 21. Signature of Funeral Service Consee   |  | Le<br>53                           | 305 Harfo   | . Ruck, I<br>ord Road                                   | Baltimo                                    | re, MD                             | ne<br>21214                            |  |
|   |   |                     | 23a. Part1. Enter the disapte, or complications the shock, or heart failure. List only one cause of                               | at caused the death<br>on each lina.                             | n. Do not enta                     | r tha mode of dyir                                    | ng, such as cerdiac                                     | or respiratory arr                         | est,                               |  | Approximate<br>Interval Between                                      |
| /N  | ysician<br>Nedical<br>aminer                  |                     | Immediate Cause (Final disease or condition rasulting in death) a   | Pone   | un                                 |   | 'n  |  |                                    | i<br>i                                 | Onset and Deeth  |
| scuted  | physiclan and<br>s the burial-transit         | Examiner            | Sequentially list conditions,   | longes   | r as a consequ                     | e 14e   | art-  | fail                                       | ne                                 |  | 5 yes  |
| 00°   | clan a  |                     | Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events | boson  | ary                                | Arlu  | ony o   | lisea                                      | 2e                                 |  | 5 yrs.   |
| GOX 68/60,<br>ath certificate be executed                   | D) 40   | n/Medical           | that initiated events resulting in death) Last  | Due to (or   | r es e chaneque                    | ence of):   | V   |  |                                    |  | 0  |
| . 0   | e ette  | sicia               | Part II. Other eignificant conditions contributing to   | death but not resu   | ulting in the unc                  | deriving cause giv                                    | ven in Pert I   | 23h. Did to                                | hacco use cor                      | atribute to                            | the causa of death?  |
| hat the   | igned by the ettendir<br>be detached for use  | by Physician/N      |   |  |                                    | outlying oddoo gre                                    | on any one.   |  | es 2 No                            | 3 □ Prob                               |  |
| The law requires to   | s been s<br>2 should                          | Completed           |   |  |                                    |   |   | 24a. Was a perform                         | n autopsy<br>ned?                  | eva                                    | re autopsy findings<br>llable prior to<br>apletion of cause<br>eath? |
| = =   | pare  | S                   |   |  |                                    |   |   | 1 □ Y                                      | 95 2 No                            | 10                                     | Yes 20 No  |
| Physician: Th   | s certificate<br>director, pag                | Be                  | 25. Was casa rafarred to medical examiner?  10 Yes 200 No.  |  |                                    | Oth   |   | th (Check only or                          | a)                                 |  |  |
| Phys C  | 60 TO   | To.                 | TET 165 ZUNINO  | □ Inpatient 2 □<br>ta of Injury                                  | ER/Outpatient<br>28b. Time of      | 3□ DOA Oth  | 4 Da/Nursing H  | ome 5 ☐ Reside                             |                                    |  |  |
|   | or: After this                                | cation              | 1 Natural 5 Pending (M<br>2 Accident investigation  | onth, Day Year)  | Injury                             | Wor   | y at<br>k?<br>Yes 2 □ No                                | 280. Describe III                          | ow injury occurr                   | ea                                     |  |
| 5 6   | Dire  | Certification:      | 4 Homicide bu   | ace of injury - At ho<br>ilding, etc. (Specify                   | ")                                 |   |   | 28f. Location (St<br>City or Town          | n, State)                          |  |  |
| the Hospital  | To the Funeral<br>completely filled           | edical              | 29a. Certifiar (Check only one)  1 Certifying Physician: To the condition one)  | the best of my know<br>a basis of examinat<br>anner stated.      | vledge, death o<br>lon end/or inve | occurred at the tinestigation, in my o                | na, data and piace,<br>pinion, death occur              | and due to the cared at the time, d        | ause(s) and ma<br>ate and place, a | nner as sta<br>and due to              | ited.<br>the cause(s)  |
| To the  | o the   | Mec                 | 29b. Signature end title of certifier   | O 1  |                                    | 29c. Licens   |   | 4 2  | 9d. Date şigned                    | i (Month. D                            | lay, Year)   |
| F 3   | 7   |                     | Queen Tri   | Puller   | eun                                | D   | 3066  | 1 =  | Tely                               | 126                                    | 98   |
| l   | 0   |                     | 30. Name and address of person who completed of   | eusa of daath (Item  | 23a) (Type, P                      | rint) SIRE  | Col -   | 12120<br>212                               | RANG<br>21                         | N                                      |  |
|   | Stat<br>Registra                              |                     | 31. Date filed (Month, Day, Year)   | , Ragistrar's Signat   | Mandalle                           |   |   |  |                                    |  |  |

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene 20395 Certificate of Death 2. Date of Deeth 3. Time of Death 1. Decedent's Neme (First, Middle, Last) Month Day **Physician** 98 2200 29 LAURA /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4e Fecility Neme (If not institution, give street and number) Examiner HARBOR HOSPITAL BALTIMORE N/A If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) OCT 9, 1920 If Under 1 Year 5. Social Security Number 9. Birthplece (State or Foreign 7. Age (In yrs. last birthdey) **Funeral** Months Deys Country) MARYLAND 1 M 2 X F Yrs. 77 214-12-3966 Director Usuel Residence of Decadent with the Maryland 10d. Inside City Limits 10a State 10b. County 10c, City, Town or Location r 28a-f show ANNE ARUNDEL LINTHICUM 1 ☐ Yes 2 ☐ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? r than "natural", or items 23s or the Medical Examiner must be 21090 713 JUNIPER ROAD U.S.A. Funeral filed within 72 hours after death Hygiene. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 🖾 No Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 11. Meritel Status Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: WHITE P 3 ☑ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decadent's Education (Specify only highest grede completed) Elementary/Secondery (0-12) Coilege (1-4or 5+) 12TH GRADE CLERK M.V.A. 7 is marked other treumatic event, i 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Pages 1 and 2 should be file ment of Health and Mental Hy lant: If Item 27 is marked other ury or other treumstic event JONAS HERMAN BROWN MINNIE LOUISE CALLIGAN 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a, Informent's Neme/Reletionship (Type, Print) CAROLE B. THOMPSON (NIECE) 1420 GLENDALE ROAD - BALTIMORE, MD 21239 20b. Placa of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition Date 20c. Location - City or Town, Stete Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete permit. Page Department of Important: If eny Injury or LOUDON PARK CEMETERY 7/3/98 BALTIMORE 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility HUBBARD FUNERAL HOME INC. e of Funeral Service Licensee 21229 4107 WILKENS AVENUE-BALTIMORE, MD 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ck, or heart failure. List only one cause on each line. Approximate Intervai Between Onset end Death **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) 300005 PNIEUMUNIA Examiner Due to (or es e consequenca of): Examine DISBASI 2 HELDIERS and Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es a consequence of) physician a s the burial-Box 68760 8 Physician/Medical Due to (or as a consequence of): 8 985 23b. Dfd tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Vital Records, P.O. 27 1 Yes 2 No 3 Probably 4 Unknown 2 signed d be det þ 24b. Were eutopsy findings evellable prior to completion of cause of death? 24a. Wes an eutopsy Completed 1 ☐ Yes 2 ☐ No 1 Yes 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Be 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA to 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28e. Dete of Injury (Month, Dev Year) Certification: 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No Investigetion 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homloide Certifying Phyercian: To the best of my knowledge, deeth occurred et the time, dete end pleca, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end plece, and due to the cause(s) and menner stated. 29e, Certifier Medical (Check only one) 75 To the To the 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signeture end title of cartifier 200 6/30/98 aver 1127838 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)
JOHN SHAVENS, N.D 518 CADP 713 ADBRO. LINITH (UD, ND 21090 10 31. Dete filed (Month, Day, Yeer) 32. Registrer's Signeture State

Registrar

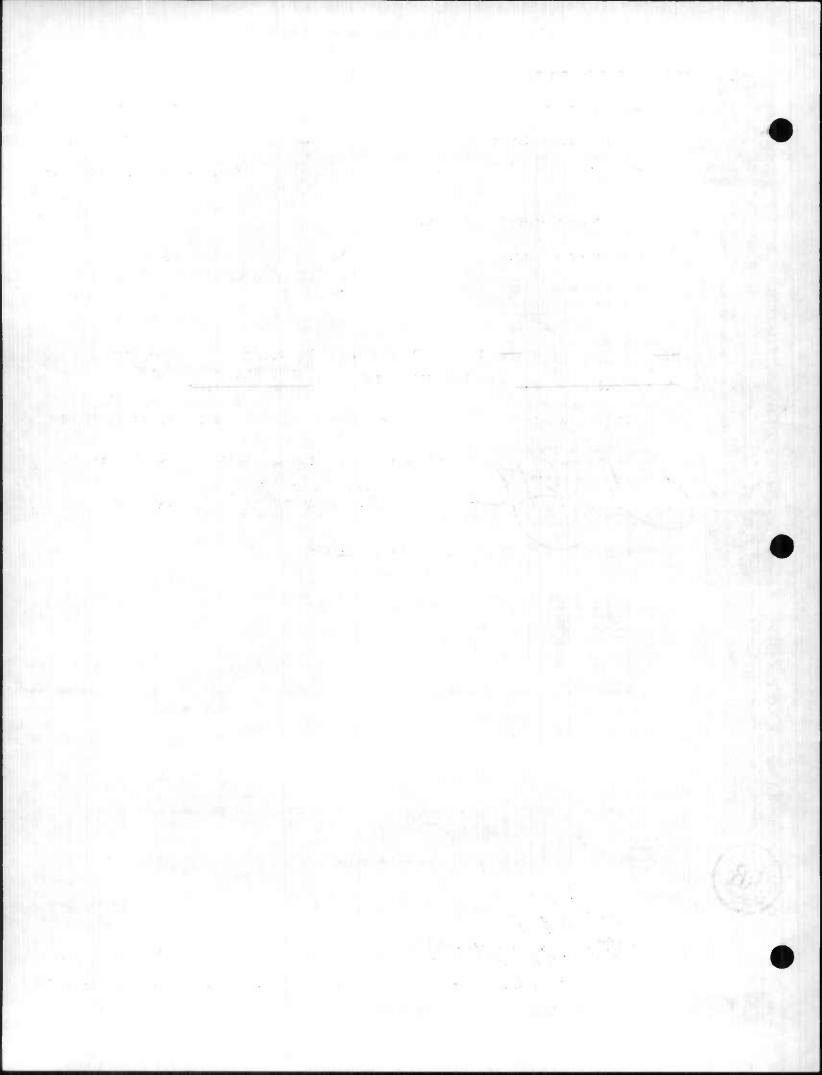
JUL 02 1998

32. Registrer's Signeture

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|  |         |  | Film G761  |  |  | Cei   | rtificate o  | f Death  |   | g. No.  | 20396   |  |  |
|--|---------|--|--|--|--|---|--|--|---|---|---|--|--|
| <b>Physician</b>   | _       | . Decedent's Name  | e (First, Middle, La   | st)  |  |   |  |  | 2. Dete of Deat<br>Month  | Day Yea   |   |  |  |
| /Medical   |         |  | Jean Gill  |  |  |   |  |  | June  | 30 1998 1:45 a  |   |  |  |
| <sup>*</sup> Examiner  | 48      |  | f not institution, giv   |  | ber)   |   |  | 4b. City, Town, or L   | ocation of Death  | 4c. County of De  |   |  |  |
|  |         |  | Briarchi   |  |  |   | If Under 1 Ye  | Laurel ar   If Under 24 Hrs.   | To Day - ( Dist   |   | George  |  |  |
| Funeral<br>Director  |         | Social Security N<br>167-24-0<br>Isual Residence of  | 468  | M 200 F  | . Age (In yrs.<br>75   | Yrs.  | Months Day   |  | 8. Date of Birth<br>(Month, Dey,<br>Feb. 24   | , 1923 Pe   | Birthplace (Stete or Fore<br>Country)<br>nnsylvania   |  |  |
| ž ==   | -       | 0a. State  | 10b. County  |  | 10c. City  | y, Town or Lo   | ocation  |  |   |   | 10d. Inside City Lim  |  |  |
| te p   |         | MD   | Prince   | George   | T.   | aurel   |  |  |   |   | 1 ☐ Yes 2 🕅   |  |  |
| r tems 23s or 28s-f sinhs must be notified.<br>Funeral Director  | 10      | 0e. Street and Nur   |  | 00180  |  | 441.01  | 10f. Zip Code  | 9  | 11  | og. Citizen of What   | Country?  |  |  |
| 38   |         | 14002 Br   | iarchip (  | Court  |  |   | 2070   | 8  |   | USA   |   |  |  |
| THE 2  | 1       | 1. Maritel Status  |  | 12. Wes Deced  |  | S. 13. \  |  | of Hispenic Origin? (Sp<br>uban, Mexican, Puerto   | ecify Yes or No-  | 14. Rece - Ar   | merican Indian,   |  |  |
| 0 11   |         | 1 Never Marri  | ed 2 Married   | Armed Ford 1 XYes 2 If Yes, Give   | P □ No   |   | 1 Tes, specify C   |  | rican, etc.)  | Specify:  | White   |  |  |
| "natural",<br>solical Ex-  |         |  | 15. Decedent's Ed  | ducation   |  | 16a. Deced  | dent's Usual Oc  | cupation   |   | 16b. Kind of Busine   | ss/Industry   |  |  |
| n u  | -       | (Speci   | ify only highest gre   | de completed) College (1-  | Anr S. I   | (Give   | kind of work do<br>DO NOT use ret  | ne during most of work<br>ired)  | ring  |   |   |  |  |
| ygiene. Ner than "naturi<br>it, the Medical of   |         | 12   |  | Ollege (1-   | 1  | Recr  | eationa.   | l Therapis   | t   | Hospita   | 1   |  |  |
| M off  |         |  | (First, Middle, Last,<br>affer Rol                                     | HA   | RRY SCHA   | FFER RO   | BINS   | 18. Mother's Nam<br>Jennie P   |   | Maiden Symame)  |   |  |  |
| PEE  |         | 9a. Informant's Na   | ame/Relationship (   | Type, Print)   |  | 19b. Mailir   | ng Address (Stre   | eet end Number or Ru   | rel Route Number  | City or Town, State   | e, Zip Code)  |  |  |
| 2 0 F  |         | Mary Klu   | tts/Daugl  | nter   |  | 1400  | 2 Briar  | chip Court   | , Laurel  | , Marylan   | d 20708   |  |  |
|  | 20      | 0a. Method of Disp   |  |  |  | laca of Dispo   | sition (Neme of  | plece)   | Date  | 20c. Location - City  | or Town, State  |  |  |
| Department of I<br>Important: If its<br>any injury or o  |         |  | Xeremation 3 ☐<br>6 ☐ Other (Specif                                    |  | ate  |   |  | ngton Cr.  | 5/30  | Laurel,   | Maryland  |  |  |
| Departm<br>mporta<br>any inju  | 2       | 1 Stonature of N   | neral Service Licer  | 1960   |  | 22. Name and Address of Facility Fleck Funeral Home, Inc.         |  |  |   |   |   |  |  |
| ysician<br>Medical   | 1       | Da Fartt Filler ti<br>hort, or hea   |  |  |  |   | oid Can  | dylng, such as cardiac   | g Koad,<br>or respiretory erro  | Laurel, M   | Approximete Interval Between Onset and Death  |  |  |
| caminer  | d       | tisease or conditions as a sulting in deeth)   |  | e  |  | or as a consec  |  | cer  |   |   | 1 Month   |  |  |
| n and<br>val-transit<br>Examiner   | S       | Sequentially list co   | nditions,  | b  | Due to (o  | ras e consec  | quence of):  |  |   |   |   |  |  |
| buriali<br>Bal Ex  |         | l any, leading to im<br>ause. Enter Unde<br>Cause (Disease or  | rlying   |  |  |   |  |  |   |   |   |  |  |
| s the  | re      | hat Initiated events<br>esulting in death) l   |  | d  | Due to (o  | ras a conseq  | juenca of):  |  |   |   |   |  |  |
| 2.5 6  |         |  |  |  |  |   |  |  |   |   | 1   |  |  |
| dia for  |         | art II. Other signif   | Icant conditions o   | ontributing to dea   | th but not res   | ulting in the u   | nderlying cause  | given in Part I.   |   |   | representation of the probability of the University of University |  |  |
| of by the attending<br>detached for use a  |         |  |  |  |  |   |  |  | 24e. Wes e  |   | Were autopsy finding<br>available prior to<br>completion of cause   |  |  |
| 90 A   |         |  |  |  |  |   |  |  |   |   | of deeth?   |  |  |
| 90 A   |         |  |  |  |  |   |  |  | 1 🗆 Ye  | es 2 🗓 No   |   |  |  |
| page 2 should be d   |         | 5. Was case refer  | red to medical   |  |  |   |  | 26. Place of Dea   | 1 ☐ Ye  |   | of deeth?   |  |  |
| 90 A   | 2:      | 5. Was cas <i>e re</i> fer<br>examiner?<br>1 □ Yes 2 🛣   |  | Hospital: 1 ☐ In   | patient 2  | ER/Outpatier  | N 3LI DOA  | Other: 4 Nursing H   | th (Check only on   |   | of deeth? 1 □ Yes ※☑ No   |  |  |
| his certificate has been signed a director, page 2 should be d   | 2:      | examiner?  | No   | 28a. Dete of<br>(Month   |  | ER/Outpatier<br>28b. Time o<br>Injury                             | f 28c. lu  | Out  | th (Check only on   | е)  | of deeth? 1 □ Yes ※☑ No   |  |  |
| his certificate has been signed a director, page 2 should be d   | 2:      | examiner?  1 Yes 2 X  7. Menner of Deeti 1 XNatural  | No<br>h<br>5 Pending   | 28a. Dete of (Month)   | Injury<br>, Day Year)  | 28b. Time of Injury   | f 28c. lu  | Other: 4 Nursing Hamiltoniury et Nork?   | th (Check only on<br>ome 5 Reside<br>28d. Describe ho   | e)  onca 6 Other (S  ow injury occurred   | of deeth? 1 □ Yes ※☑ No   |  |  |
| death this canticase has been signed that be the signed that the part of the signed that the s | 2:      | examiner? 1 Yes 2 X  7. Menner of Deet 1 X Natural 2 Accident 3 Suicide  | No  5 Pending Investigation 5 Could not be determined                  | 28a. Dete of (Month)  28e. Place-of building   | Injury Day Year)  [Injury - At hat hat hat hat hat hat hat hat hat ha  | 28b. Time of Injury   | f 28c. I   | Other: 4 Nursing Hamiltoniury et Nork?   | th (Check only or<br>ome 5 A Reside<br>28d. Describe he<br>28f. Location (Si<br>City or Town  | e)  onca 6 Other (S  ow injury occurred  reet end Number or  n, State)  | of deeth?  1 □ Yes 3623 No  Specify)  Rural Route Number,   |  |  |
| his certificate has been signed a director, page 2 should be d   | 2:      | examiner?  1 Yes 2 X 7. Menner of Deet 1 X Natural 2 Accident 3 Suicide 4 Homicide   | No  5 Pending Investigation 5 Could not be determined                  | 28a. Dete of (Month) 28a. Place-chuilding  | Injury Day Year)  [Injury - At hat hat hat hat hat hat hat hat hat ha  | 28b. Time of Injury   | f 28c. In 28c. In M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Other: 4 Nursing H   | th (Check only or<br>ome 5 A Reside<br>28d. Describe he<br>28f. Location (Si<br>City or Town<br>and due to the cored at the time, d | e)  onca 6 Other (S  ow injury occurred  reet end Number or  n, State)  | of deeth?  1  Yes  No  Specify)  Rural Route Number,  as stated.  tue to the ceuse(s)   |  |  |
| in RTM S. Colonia.  In the confidence of the confidence has been signed plant. This in by the function director, page 2 should be deficial Certification: To Be Completed by   | 2:      | examiner?  1 Yes 2 X  7. Menner of Deett  1 XNatural  2 Accident  3 Suicide  4 Homicide  | No  5 Pending Investigation 5 Could not be determined                  | 28a. Dete of (Month) 28a. Place-chuilding  | Injury Day Year)  [Injury - At hat hat hat hat hat hat hat hat hat ha  | 28b. Time of Injury   | f 28c. In 28c. In M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Other:  4 Nursing Harr | th (Check only or<br>ome 5 A Reside<br>28d. Describe he<br>28f. Location (Si<br>City or Town<br>and due to the cored at the time, d | e)  once 6 Other (S  w injury occurred  reet end Number of  n, State)  suse(s) and manner  ete and place, and of                | of deeth?  1  Yes  No  Specify)  Rural Route Number,  as stated, due to the ceuse(s)  onth, Day, Year)  |  |  |
| in R. T. C. C. Constitution and the state of signed plant. This is not yet functed director, page 2 should be a edical Certification: To Be Completed by   | 2 2 2 2 | examiner? 1 Yes 2 X 7. Menner of Deet 1 XNetural 2 Accident 3 Suicide 4 Homicide   | No  5 Pending Investigation 5 Could not be determined                  | 28a. Dete of (Month)  28a. Placero building  28a. Placero building  28a. The placero building  28a. Th | Injury Day Year) Injury - At h. At h | 28b. Time of Injury  ome, farm, str  wledge, death tion and/or In | f 28c. In 28c. | Other: 4 Nursing Hailury et Nork? Vork? Yes 2 No ce  | th (Check only or<br>ome 5 A Reside<br>28d. Describe he<br>28f. Location (Si<br>City or Town<br>and due to the cored at the time, d | e)  onca 6 Other (S  ow injury occurred  reet end Number or  n, State)  ause(s) and manner  ete and placa, and o                | of deeth?  1  Yes  No  Specify)  Rural Route Number,  as stated, due to the ceuse(s)  onth, Day, Year)  |  |  |
| in R. T. C. C. Constitution and the state of signed plant. This is not yet functed director, page 2 should be a edical Certification: To Be Completed by   | 2 2 2 2 | examiner? 1 Yes 2 X 7. Menner of Deet 1 XNetural 2 Accident 3 Suicide 4 Homicide  Pa. Cardiar (Check on one)  9b. Signature of the control of | No 5 Pending Investigation 5 Could not be determined 10 Certifying Bri | 28a. Dete of (Month)  28a. Placero building  28a. Placero building  28a. The place of the position of the place of the pla | Injury Day Year) Injury - At h. At h | 28b. Time of Injury  ome, farm, str  wledge, death tion and/or in | f 28c. In 28c. | Other: 4 Nursing Hailury et Nork?   Yes 2 No ce   time, date and pleca, by opinion, death occur ense number  | th (Check only on one 5 A Reside 28d. Describe he 28f. Location (Single or Town and due to the corred at the time, d                | e)  once 6 Other (Sow injury occurred  reet end Number or, State)  suse(s) and manner ete and place, and of 9d. Date signed (Mo | of deeth?  1  Yes  No  Specify)  Rural Route Number,  as stated, due to the ceuse(s)  onth, Day, Year)  |  |  |

Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Sallie B. Gaither June /Medical 4h City Town or Location of Death 4a Facility Name (If not Institution, give street and number) 4c. County of Death Examiner Levindale Nursing Center n/a Baltimore 7. Age (In yrs. last birthday) 90 Yrs. If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number **Funeral** Days Hours 1 M 2834 219-16-3034-A Director Nov. 18, 1907 SC. Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at Md. n/a Baltimore NEWes 2□No Director 10f. Zip Code 10e. Street and Number 10g. Citizen of What Country? 2913 Rockrose Avenue 21215 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 11. Marital Status filed within 72 hours after 1 ☐ Yes 2 ☐ No If Yes, Give 1 ☐ Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 ☐ Yes X3 ☐ No Specify: Specify: Black þ 3 Widowed 4 □ Divorced Year or Dates: 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 7th Grade Domestic Family nd 2 should be filed value and Mental Hygie 27 is marked other in traumatic event, 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Allen Belton Amanda Caison 19a. Informant's Name/Relationship (Type, Print) niece of Health and A 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2913 Rockrose Avenue Baltimore, Md. 21215 Christine Bagley 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20e. Method of Disposition permit. Pages 1 Department of Hi Important: If then any Injury or oth 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Western Star Cemetery July 3 Baltimore, Md. 22. Name and Address of Facility Nutter Funeral Homes, Inc. 21. Signature of Funeral Service Licenses 2501 Gwynns Falls PKWY Baltimore, Md. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examin Sequentially tist conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Physician/Medical 23b. Did tobacco use contribute to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part t. 3 □ Probably 4 Unknown 1 Vee 2 No by 24b. Were autopsy findings available prior to 24a. Wes en eutopsy performed? Completed completion of cause of death? 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA 1 Yes 20 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 27. Magner of Deeth 1 p. Natural 2 Accident 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No after deat Director: 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide A 24 hours Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) To the To the To the P 29d. Date signed (Month, Day, Year) 29c. License number 2434 W. Belvedere Ave, Bato Md 212is 31. Date filed (Month, Day, Year) 021998

**DHMH 16 Ray 6/95** 

Registrar

Barrier Files Mand M. desayse-Willy rise has Present Land Administra Held Highland District Jane 1975.

State of Maryland / Department of Health and Mental Hygiene

| an   |  | na (First, Middla, I   | ast)  |  |  |   |   | 2  | 2. Data of Deat  | th   |                                    | 3. Tima of Death   |  |
|--|--|--|---|--|--|---|---|--|--|--|------------------------------------|--|--|
|  |  |  |   |  |  |   |   |  | Month  | Dey  | Yaar                               |  |  |
| al   |  | A. Garn  |   |  |  |   | 41 Oh T-  |  | une  | 28,  | 1998                               | 12:01 AM   |  |
| er   | 4a. Facility Nama  | (If not institution, g   | riva street and numb  | oer)   |  |   | 4b. City, 10  | wn, or Loca  | ation of Deeth   | 4c. County   | of Death                           |  |  |
|  |  | Washing  |   |  |  |   | Bal   | timor  | e  | N/A  | 1                                  |  |  |
|  | 5. Social Sacurity   | Number 6.  | Sex 7   | . Aga (In yrs.   | last birthday)   | If Under 1 Y<br>Months Da   | ear If Under  | 24 Hrs. 8  | B. Date of Birth<br>(Month, Day)   | Year)  | 9. Birthpl                         | aca (Stata or Foreign<br>try)  |  |
|  | 216-86-  | -3842  | ILIM ZMF  | 26   | Yrs.   |   |   | S  | ept. 8,  | 1971   | MD                                 |  |  |
|  | Usual Residance  |  |   |  |  |   |   |  |  |  |                                    |  |  |
|  | 10e. Stete   | 10b. County  |   | 10c. Cit   | ty, Town or Lo   | cation  |   |  |  |  | 10                                 | Od. Insida City Limits   |  |
| by Funeral Director                                  | MD   | N/A  |   | Ba   | altimor  | ·e  |   |  |  |  |                                    | 1 ☑ Yes 2 ☐ No   |  |
| ě  | 10e. Street and Nu   |  |   |  | or a common  | 10f. Zip Cod  | da  |  | 1  | 0g. Citizen of   | Whet Count                         | try?   |  |
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| era  | 11. Mantal Status  | Washing  | 12. Was Deced   | ant Ever in II   | 12 12 1  | Vac Decodest  |   | nin? /Snan   | ifu Vac oz Na  | USA<br>14 Ber  | ce - America                       | an Indian  |  |
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| d b  | 3 🗆 Widowed  | 4 Divorced   | Yaar or Date  | as:  |  |   |   |  |  |  |                                    |  |  |
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- Company

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Daath 3. Tima of Death Month **Physician** /Medical 4b. City, Town, or Location of Death 4a Fecility Name (If not Institution, giva street end number) 4c. County of Death Examiner owson WRSING lumore (0 5. Social Sacurity Number If Undar 1 Yaar 9. Birthplaca (State or Foraign 7. Aga (In yrs. last birthday) 6. Sex **Funeral** Hours 1 □ M 2 🕱 F Months Deys 05-921 Director Usuel Rasidence of Dacedant the Maryland 10d. Insida City Limits 10e. State 10b. County 10c. City, Town or Location 7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Medical Examinar naust be notified at 1 Yes 2 No Maryland Director 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? did Funeral 12. Was Dacedant Ever in U,S. Armed Forcas? Was Dacadant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian 11. Maritel Status Black, White, atc. permit. Pagas 1 and 2 should be filed within 72 hours after. Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or iter eny injury or other traumatic event, the Medical Examinat 1 Yas 2 No If Yas, Give Yaar or Datas: 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ₺ No Specify: Specify: White by 3 ☑ Widowed 4 ☐ Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) Collaga (1-4or 5+) Elementery/Secondery (0-12) Nationa VPS 18. Mothar's Nama (First, Middle, Maiden Sumema) 17. Fathar's Nama (First, Middla, Last) Be 19a Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat end Number or Rural Routa Number, City or Town, Stele, Zip Coda) 844 20b. Place of Disposition (Nama of camatary, cramatory or other) 20c. Location - City or Town, State 20e. Method of Disposition Deta 1 Burial 2 □ Cramation 3 □ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) ome 21. Signature of Funeral Sarvice Licensee 22. Nama and Address of Facility vana 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximeta Intarvai Between Onsat end Death **Physician** Immediate Causa (Final diseesa or condition rasulting in deeth) /Medical MALICHANT CARDIOAC ARRHYTHINIA Examiner Due to (or as e consequance of): Physician/Medical Examiner ARTERY DISEASE CORONARY Sequentially list conditions, if eny, leading to immediata causa. Enter Undarfying Causa (Disease or Injury that initieted events rasulting in daath) Last Dua to (or as a consequence of): and DIABETES MELLITUS Due to (or es e consequance of) Division of Vital Records, P.O. Box 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 3 Probably 4 Unknown 1 Yes 2 No signed by COMMESTIVE HEART P P 24b. Wara autopsy findings evailable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed SYNCOPE certificate has 1 Yas 2 No 1 Yes 20 No director. 25. Was casa rafarrad to medical exeminer? Be 26. Place of Daath (Check only one) Hospital: Othar: 4 Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) 2 1 Yas 25 No 1 Inpatient 2 ER/Outpatient 3 DOA After this funeral 28a. Data of Injury (Month, Day Year) 27. Mennar of Deeth 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Tima of Certification: or Attending 1 Naturel 5 Pending after death. 1 Yas 2 No invastigation 2 Accidant 6 Could not be detarmined 28e. Place of Injury - At homa, farm, street, factory, offica building, atc. (Spacify) 3 Suicide 28f. Location (Straat end Number or Rural Routa Number, City or Town, Stata) 3 4 Homicide 24 hours a Hospital in Certifying Physicien: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, data and place, and due to the cause(s) and manner stated. 29a. Certifia Medical completely (Check only one) To the To the To the F 29d. Dete signed (Month, Day, Year) 29b. Signature and titla of certifier 29c. Licensa number MY 7945

Registrar

State

30. Nama and ad

31. Data filed (Month, Day, Year)

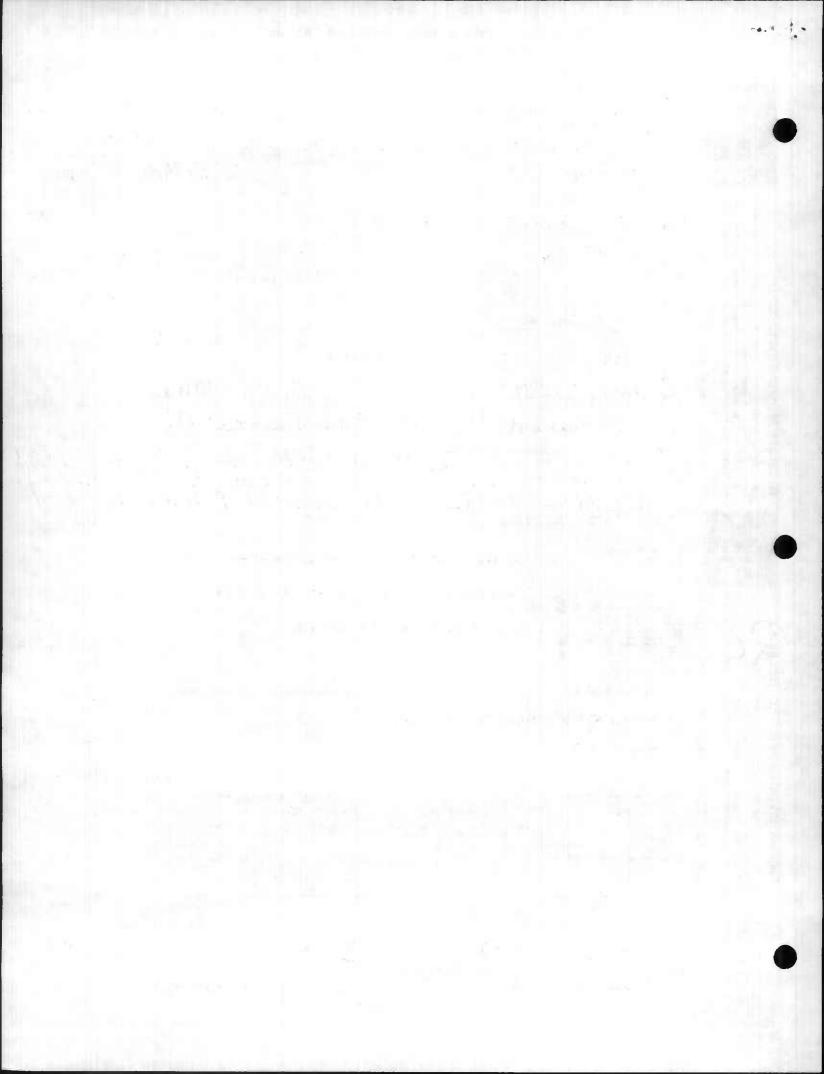
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ess of parson who complated ceuse of death (Itam, 23a) (Typa, Print)

than's Signature

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Balkinge MD

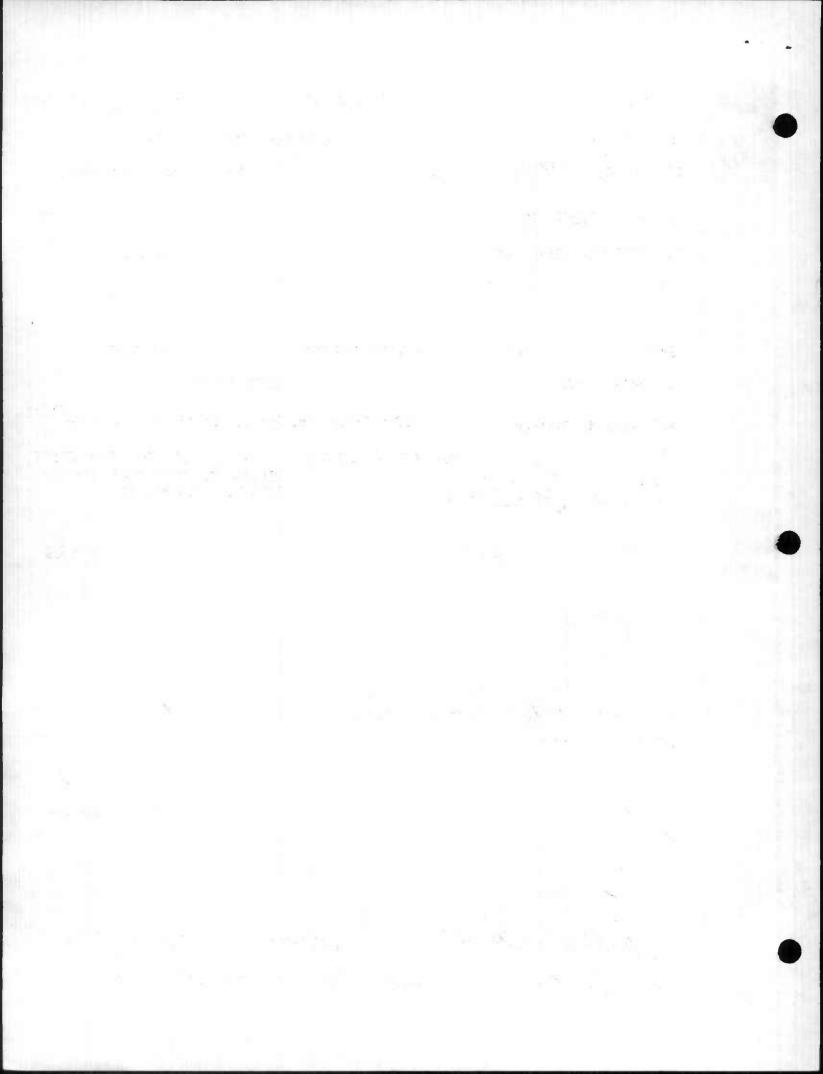


State of Maryland / Department of Health and Mental Hygiene

20400 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** HARMON DREW JUNE /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner JOSEPH RICHEY HOSPICE BALTIMORE CITY If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** Deys Hours XXM 2 F Yrs. 145-64-7872 NEW JERSEY Director 36 1962 Usual Residence of Decadant 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examiner must be notified at 1 ☐ Yes 2 🕅 🏋 🐪 O Director MARYL AND BALTIMORE 10e. Street and Number 10f. Zip Coda 10g, Citizen of What Country? 3020 WALLFORD DRIVE 21222 U.S.A. by Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ② WNo If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. filed within 72 hours efter Never Married 2 Married 21215-0020 1 ☐ Yes 2 XNo Specify: Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elamantary/Secondary (0-12) 12yrs Collega (1-4or 5+) 2vrs MACHINE OPERATOR AUTOMOTIVE Baltimore, Maryland 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Maidan Sumame) Pages 1 end 2 should be filt ment of Health end Mental Hyant: If Item 27 is marked oth ury or other traumatic event Be CLARENCE HARMON HESTER SCOTT 19e. Informent's Name/Raletlonship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3020 Wallford Dr. Apt C., Baltimore, Maryland 21222 Mario Brescio-Partner 20a. Mathod of Disposition 20b. Plece of Disposition (Name of cemetery, crametory or other place) Dete 20c. Location - City or Town, State 1 V guriel 2 □ Cremetion 3 □ Removal from State 4 □ Donetion 5 □ Other (Specify) Department of Important: If eny Injury or OUR LADY OF LOURDES 7-6-98 HAMILTON, NEW JERSEY 21. Signeture of Funaral Service Licensee 22. Name and Address of Facility ILLIAM C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each lina. Intervel Between Onset end Deeth **Physician** Immediete Ceusa (Final disease or condition resulting In death) /Medical YRS Examiner Due to (or es a consequence of): Examiner The lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to Immadiate ceuse. Enter Underlying Ceusa (Diseese or Injury that Initiated avants resulting in daeth) Lest and Dua to (or as a consequence of). P.O. Box 68760. Physician/Medicai Due to (or es e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? Avian 1 Yes 2 No signed by 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, Be Completed 24b. Were eutopsy findings evalleble prior to completion of cause of daeth? 24e. Wes an eutopsy performed? certificate director. 25. Wes cese referred to medicel axaminar? 26. Pleca of Daeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) HOSPICE Medicai Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Mannar of Death 28b. Time of 28d. Dascribe how Injury occurred 28a. Data of Injury (Month, Day Year) 28c. Injury et Work? After 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident Director 3 Sulcide 6 Could not be datarmined 28e. Plece of Injury - At home, ferm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) filled in by 4 Homicide To the Nespital within 24 hours a To the Funeral E Certifying Physician: To the best of my knowledga, deeth occurred et the time, data and plece, end due to the causa(s) and manner as stated.

| Medical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred et the time, date and plece, end due to the causa(s) and manner stated. 29e. Certifier 29d. Date signed (Month, Dey, Year 29b. Signeture end (itle of certifier 29c. License number 30. Name and eddrass of person who complated cause of deeth (Itam 23a) (Type, Print) BARTO MD 31. Dete filed (Month, Day, Year) 32. Registrer's Signetura State Registrar Julia Davidson

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene

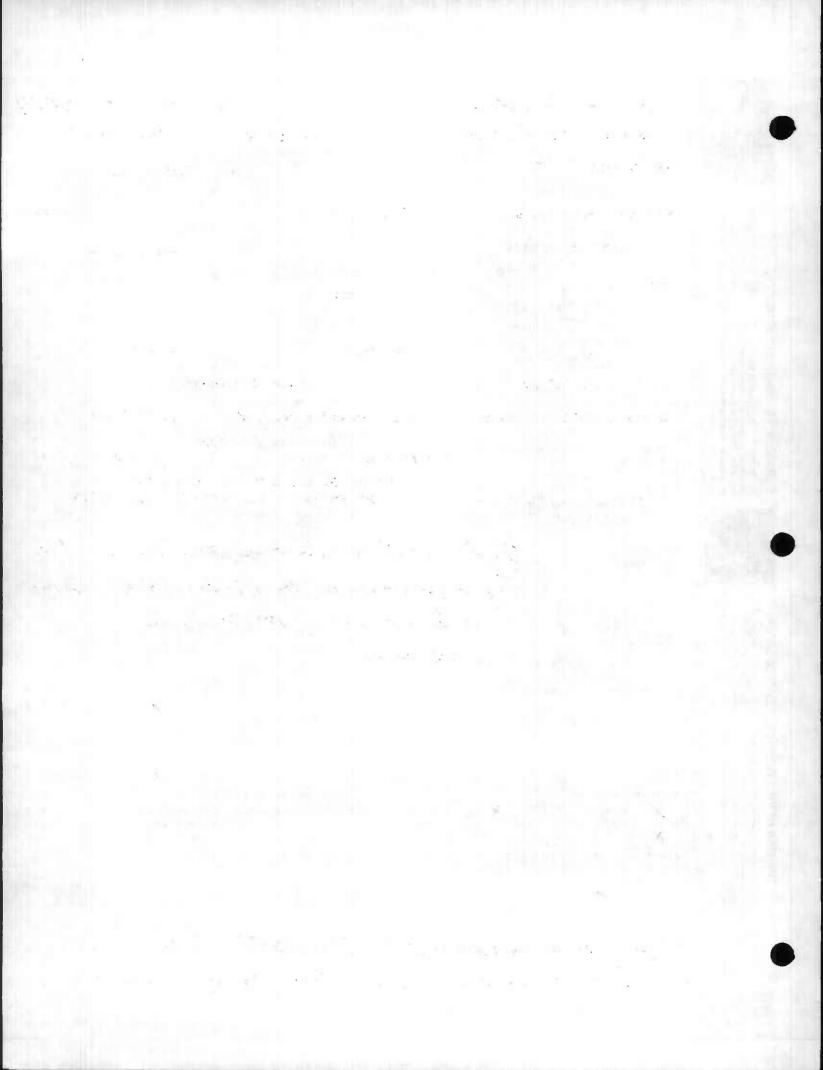
Certificate of Death 3. Time of Death 1 Decedent's Name (First Middle Last) 2. Date of Deeth Month **Physician** Haller 0034 Keven 6 /Medical 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Anne Arundel Medical Center Annapolis Anne Arundel If Under 1 Year | If Under 24 Hrs. . Sex M 2□ F 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dev. Year) Birthplace (Steta or Foreign Country) **Funeral** Days Hours 249 49 4844 17 Yrs. Oct. 23,1980 Director Connecticut Usual Residence of Decedent with the Marylend 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f ahow edical Examiner must be neutiled at Anne Arundel Crofton 1 ☐ Yes XX No Maryland 10e. Street and Number 10f. Zip Code 10g, Citizan of What Country? Ta 21114 2017 Cambridge Drive United States permit. Peges 1 end 2 should be filed within 72 hours after death v Department of Health end Mentel Hygiene. Important: if item 27 is marked other than "natural", or itema 23a any injury or other traumatic event, the Medical Examiner mass once. Funeral 12. Was Decedent Evar in U,S. Armed Forces? Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Stetus 11 Nevar Marriad 2 Married 1 ☐ Yes 27 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 Yes x2€No Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b Kind of Business/Industry Elamentery/Secondary (0-12) College (1-4or 5+) School School Student 18. Mother's Name (First, Middle, Maiden Surneme) 17. Father's Neme (First, Middle, Last) David Kevin Haller Susan Ann Hubbard 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, State, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) 2017 Cambridge Dr. Crofton Maryland 21114 David K. Haller Father 20a. Method of Disposition

Disposition

Removal from State 20b. Place of Disposition (Nama of cametery, cremetory or other place) June 29, Date 1998 20c. Location - City or Town, Stata Clinton Maryland 4 ☐ Donation 5 ☐ Other (Specify) Resurrection Cemetery 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Robert E. Evans Funeral Home, Inc. were 16000 Annapolis Rd. Bowie Maryland 20715 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** acute Cardiac and Respiratory Failure /Medical Immediata Ceuse (Final disease or condition resulting in death) Examiner phomo with Mediastinal Physician/Medical Examine Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Diseasa or Injury that initiated avants Division of Vital Records, P.O. Box 68760 resulting in death) Last The law requires that the death 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Wera autopsy findings available prior to complation of ceusa of daath? should I 24a. Wes an autopsy performed? Completed certificate has b director, page 2 s 1 Yas 2 No 1 Yas 2 No Physician: director. 25. Was casa rafarred to medical examiner? Be 26. Placa of Death (Check only ona) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 inpatient 2 □ ER/Outpatient 3 □ DOA this After thi 27. Mannar of Deeth 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: 5 Pending Investigation or Attending 1 Natural in 24 hours after commended the Funeral Director: After Afte 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datamined 28e. Plece of injury - At home, farm, street, factory, office building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide Hospital 29a. Certifier 🕊 Certifying Phyaician: To tha best of my knowledga, daath occurred at tha tima, data and plece, and due to tha causa(s) and manner as stated. edical 2 Medical Examiner: On the basis of axamination and/or investigetion, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and manner steted. (Check only one) within 2 29d. Date signed (Month, Dey, Year) 29b. Signature and titla of certifier 29c. License number 30. Nama and address of person who complated causa of death (Itam 23e) (Type, Print) Richardson, MD. 104 FOR bys Street ANN Apolis, Md. 21401 32. Ragistrar's Signatura 31. Date filed (Month, Dey, Year) State JUL 0 2 1998

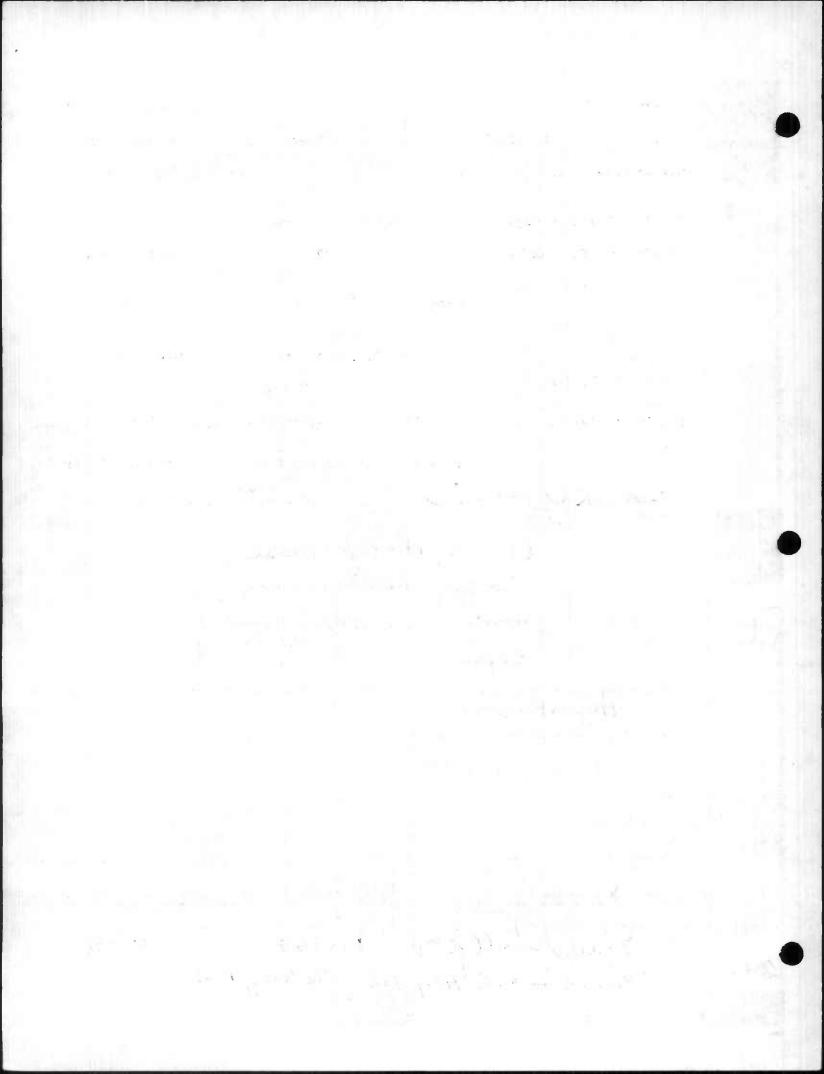
DHMH 16 Rev 6/95

Registrar



|                                    | 10               | State of Maryland / Department of Health and N  Certificate of Death   |                                       | Reg. No.                             | 8 2                           | 20402   |
|------------------------------------|------------------|--|---------------------------------------|--------------------------------------|-------------------------------|---|
| Physicia<br>/Medic                 |                  | 1. Decedent's Name (First, Middle, Last)  Herman H. Harjes   | 2. Date of De<br>Month<br>June        | 25, 1998                             | Yeer<br>}                     | 3. Tima of Deeth 2:53 P.M.                                      |
| Examin                             | er               | 4e. Fecility Neme (If not institution, give street end number)  Prince George's Hospital  Cheverly   | ocation of Deetl                      |                                      |                               |   |
| Funeral<br>Director                |                  | Prince George's Hospital Cheverly  5. Social Security Number $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$  | 8. Date of Bir<br>Month, De<br>Feb. 2 |                                      |                               | rge's ce (Stete or Foreign y)                                   |
| 3                                  |                  | Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location  |                                       |                                      | 140                           | 11.14.09.11.5   |
| f sho                              | ō                |  |                                       |                                      | 100                           | d. Inside City Limits  1 Yes 2 No                               |
| 289<br>Light                       | Director         | Maryland Prince George's Upper Marlboro  10e. Street and Number 10f. Zip Code  |                                       | 10g. Citizen of V                    | Vhat Countr                   | 24 2300   |
| 23a o                              | O E              | 13925 Lork Fairfax Place 20772   |                                       |                                      | d Sta                         |   |
| dical Examiner must be notified at | by Funeral       | 11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Was Decedent Ever in U,S. Armed Forces?  1 Never Married 2 Never Married 2 Never Married 2 Never or Detes: 42-64  | ecity Yes or No<br>Rican, etc.)       |                                      | e - America<br>k, White, et   | c.  |
| Sale                               | 8                | 15. Decedent's Education 16e. Decedent's Usual Occupation  |                                       | 16b. Kind of Bu                      | Whit                          |   |
|                                    | Completed        | (Specify only highest grade completed)  (Give kind of work done during most of work life. DO NOT use retired)  (Give kind of work done during most of work life. DO NOT use retired)   | ing                                   | TOD. KING OF DE                      | 15111 <b>6</b> 53/11100       | Sily  |
| matic event, the M                 | E                | 12 Intelligence Officer  | r                                     | U.S. A                               | rmy                           |   |
| Ne N                               | Be               | 17. Father's Name (First, Middle, Last) Herman H. Haries  18. Mother's Name  | e (First, Middle,                     | Meiden Surnem                        | e)                            |   |
| mtic                               | 2                | Marie  | Meier                                 |                                      |                               |   |
| other traumatic                    |                  | 19a. Informant's Neme/Relationship (Type, Print)  19b. Mailing Address (Street end Number or Runt  120.25 January 1 Project Control of the Print)  |                                       |                                      |                               |   |
| ther                               |                  | Shirley P. Harjes Wife 13925 Lord Fairfax Pla  20a. Method of Disposition 20b. Place of Disposition (Name of   | ace Upp                               | er Marlt<br>20c, Location -          | oro M                         | aryland   |
| 0 0                                |                  | Burial 2 Cremetion 3 Removel from State cemetery, cremetory or other place) June 29  |                                       |                                      |                               |   |
| C a                                |                  | 4 Donation 5 Other (Specify) Maryland Veterans Cemetery 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility   | У                                     | Crown                                | svill                         | e Maryland  |
| any injury or other tr             |                  | Robert E. Evans Fur  | neral H                               | ome, Ind                             |                               |   |
|                                    | $\dashv$         | 23e. Part 1. Enter the disease, complications that caused the death. Do not enter the mode of dying, such as cardiac of shock, or heart fellure. Limit saly one cause on each line.  | Bowie                                 | Marvlar                              | d 207                         | 15<br>opproximate   |
| at the bur                         | 8                | Immediate Ceuse (Finat disease or condition resulting in deeth)  Due to (or es a consequence of):  End Stack Reval Faulum  Due to (or es a consequence of):  End Stack Reval Faulum  Due to (or as a consequence of):  Antic Valve Replacement of the initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Sepsilon 13 | ent                                   |                                      |                               |   |
| od for                             | SCIA             | Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f.   | 23b. Did 1                            | lobacco usa cor                      | tributa to t                  | he cause of death?  |
|                                    | by Physician/M   | Hypertension   |                                       | Yes 2□No                             |                               | 1/  |
|                                    | Completed        | Throat Cancer  | 24e. Was<br>perfo                     | an autopsy<br>med?                   | avail                         | e eutopsy findings<br>able prior to<br>pletion of cause<br>ath? |
| page                               | E                | 144/20 thy 10, 12,8m   | 101                                   | res 2 No                             | 10                            |   |
| 1010                               | Be               | 25. Was case referred to medical examiner?   | (Check only o                         | ne)                                  |                               |   |
| uneral                             | ertification: To | 1  Yes 2 No Hospitel: 1 Inputient 2 ER/Outpatient 3 DOA Other: 4 Nursing Hor 27. Menner of Deeth 1   |                                       | dence 8 Other                        |                               |   |
| letely filled in by the            | Certif           | 3 ☐ Sulcide 4 ☐ Homicide  Could not be determined  28e. Pieca of Injury - At home, farm, street, factory, offica building, etc. (Specify)  | 28f. Location (S<br>City or Tox       | Street and Numb<br>vn, Stata)        | er or Rurel F                 | Route Number,   |
|                                    | edical           | 29a. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, a 2 Madrcal Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred and manner steted.   | and due to the a                      | cause(s) and me<br>date and plece, a | nner es stat<br>ind due to th | ed.<br>ne cause(s)  |
| E COM                              |                  | 29b. Signature end title of certifier 29c. License number  |                                       | 29d. Date signed                     | -                             | y, Year)  |
|                                    |                  | 7 yard femilly 1245967   |                                       | 6-2                                  | 5 -6                          | ik  |
| 1                                  |                  | 7 yau Lewelle Dy 195967  30. Name and edgress of person who completed cause of geath (Itemy23e) (Type, Print)  Vince George Hospital Chevell   | n                                     | D                                    |                               |   |
| State<br>Registra                  | -                | 31. Date filed (Month, Dey, Year)  32. Begistrar's Signature  11. 0.2.1008   |                                       |                                      |                               |   |

DHMH 16 Rav 6/95

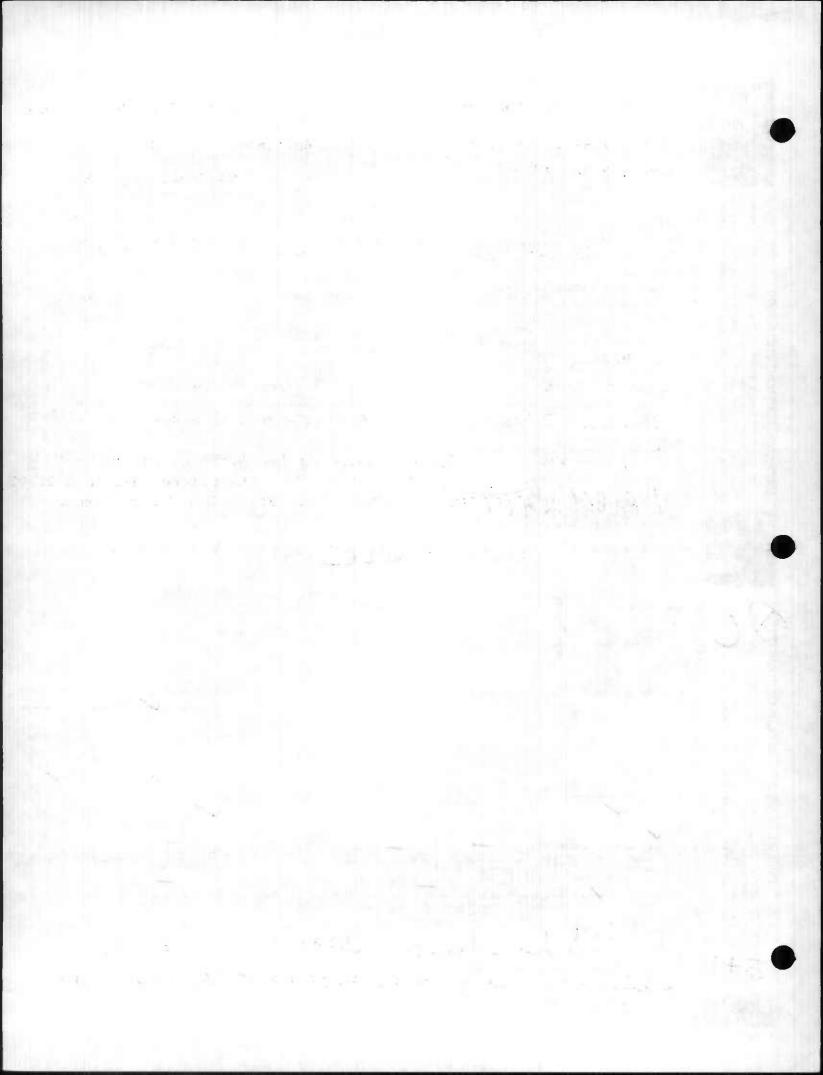


| Physicia<br>/Medic   | ai                | Decedent's Nema (First, Middle, Last)     EUGENE RUMSE     Recility Nama (If not institution, give second)   | Y HARR  |   |  |   | 4h City Town   | 2. Deta of De<br>Month<br>June<br>or Location of Deat                    | 27 E                              | 1998                    | 3. Tima of Dea<br>1:25PM                          |  |
|--|-------------------|--|---|---|--|---|--|--|-----------------------------------|-------------------------|---|--|
| Examin   | er                | VA Maryland health   |   |   |  |   |  | Point  | ath 4c. County of Deeth Cecil     |                         |   |  |
| Funerai<br>Director  |                   | 5. Social Security Number  215-18-3098  Usuel Rasidanca of Decadant  | 7. Ag   |   | last birthday)<br>6 Yrs.                       | Months Dave House Min                           |  |  | 1921                              | 9. Birth                | nplaca (State or Fol<br>YEAND                     |  |
| Sa-f show<br>diffed at   | Director          | 10e. Stata 10b. County  MARYLAND HARFOR  | D CO BEL AIR  |   |  |   |  |  |                                   | 10d. Ins                |   |  |
| 23a or 23a-f show<br>at be notified at                                 |                   | 10e. Straet and Numbar 2 CORNS DRIVE   | 10f. Zip Coda<br>2101   |   |  |   |  |  | 10g. Citizan of                   | zan of What Country?    |   |  |
| atural, or items 23s or 25s-f show<br>cel Examiner must be notified at | by Funerai        | 11. Maritel Status  1 Navar Marriad 2XXMarried  3 Widowed 4 Divorced   | 1 <b>X</b> X es 2 □ No  |   |  | Was Dacedant<br>If Yes, specify (<br>1□ Yas 2図) | of Hispanic Orlgin? Cuban, Maxican, Pue              | (Specify Yas or No<br>erto Rican, etc.)                                  | 14. Ra<br>Bla<br>Speci            | ck, White               | nerican Indian,<br>nita, atc.<br>BLACK            |  |
| Medical.   | Completed         | 15. Decadent's Educ<br>(Specify only highast grade   | cation<br>a completed)<br>College (1-4or 5                          | 5+)   |  |   | ccupation<br>one during most of w<br>tired)          | 16b. Kind of 8   | Businass/li                       | ndustry                 |   |  |
| T, D   |                   | 6th grade  17. Fethar's Nema (First, Middle, Last)   |   |   | LABOR  | RER   | 18 Mother's N  | ama (Firet Middle  |                                   | TATIO                   | N   |  |
| ic ave   | To Be             | DAVID HARRIS   |   |   |  |   | 18. Mothar's Nama (First, Middla, M<br>HANNAH RUMSEY |  |                                   |                         |   |  |
| Tal.   | -                 | 19a. Informant's Name/Relationship (Ty)  | pe, Print) 19b. I   |   |  | ng Addrass (St                                  | reet and Number or I                                 |  | er, City or Town                  | vn, Stete, Zip Coda)    |   |  |
| Injury or other tr   |                   | Bertha Harris/Wife  20a. Mathod of Disposition  1X Surial 2 Crametion 3 CR  4 Donation 5 Other (Spacify)  21. Signature of Funeral Survice Liense          | emovel from Stata   | 20b. P  | osition (Name of<br>matory or other<br>CEMETER | Υ   | 7-1-98   | DARL INC   | - City or T                       | MARYLAN                 |   |  |
| any l  |                   | 21. Signappe of Sunaral Service Usensa   | ia  |   | 22   | . Nama and A                                    | Idrass of Facility W                                 | ILLIAM C.<br>206 W. NO   |                                   |                         | UNITY F   |  |
| iclan<br>dical   |                   | a. Pert1. Ever the disease, or complications, or haert failura. List only on Immediata Cause (Final disease or condition rasulting in death) a             | cetions thet causad<br>a causa on each lin<br>CONGESTIV<br>Renal Fa | E HEAI  | RT FAILU                                       |   |  | ac or respiretory a  | rrast,                            |                         | Approximate Intervel Batwas Onsat and Dea 5 YEARS |  |
| ransit   | Examiner          | b  | DIABETES  |   | r as e conseq                                  |   |  |  |                                   |                         | 15 YEARS  |  |
| DO DO  | cai               | Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceusa (Disassa or injury that initiated events rasulting in death) Last |   | Dua to (or as e consequanca of):  |  |   |  |  |                                   |                         |   |  |
|  | by Physician/Medi | Part II. Other algnificant conditions conf<br>Diabetes   | nderlying cause   | givan in Part I.  |  | tobacco usa co<br>Yes 2□ No                     | uss contribute to the cause of dea                   |  |                                   |                         |   |  |
| CI I   | Completed b       |  |   |   | 24e. Was                                       | an autopsy<br>primed?                           | a  | Vera eutopsy findi<br>valiabla prior to<br>omplation of caus<br>f death? |                                   |                         |   |  |
| r, pag   |                   |  |   |   |  |   |  |  | Yas 2X No                         | 1                       | ☐ Yas 2 No  |  |
| firecto  | To Be             | 25. Was casa referrad to medical axeminar? 1 ☐ Yas 2 ☐ No  | ospital:  | at 2 🗆  | ER/Outpatien                                   | t 3□ DOA  | 04   | eeth (Check only only only only only only only only                      |                                   | (0                      | 24.1  |  |
|  |                   | 27. Mannar of Death  1 Natural 5 Panding 2 Accident Invastigation  | 28e. Data of Injur<br>(Month, Day                                   |   | 28b. Time of tnjury                            | 28c. [  | njury at<br>Work?                                    |  | how injury occu                   |                         | ny)   |  |
| illed in by the f  | Certification:    | 3 Suicida 6 Could not be determined  | aat, factory, off   |   | City or Tox                                    | wn, Steta)                                      |  | ral Routa Number,  |                                   |                         |   |  |
| completely filled in   | ledical           | 29a. Cartifier 1   | ctan: To the best of<br>ar: On the basis of<br>and mannar sta       | axaminat  | viedga, daath<br>ion end/or inv                | occurred at the<br>rastigation, in n            | a tima, data and piac<br>ny opinion, daath occ       | ca, and dua to tha<br>curred at tha tima,                                | causa(s) and m<br>date end placa, | ennar as s<br>and dua t | statad.<br>to the cause(s)                        |  |
|  |                   | 29b. Signatura and titla of cartifiar  | illur   | 29d. Data signed ( <i>Month</i> , <i>Dey</i> , <i>Year</i> )  198 6/27/98 |  |   |  | Dey, Year)   |                                   |                         |   |  |

State of Maryland / Department of Health and Mental Hygiene

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| cian  | _                |  |  |   |  | U  | riunca   | le oi             | Death  |                            | Re   | g. No.  |   |  |
|---|------------------|--|--|---|--|--|--|-------------------|--|----------------------------|--|---|---|--|
| cian  | 1. 0             | Decedant's Nam   | a (First, Middla, L  | est)  |  |  |  |                   |  | 2.                         | Data of Death<br>Month   | Day   | Year  | 3. Time of D   |
| lical   | К                | Willie   | Ed   | . Johns   | on   |  |  |                   |  |                            | June   | 26,   | 98  | 7:00   |
| cai<br>1er  | 4a               | Facility Name (  | If not institution, gi   | ve street and number  | er)  |  |  |                   | 4b. City, Tow  | n, or Locat                | ion of Death   | 4c. County  | y of Death  |  |
|   | 2                | ocial Security N   | 1umber 6.  | th Stree  | t<br>Age (In yrs.<br>83  | last birthday<br>Yrs.  | /) If Unda   | ar 1 Yaar<br>Days | Balt<br>If Undar 24<br>Hours                                   | Min. 8.                    | e<br>Data of Birth<br>(Month, Day,<br>01-09  |   | 9. Birth  | placa (Stata or I  |
|   |                  | ial Rasidence o  |  |   | 10a Cit  | v. Tourn or I  | contion  |                   |  |                            |  |   |   | 10d incide City  |
| ctor  |                  | MD   | 10b. County  |   | 10c. Cit   | Bal  | Limo   | re                |  |                            |  |   |   | 10d. insida City   |
| Dire  | 10e              | Street and Nu  | -  | orth St   | <u>_</u>   |  | 10f. Z   | lp Coda           | 1213   |                            | 10   | Og. Citizen of  | Whet Cou  | . *  |
| by Funeral Director                                 |                  | Marital Status  1 Navar Marr  3 Widowed  | ied 2 Married  | 12. Was Deceder<br>Armed Force<br>1 Hes 2 E<br>If Yas, Giva<br>Yaar or Datas            | s?<br>∃No  | .S. 13   | . Was Dec<br>If Yes, sp  | ecify Cub         | dispante Origi<br>an, Maxican,<br>Specify:                     | in? (Specif<br>Puerto Ric  | y Yas or No-<br>en, atc.)  |   | ick, White,   | can Indian,<br>etc.  |
| eted  |                  | (Spec  | 15. Decedent's E   |   |  |  |  |                   |  |                            | 16b. Kind of B   |   |   |  |
| Completed   | E                | lamantary/Seco   |  | College (1-40   | or 5+)   | Janitor  |  |                   |  | John 1                     |  |   | Hopkins Unic  |  |
| Be C  |                  | Fathar's Nama  | (First, Middla, Las  | 1   |  |  |  | - 4               | _  |                            | irst, Middle, N  | 1 /   |   |  |
| 7   |                  | DOC  | Jenk   | uns   |  | Ollie  |  |                   |  |                            |  | nkins   |   |  |
|   | 194              | Patri  | eme/Ralationship   | Tohnson   | ,  | 2001   | -  |                   |  | 1.                         | Babt   |   |   | - 10   |
| dical Examiner  To Be Completed                     | 208              | Method of Dis  |  | Ramoval from Sta  | 10 1   | Place of Disperatary, cr   | amatory or   | othar pla         | ce)<br>Vet CE  |                            |  | Dwing   |   | own, State   |
|   |                  |  |  |   |  | or es a cons   | equance of   | f):               |  |                            |  |   |   |  |
| _   | Ca               | quentially list co<br>ny, laading to fr<br>ys, laading to fr<br>ys, laading to fr<br>usa (Disaasa or<br>t initiated evants<br>ulting in daath) | 5  | c   |  | or as a cons   | equence of   | r):               |  |                            |  |   |   |  |
| Medical   | Ca<br>tha<br>ras | t initiated evants   | 5  | c   |  | er as a cons   | equence of   | r):               |  |                            |  |   |   |  |
| Medical   | Ca<br>tha<br>ras | t initiated evant<br>ulting in daath)  | Last   | c. d. contributing to death   | Dua to (o  | r as a conse   | equence of   | ):                | ven in Part I.   |                            | 23b. Dfd to  | bacco uae co  | ontribute   | to the causa of  |
| Physician/Medical                                   | Ca<br>tha<br>ras | t initiated evant<br>ulting in daath)  | Last   | c   | Dua to (o  | r as a conse   | equence of   | ):                | ven in Part I.   |                            | 23b. Did to  | _/  |   | to the causa of<br>obably 4 ☐ U  |
| by Physician/Medical                                | Ca<br>tha<br>ras | t initiated evant<br>ulting in daath)  | Last   | c   | Dua to (o  | r as a conse   | equence of   | ):                | ven In Part I.   |                            |  | n autopsy   | 3 Pro   |  |
| by Physician/Medical                                | Ca<br>tha<br>ras | t initiated evant<br>ulting in daath)  | Last   | c   | Dua to (o  | r as a conse   | equence of   | ):                | ven in Part I.   |                            | 1□ Ye  | n autopsy   | 3 Pro   | Vara autopsy fin vallabla prior to omplation of car  |
| Be Completed by Physician/Medical                   | Par 25.          | t limited evantuulting in daath) t II. Other signit  | Clast dicant conditions  | Hospital  | Dua to (o  | r as a conse   | equence of   | cause gh          | 26. Place  |                            | 1 You Yas all perform  | n autopsy ned?  | 3 Pro   | Vara autopsy fin vailabla prior to omplation of cau f daath?   |
| To Be Completed by Physician/Medical                | Par 25.          | t initiated evantualiting in death)  t II. Other signif  | licant conditions  | Hospital: 1 ☐ Inpa  | Dua to (o  | r as a conser<br>r as a conser<br>ulting in tha<br>ER/Outpati  | equence of aquance of undarlying   | cause gh          | 26. Place o  | sing Homa                  | 1 Ye   | n autopsy ned?  | 3 Pro   | Vara autopsy fin vailabla prior to omplation of cau f daath?   |
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| Certification: To Be Completed by Physician/Medical | Par 25.          | Wes case reference axaminar?  1 Yas 2 Menner of Deat 1 Matural 2 Accident 3 Suicida  | Ilcant conditions  red to medical No h 5   Panding investigate 6   Could not idetarmined | Hospital: 1 Inpe  | Dua to (on the property of a point of a party of a part | r as a conservation of a conservation of a conse | equence of aquance of undarlying ent 3 End of M  | cause gh          | 26. Place of har: 4 \( \to \) Nurs ry at rk? Yas 2 \( \to \) N | sing Homa<br>286<br>lo 286 | 1 Ye  24a. Was all perform  1 Ya  Chack only on  5 Thasida  d. Dascribe ho  f. Location (St. City or Town                                | n autopsy med?  as 25No  e)  ance 6 Oto winjury occurrent and Num  n, Stata)  euse(s) and m             | 3 Production of | Vara autopsy fin vailabla prior to omplation of cau f death?  Yes 22/N  ify)   |
| To Be Completed by Physician/Medical                | Par 25.          | Wes case referaxeminar?  1   Was a 2   Wenger of Deat  1   Wastural 2   Accident 3   Sulcide 4   Homicida a. Certifier (Check only             | red to medical No b 1 Panding investigatic 6 Could not detarmined                        | Hospital: 1 Inpa 28e. Dete of In (Month, in 28e. Pleca of building, hystofan: To tha be | Dua to (on the property of a point of a party of a part | r as a conservation of a conservation of a | equence of aquance of undarlying ent 3 If the streat, factor ath occurrences to gate our convention of the streat, factor ath occurrences to gate our course to streat occurrences to streat occur | cause gh          | 26. Place of har: 4 \( \to \) Nurs ry at rk? Yas 2 \( \to \) N | sing Homa<br>286<br>lo 286 | 1 Ye  24a. Was all perform  1 Ya  Chack only on  5 Masida d. Dascribe ho  f. Location (St. City or Town  d due to tha ce at the time, di | n autopsymed?  as 2 No e) ance 6 Ot ow Injury occu reat and Num n, Stata)  susse(s) and m ata and placa | 3 Production of | Vara autopsy fin vailable prior to ompletion of cau if death?  Yes 20/N  Yes 20/N  ify)  ral Roufe Numberstated. to the cause(s)  Day, Year) |



State of Maryland / Department of Health and Mental Hygiene 20405 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** Catherine Johnson 98 2030 June /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore HOSO NIA SOMANIHAN If Under 1 Year Months Days If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** 10 M 20 F Months Min. Hours 216-22-4877 72 Director 10-23-25 Usuel Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f ehow treumstic event, the Med cal Examiner must be notified at Baltimore 1 Tes 2 No Director MD 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Apt Vork Rd. 21212 5220 USA Funeral 14. Rece - American Indian, Black, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status permit. Pages 1 end 2 should be filed within 72 hours efter Department of Health end Mental Hygiene. I myortant: If Item 27 is marked other than "nature!, or frei any Injury or other treumatic event 1 Never Married 2 Married 1 ☐ Yes 2 ☑ Mo If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Holiday Elementary/Secondary (0-12) College (1-4or 5+) House Keeping 3rd grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Dangerfield Clarence Martina 19e. Informant's Name/Relationship (Type, Pnint) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 21/1/7 millsimo Martina Brooks Rd, Owings Linden Hill 9810 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition Dete 1 Burial 2 Cremation 3 Removal from State 7-3-98 Randallstown, MD Park 4 Donation 5 Other (Specify) Kina mem 21. Signature of Funeral Service Licensee 22. Name and Address of Facility E. North Ave 1101 march FIH GAST 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset end Death Physician /Medical Immediate Cause (Final disease or condition resulting in death) CARDIAC FAILURE Examiner Examiner HEMORRHAGE OSTOPERATIVE Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last PIE INTRAVASCUL M3SEMINATED Physician/Medical Due to (or es e consequence of): THRUMBUSIS DURING PANCHE ATTRETOMY open 12 Hm Box esn ò Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yas 2 No 3 Probably 4 Unknown signed t þ 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? Completed PANCRUATIC CARGINANS 1 ☐ Yes ZNO 1 Yes 2 No 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Yes 2□ No Certification: To Inpatient 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred or Attending Natural Accident 5 Pending Investigation within 24 hours after death.

To the Funeral Director: All completely filled in by the fu 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medicai (Check only one) To the within 2 29b. Signature and title 4 29c. License number 29d. Date signed (Month, Day, Year) 30. Neme end eddress of rson who completed cause of death (item 23a) (Type, Print) SINDELAR SAMPLITAN NICCIAM (200)

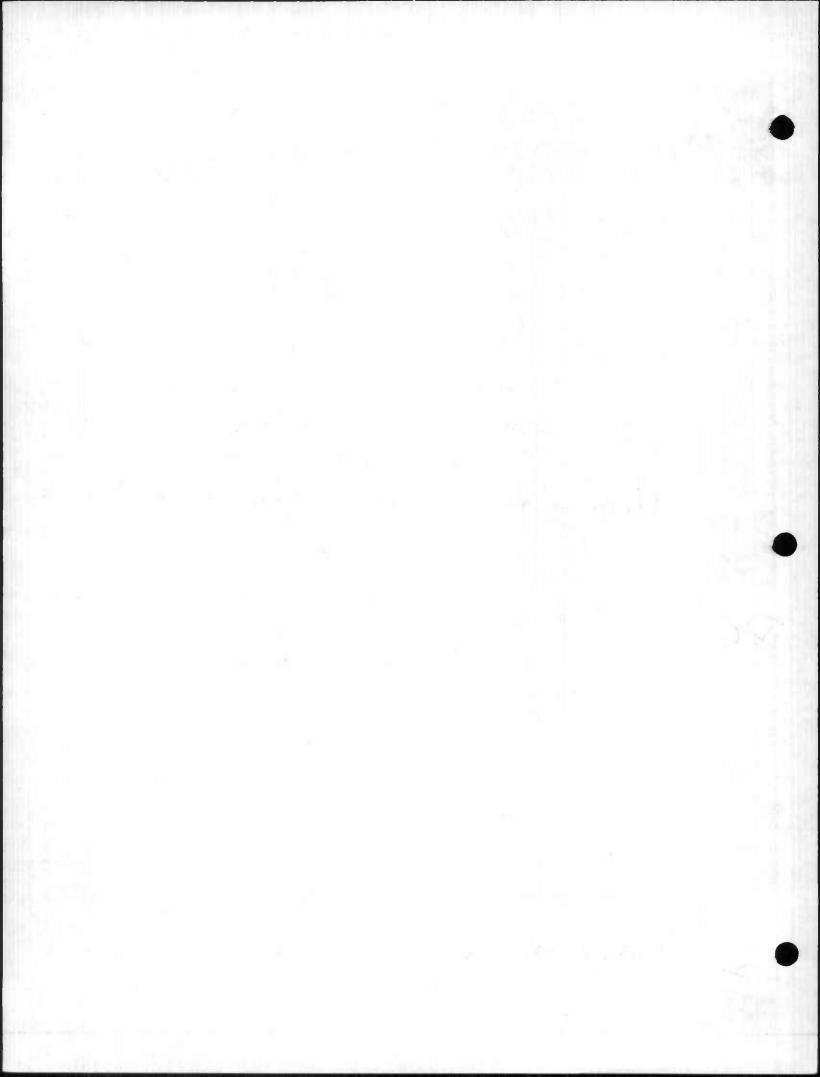
32. Registrar's Signature

DHMH 16 Rav 6/95

Registrar

31. Date filed (Month, Dey, Yeer)

JUL 0 2 1998



State of Maryland / Department of Health and Mental Hygiene \( \) Certificate of Death 2. Data of Death 3. Tima of Death Month Yes Linda E. Jubb 29 1998 June 11:15 p.m. 4b. City, Town, or Location of Death 4c. County of Deeth Towson Baltimore Stella Maris Hospice If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) If Under 1 Year Birthplaca (State or Foreign Country) 7. Aga (In yrs. last birthday) 1□M 2 F Months Days Yrs. 6, 76 1922 North Carolina 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore 1 ☐ Yas 2 X No Baltimore 10f. Zip Coda 10g. Citizen of What Country? 21239 1366 Limit Avenue United States 12. Was Decedant Evar in U,S Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indien. Bleck, Whita, atc. 1 ☐ Yes 2 🕱 No If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Married 1 ☐ Yas 2 X No Specify: White 3 Midowed 4 Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada completed) Elamantary/Secondary (0-12) Collega (1-4or 5+) Own Home Homemaker 18. Mothar's Nama (First, Middla, Maidan Sumama) 17. Fathar's Nema (First, Middle, Last) Oscar Pressley (Not Known) Ida 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) (Son) Orlando, FL Richard E. Buckner 42 E. Spruce Street 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20c. Location - City or Town, Stata 1 M Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 7/3/98 Baltimore Maryland 4 ☐ Donetion 5 ☐ Othar (Specify) Parkwood Cemetery Knight Jr . 22. Nama end Addrass of Facility 21. Signeture of Funeral Service Libansee Milton J Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, Md. 23a. Pert1. Enter the disease, of complications that clused the daeth. Do not antar tha mode of dying, such as cardiac or raspiratory arrast, shock, or haart failura. List only one cause on each line. Approximata Intarval Between Onset and Death ACUTE MYELOID LEUKEMIA 2 MOS. Dua to (or as a consequence of): BONE MARROW DYSPLASIA 4 YRS. Due to (or as a consequence of): Dua to (or as e consaguance of) 23b. Did tobacco use contribute to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yee 2X No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? 1 ☐ Yas 2 ☐ No 1 Yas 2 No 26. Pleca of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Dascribe how Injury occurred

**Physician** /Medical **Examiner** Examiner

permit. Peges 1 and 2 sh Depertment of Health and Important: If Item 27 is m any Injury or other traum once.

**Funeral** 

**Director** 

is 1 and 2 should be filed within 72 hours after death with the Manyler of Health and Mantel Pyglene. If the state of the than "natural", or items 23a or 23a-f show offer traumatic event, the Modical Exercities must be notified as

altimore, Maryland 21215-0020

Physician/Medical page 2 s director, Be 2

p

Completed

Certification:

edical

1 Natural

2 Accidant

3 Sulcida

29a. Certifiar

4 Homicide

(Check only

29b. Signatura and title of caryffia

ed by the a signed b SBC certificate After this funeral death. after death 6 2 24 hours To the Hosp within 24 hou To the Fune completely fi

attending physicien end for use as the burial-trensit requires that the death certificate be axecuted Box 68760. P.O. Division of Vital Records, Physician: or Attending

Dr. Ba Yin Oung, M.D. 31. Data filed (Month, Day, Year) 021998

8002 Belair Road 32. Registrar's Signatura his Davidson

29c. Licanse number

29d. Date signed (Month, Day, Year)

Baltimore, Maryland

21236

1 Decedent's Nama /First Middle Last) **Physician** /Medical 4e Fecility Nema (If not institution, give street and number) **Examiner** 

5. Sociel Security Number

247-54-4653

10e. Street and Number

10a. Stata

Md.

11. Maritel Status

Directo

Funeral

by

Completed

Be

2

Usual Rasidence of Decedant

8

20a. Mathod of Disposition

Immediata Causa (Final disaasa or condition rasulting in daath)

Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasulting in daeth) Lest

25. Was casa rafarred to medical axeminar? 1 Yas 2X No 27. Mannar of Death

6 Could not be datarmined

5 Panding invastigation

28a. Data of Injury (Month, Day Year)

28b. Tima of

28c. Injury at Work?

1 ☐ Yas 2 ☐ No

281. Location (Street and Number or Rural Routa Number, City or Town, State)

28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify)

1 🔀 Certifying Phyeician: To tha best of my knowladga, daath occurred at tha lima, data and place, and dua to tha causa(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated.

M.D.

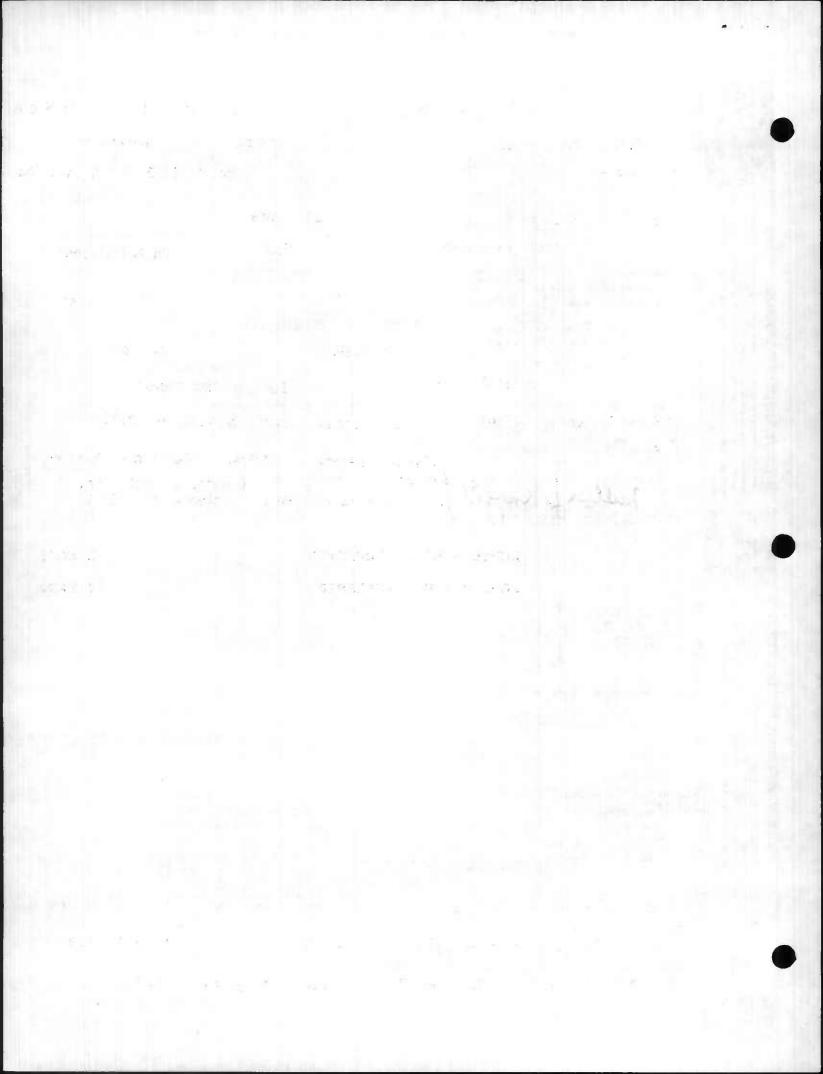
30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print)

D17728

July 1, 1998

State

Registrar



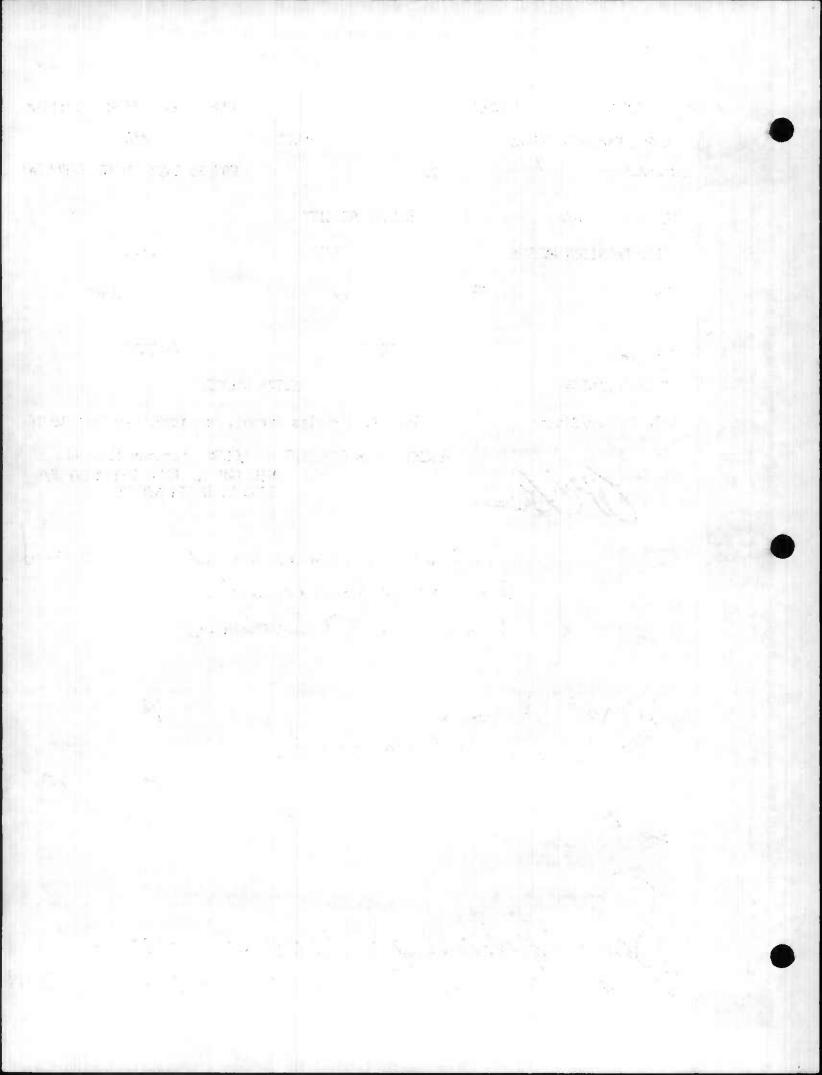
State of Maryland / Department of Health and Mental Hygiene 98 20407

|            |  |  |  |  |                  |                                |  | Cei              | rtificat                               | e of                 | Death                          |                        | 1                                       | Reg. No.           |                    |             |   |  |
|------------|--|--|--|--|------------------|--------------------------------|--|------------------|--|----------------------|--------------------------------|------------------------|---|--------------------|--------------------|-------------|---|--|
|            |  |  | 1. Decedent's Name   | (First, Middle, La   | st)              |                                |  |                  |  |                      |                                |                        | 2. Dete of Dea                          |                    |                    | Voor        | 3. Time of Death  |  |
|            | Physicia<br>/Medica  |  | SELVIN   | V  | LAW              | SON                            |  |                  |  |                      |                                |                        | JUNE                                    | 27                 | 1                  | .998        | 12:15am   |  |
|            | Examine  |  | 4e Facility Neme (If   |  |                  |                                |  |                  |  |                      | 4b. City, To                   | wn, or Lo              | ocation of Deeth                        |                    |                    | of Death    |   |  |
|            |  |  | MANOR CA   | ARE-ROSS   |                  |                                |  |                  |  |                      | BALTI                          |                        |   |                    | N/                 | Α           |   |  |
|            | Funeral  |  | 5. Social Security Nu  |  | ex<br>ØM 2□F     | 7. Age (In                     | yrs. last bir                                |                  | If Under                               | r 1 Yee<br>Days      |                                | 24 Hrs.<br>Min.        | 8. Dete of Birt<br>(Month, Da<br>NOV 30 | h<br>y, Ygar)      |                    | 9. Birthp   | iace (State or Foreign  |  |
|            | Director   |  | 251-26-538   | 32   | ew ZUF           |                                | 75   | Yrs.             |  |                      |                                |                        | NOA 30                                  | 19                 | 22                 | SOUTH       | CAROLINA  |  |
|            | pue *  |  | Usual Residence of<br>10a. State   | Decedent<br>10b. County  |                  | 100                            | . City, Tow                                  | n or Lo          | ocation                                |                      |                                |                        |   |                    |                    | 1           | 0d. Inside City Limits  |  |
|            | aho<br>ed at   | 5  | MARYLAND   | N/A  |                  | 1.00                           |  |                  | TIMOR                                  | FC                   | TTY                            |                        |   |                    |                    |             | XIXYes 2□ No  |  |
|            | 28a-1  | Director                                       | 10e. Street end Num  |  |                  |                                |  | JAL              |  | Code                 | 111                            |                        |   | 10a Cit            | izon of V          | Vhet Coun   | ****  |  |
|            | with a or  |  |  | RRISON A   | /FNIIF           |                                |  |                  | 1                                      | 212                  | 15                             |                        |   | -                  | U.S.               |             | uy:   |  |
|            | aath<br>m 23   | 9  | 11. Maritel Status   | KKIJON A   | 12. Was De       | cedent Ever                    | in U.S.                                      | 13               |  |                      |                                | igin? (Sp              | ecify Yes or No                         |                    | e - Americ         | an Indian.  |   |  |
|            | be filed within 72 hours a lat hygiana. d other than "naturel", o event, tre Model Exa | by Fur   | Never Marrie   | ed 2 Merried   | Armed F          | orces?                         |  |                  | if Yes, spe                            | city Cu              | ban, Mexica                    | n, Puèrto              | ecify Yes or No-<br>Rican, etc.)        |                    | Biec               | k, White,   | etc.  |  |
| 20         |  |  | 3 ☐ Widowed  |  | If Yes, G        | ive                            |  |                  | 1 Yes                                  | XXN                  | Specify:                       |                        |   |                    | Specify            | BLA         | CK  |  |
| 21215-0020 |  |  |  | 15. Decedent's E   | ducation         |                                | 16e.   | Dece             | dent's Usu                             | ai Occu              | pation                         |                        |   | 16b. K             | ind of Bu          | isiness/Inc | fustry  |  |
|            |  | Die  | (Speci   | ify only highest gra   |                  | (1-4or 5+)                     |  |                  |  | ork done<br>se retir | ipation<br>e during mos<br>ed) | it of work             |   |                    |                    |             |   |  |
| 7          |  | E  | 7th grad   |  | Comogo           | (1 40, 01,                     |  | LAB              | ORER                                   |                      |                                |                        |   | FA                 | CTOR               | Υ           |   |  |
| 0          |  |  | 17. Fether's Name (  |  | )                |                                | 18. Mother's Neme (First, Middle, Maiden Sum |                  |  |                      |                                |                        |   |                    | Sumem              | meme)       |   |  |
| /a         |  | 0  | EDISTO   | LAWSON   |                  |                                |  |                  |  |                      | EL.                            | IZA                    | WALTER                                  |                    |                    |             |   |  |
| a          | and and  |  | 19a. informant's Na  |  |                  |                                | 19b  | . Maili          | ng Addres                              | s (Stree             | et an <i>d Numb</i>            | er or Run              | al Route Numbe                          | or, City o         | or Town,           | State, Zip  | Code)   |  |
|            | Haaith<br>em 27  |  | Lula Palı  | mer/Sist   | er               |                                |  |                  |  |                      | olas /                         | Aven                   |   |                    |                    |             | ork 10026   |  |
| ore        | gas 1 an<br>t of Haal<br>if Item 2<br>or other   |  | 20a. Method of Disp  |  | Domovel from     | Ctata                          |  | ry, crer         | matory or o                            | other pl             |                                |                        | Date                                    |                    |                    |             | ty or Town, State   |  |
| Ĕ          | Pegas<br>nant of int: if ite   |  |  | XX Buriai 2 Cremation 3 Removal from Stat<br>4 Donation 5 Other (Specify)            |                  |                                |  |                  | FOREST GREEN CEMETERY 7/6/98 Morganvil |                      |                                |                        |   |                    |                    |             | , NJ  |  |
| Baltimore, | pemit. Peg<br>Departmant<br>Important:<br>any Injury o                                 | 1  | 21. Signature of Fur   | Sprige Sign  | 1500             |                                |  | 22               | 2. Name ar                             | nd Add               | ress of Fecili                 |                        |   |                    |                    |             | NITY F/H  |  |
| m          | 88588  |  | - /  | 22. Name and Address of Fecility WILLIAM C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE |                  |                                |  |                  |  |                      |                                |                        |   |                    |                    |             |   |  |
|            |  | 7  | 23a. Pert1. Enter th   | ne disease, or com<br>I feilure. List only   | plicetions that  | caused the                     | death. Do                                    | not ent          | ter the mod                            | de of dy             | ring, such as                  | cardiec                | or respiretory a                        | rest,              |                    | 1           | Approximate interval Between                                  |  |
|            | Physician  |  | SHOCK, OF Hear   | t feliule. List Only   | One cause on     | A                              |  |                  |  |                      |                                |                        |   |                    |                    | 1           | Onset and Death   |  |
| 1          | /Medicai   |  | immediate Cause (F   | Finai  | 1                | 100                            | 1  |                  |  | 10                   |                                | 11.0                   | 10 - 11                                 | ,                  |                    |             | 2 m/s   |  |
|            | Examiner   |  | resulting in death)  |  | a                | Due                            | to (or as a                                  | conse            | quence of)                             | 1                    | recci                          |                        | mn                                      |                    | -                  |             | 21.00   |  |
|            | n &  | i i  |  |  | F                | .nd                            | St   |                  | 0                                      | 200                  | Lin                            | CO                     | nia<br>n's                              |                    |                    |             |   |  |
|            | ding physician and se es the burial-trensit  | Examiner                                       | Sequentially list con  | nditions,  | D                | Due                            | to (or as a                                  | conse            | quence df)                             | CV.                  | ICI.V                          | -50                    | 113                                     |                    |                    |             |   |  |
| o          | ian a  |  | Sequentially list con<br>if eny, leeding to im-<br>cause. Enter Under<br>Cause (Disease or i | mediate<br>rlying  |                  | asch                           | 1 10   | - 5              | n ^ c                                  | Domondia             |                                |                        |   |                    |                    | 1           |   |  |
| 68760,     | hysic<br>tha b   | Cause (Disease or injury that initiated events |  |  |                  |                                |  |                  |  |                      |                                |                        | 1                                       |                    |                    |             |   |  |
| 9<br>×     | ding pl  | Z G  | resulting in death) Lest   |  |                  |                                |  |                  |  |                      |                                |                        |   |                    |                    |             |   |  |
|            |  |  |  |  | 0.               |                                |  |                  |  |                      |                                |                        |   |                    |                    |             | T. LTOIL  |  |
| 0          | 9 00   | Physician                                      | Part II. Other signific  | cant conditions  | ontributing to   | death but no                   | t resulting in                               | n the u          | inderlying (                           | cause g              | iven in Part                   | i.                     | 23b. Did                                | lobacco            | use co             | ntribute to | the cause of death?   |  |
| <u>d</u>   |  |  | SPIV   | ral  | teu              | Dei                            | 5  |                  | 1 □ Yes 2 → 3 □ Pro                    |                      |                                |                        |   | 3 Prof             | bably 4 Unknown    |             |   |  |
| ŝ          | 8 6 6  | 2  |  |  | ),000            | 1                              | 1  | - 1              | 1                                      |                      | 0                              |                        |   | -                  | -                  | 1 045 141   |   |  |
| Records,   | v requires<br>been sign<br>should be   | Сотріете                                       | BI   | 2000   | - 0              | ull                            | -  | () h             | st                                     | 011                  | chi                            | $\sim$                 | 24a. Was<br>perfo                       | an auto<br>med?    | psy                | 9V          | ere eutopsy findings<br>allebie prior to<br>mpletion of cause |  |
| ec         | hes by   | Die  | - 0  | rade   |                  |                                |  |                  | 7 1 1                                  |                      |                                | <u></u>                |   |                    |                    | of          | death?  |  |
| -          | The late he page   | 0  |  |  |                  |                                |  |                  |  |                      |                                |                        | 10                                      | Yes 2              | T No               | 10          | Yes Yes   |  |
| Viital     | iclan: The   | ge   | 25. Wes case referre   | ed to medicai  |                  |                                |  |                  |  |                      |                                | e of Deat              | th (Check only o                        | ne) (              |                    |             |   |  |
| ot         | F Sign   | 0  | 1 ☐ Yes 2  | ~  |                  |                                | 2 ER/O                                       |                  |  | UA                   |                                | rsing Ho               | ome 5 Resi                              |                    |                    |             | y)  |  |
|            | Affact<br>Affact<br>funera   | 0  | 27. Manner of Death  | 5 ☐ Pending  | 28a. Date<br>(Mo | of Injury<br>nth, Day Yea      |  | Time o<br>Injury |  | 28c. Inj<br>W        |                                |                        | 28d. Describe                           | now inju           | ry occur           | red         |   |  |
| Sio        | Attending<br>r daath.<br>ector: Affai<br>by tha fune                                   | Car  | 2 ☐ Accident<br>3 ☐ Sulcide  | Investigation  | 0                |                                |  |                  | М                                      |                      | Yes 2                          | No                     | 001.1                                   | 04-                |                    |             | 10-1-1  |  |
|            | after d<br>Direct<br>Jin by  | Certification:                                 | 4 Homicide   | determined   | 209. Plac        | e of Injury -<br>ding, etc. (S | At home, fa                                  | ırm, sti         | reet, factor                           | y, office            | 9                              |                        | 28f. Location (a<br>City or To          |                    |                    | er or Aura  | al Route Number,  |  |
|            |  |  | m che  | <u> </u>   |                  | h                              |  |                  |  |                      |                                |                        |   |                    |                    |             |   |  |
| R          | 24 hours a<br>Funeral I  | edicai   | 29a. Certifier<br>(Check only  | Medical Exar   | niner: On the    | basis of exam                  | knowledge<br>minetion en                     | deet<br>dor in   | n occurred<br>vestigation              | at the               | time, date ar<br>opinion, dec  | nd place,<br>eth occur | and due to the red at the time,         | ceuse(s<br>date an | end me<br>d place, | and due to  | tered.<br>the cause(s)  |  |
| الماة      | \$ \$ £ £  | Med  | 29b. Signature and t   | title of certifier   | and ma           | nner stated.                   |  |                  | 1 29                                   | c. Lice              | ase number                     |                        |   | 29d. Da            | te sione           | d (Month    | Day, Year)  |  |
| Section .  | \$ 2 8 °   |  | 1  |  | 1111             | 1.7                            | 1  | . 11             | 1                                      | V                    | 170                            | 212                    | 75                                      | 10                 | 101                | 2/4         | 7   |  |
|            | 1  | ļ  | Ju   | mu   | jue              | com                            | eh,  | 1                |  | T                    | 100                            | 10                     | C)                                      | 0                  | 14                 | 1/70        |   |  |
|            | 4  |  | 30, Name and addre   | ess of person who  | impleted cau     | use of deeth                   | (Item 23a)                                   | She              | Pfint)                                 | 24 (                 | 20                             | 10                     | 10. 4                                   | _                  | 0.                 | 16.0        | We Die  |  |
|            |  |  | Smu  | 26 21  | WES              | TRU                            | le "   | u                | 370                                    | 10 )                 | rau                            | 1 )7                   | , Suy                                   | 5                  | DU                 | nim         | re 2/21   |  |

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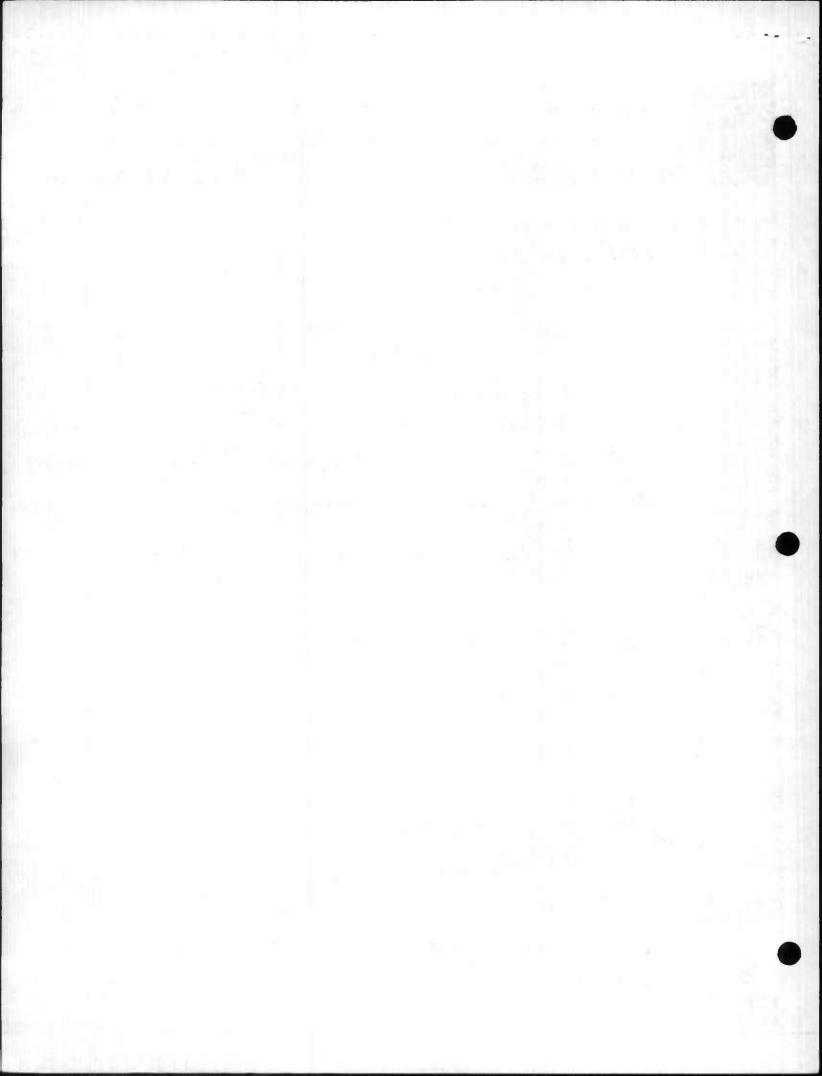
Registrar

JUL 021998



State of Maryland / Department of Health and Mental Hygiene

|            |   |                |  | Ce   | ertificate of   | Death   | R                                      | eg. No.                            | ь.                          | . 5700  |
|------------|---|----------------|--|--|---|---|--|------------------------------------|-----------------------------|---|
|            | Discorder   |                | Decedent's Name (First, Middle, Last)  |  |   |   | 2. Date of Dea<br>Month                | th                                 | Voor                        | 3. Time of Death  |
|            | Physici<br>/Medi  |                | TILGHMAN   |  | MAR   | DEN   | JUNE                                   | 26, l                              | 998                         | 2:48 PM   |
| \$         | Exami   |                | 4a. Facility Name (If not institution, give street and n   | um <i>ber)</i>   |   | 4b. City, Town, or L                                    | ocation of Death                       | 4c. County                         |                             |   |
|            |   |                | GOOD SAMARITA  | V HOSPIT   | AL  | BALTI   | MORE                                   | BALT                               | imas                        | RE CITY   |
|            | Funeral<br>Director   |                | 5. Social Security Number  317-30-4879  0. Sex 100 M 2 F  1 Usual Residence of Decedent                  | 7. Age (In yrs. lest birthday  | If Under 1 Year<br>  Months   Days                          | If Under 24 Hrs.<br>Hours Min.                          | 8. Date of Birth<br>(Month, Day        | 1933                               | 9. Birthple<br>Count<br>Ma  | ece (State or Foreign<br>(Ty)<br>RY I AND                   |
|            | e Maryland  | ctor           | Maryland Baltimore   | 10c. City, Town or L   |   |   |  |                                    | 10                          | 0d. Inside City Limits 1 ☐ Yes 2 IV No                      |
|            | s 23a or 24   | eral Director  | 10e. Street and Number 6915 Bellong Av   | 0  | 10f. Zip Code   | 12  |  | Og. Citizen of V                   | 34                          |   |
| 21215-0020 | 72 hours efter death with the Maryland netural; or Items 23s or 28s-f show dical Examiner must be notified at | d by Funeral   | Armed F  | 2 No<br>ive  | Was Decedent of H<br>If Yes, specify Cube<br>1 ☐ Yes 2 ☑ No | lispanic Origin? (Sp<br>en, Mexican, Puerto<br>Specify: | ecity Yes or No-<br>Rican, etc.)       | Blac                               | e - America<br>ck, White, e | etc.  |
| 15-        | d within 72 hours<br>jiene.<br>r than "natural",<br>medical Exe   | Completed      | 15. Decedent's Education<br>(Specify only highest grade completed  | ) (Give  | edent's Usual Occup<br>e kind of work done                  | during most of work                                     | ring                                   | 16b. Kind of Bu                    | siness/Indi                 | ustry   |
| 121        | -   | шb             | Elementary/Secondary (0-12) College  | (1-4or 5+)   | DO NOT use retired  | 3)  |  | League                             | TOR                         | 400   |
|            | if Hygiene.<br>other than   |                | 17. Father's Name (First, Middle, Last)  | IRS ORI  | vek   | 18. Mother's Nam  | o (Eiret Middle                        | Maiden Sumem                       | and                         | icap  |
| an         | e d ia o  | o Be           | T. Idana a B NOA   | to TI  |   | Voille  | 1. 1. 1                                | 000000                             | 4. 10                       | : 1   |
| Maryland   | d 2 should be the and Mental Mental T is marked traumatic events  | F              | 19e. Informan's Name/Reletionship (Type, Print)  | 19h Meil   | ing Address (Street   | and Number or But                                       | A Hours Number                         | JIREU CITOWN                       | State Zin                   | Code  |
| -          | 1 and 2<br>Health a<br>sm 27 is   |                | Joan A. Marden  20a. Method of Disposition   | 20b. Place of Disp   | 5 Bellon  | aAve.   | Tows                                   | 20c. Location -                    | d. o                        | 21212   |
| Baltimore  | Se to the   |                | 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from  | . compton/ cre   | emetory or other plea                                       | (e) A A 1:15  | June 27                                | 200. Location -                    | LI 11                       | Iloo Ic. A  |
| E          |   |                | 4 □ Donation <sup>7</sup> 5 □ Other (Specify)  21. Signature of Funeral Service Licensee                 | CVans Fa   | INIPAL CHY<br>2. Name and Addre                             | Del - Delaik  | 1448                                   | GREST                              | MILL                        | Maryland  |
| Ba         | Deperting Imports any injured   |                | Krish S. We  | al 8   | 200 Hap   | Cord Pd   | Ball                                   | MORO                               | May                         | 21234   |
|            |   |                | 23a. Part1. Enter the disease, or complications that shock, or heart feilure. List only one ceuse on     | caused the death. Do not er each line.   | iter the mode of dylr                                       | ng, such as cardiec                                     | or respiratory arr                     | est,                               |                             | Approximete<br>Interval Between                             |
|            | Physician   |                |  |  | 0   | 1.5   |  |                                    |                             | Onset end Death   |
| 1          | /Medicai<br>Examiner  |                | Immediate Cause (Final disease or condition resulting in death)  | enocarcino   | ma of   | the lun   | 1a, me                                 | tasta                              | TC                          |   |
|            |   | *              | Tooling IT County  | Due to (or as e conse  |   |   | ) '                                    |                                    |                             |   |
|            | And Test  | ii.            | b  |  |   |   |  |                                    |                             |   |
| 4          |   | Examine        | Sequentially list conditions, if any, leading to immediate cause. Enter Linderlying                      | Due to (or as a conse  | quence of):   |   |  |                                    |                             |   |
| 9289       | Month Day   | Medical        | cause, Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last          | Due to (or as a conse  | quenca of):   |   |  |                                    |                             |   |
| Box        | death cert<br>e attending<br>ed for use a   |                | d  |  |   |   |  |                                    |                             |   |
| 0          | the att   | Physician/     | Part II. Other significent conditions contributing to d  | leath but not resulting In the   | underlying cause giv  | en in Part I.   | 23b. Did to                            | becco use con                      | ntribute to                 | the cause of death?   |
| , P.O.     | es that the de<br>igned by the a<br>be deteched   | by Ph          |  |  |   |   | 1 🗆 Y                                  | ●● 2□No                            | 3 Prob                      | ably 4 Unknown  |
| Records,   | been s  | Completed b    |  |  |   |   | 24a. Wes a perform                     | n eutopsy<br>med?                  | con                         | re autopsy findings<br>llable prior to<br>apletion of cause |
| Re         | The law<br>ate hes b<br>page 2 s  | m C            |  |  |   |   |  |                                    |                             | leeth?  |
| Vital      |   |                | 25. Was case referred to medical   |  |   |   | 1 Y                                    |                                    | 11                          | Yes 20 No   |
| >          |   | To Be          | examiner?  | Inpatient 2 ER/Outpatie  | nt 3 DOA Oth  | er:   | me 5 Reside                            |                                    | or (Consider                | 4   |
| on of      |   |                | 27. Manner of Death 1 Natural 5 Pending (Mod   |  | of 28c. Injur   | y at<br>k?  | 28d. Describe ho                       |                                    |                             |   |
| Division   | l or Attending<br>after death.<br>Director: After<br>d in by the fune   | Certification: | 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. Plec                        | e of Injury - At home, farm, st  |   | Yes 2□No  | 28f. Location (S                       |                                    | er or Aurel                 | Route Number,   |
| Ö          | ital or<br>urs afte<br>rai Dir<br>iled in   |                |  | ling, etc. (Specify)   |   |   | City or Town                           |                                    |                             |   |
|            | To the Hospital or Att<br>within 24 hours after of<br>To the Funeral Direct<br>completely filled in by        | edicai         | 29a. Certifier (Check only one)  1 ☑ Certifying Physician: To the 2 ☐ Medical Examiner: On the 1 and man | e best of my knowledge, deel<br>easls of examination and/or In<br>oner stated. | th occurred et the tin<br>nvestigation, in my o             | ne, dete end plece,<br>pinion, deeth occur              | end due to the c<br>red at the time, d | euse(s) end ma<br>ate and placa, a | nner as sta<br>and due to   | ited.<br>the ceuse(s)                                       |
|            | To the within 2 To the comple   | Σ              | 29b. Signeture end title of certifier  |  | 29c. Licens   |   |  | 9d. Dete signed                    |                             |   |
|            |   |                | ▶ Wolfeliel  | , M.D.   | P   | 11402   | _ 7                                    | JUNE -                             | 26,                         | 1998  |
|            | 15  |                | 30. Name and address of person who completed cau WILLIAM IMBEAH, 600                                     | se of death (Item 23a) (Type   | Print)  |   |  |                                    | , RA                        | LTIMORE   |
|            | Sta   | te             | 31. Date filed (Month, Day, Year) 32.  | Registri si significare<br>Juna Way doon                                       | Dudos   |   |  |                                    | MD                          | 21239   |
|            | Registr   | -              | JUL 0 2 1998   | grina Daydson  | - Mariane   |   |  |                                    |                             |   |



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1 Decadent's Name /First Middle Lest 2. Data of Daath Yaar Month 27, June 1998 6:30 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death MOUIL If Under 24 Hrs. 5. Social Sacurity Number If Undar 1 Year 6 Say 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Gountry) Months Days Hours Min 1 M 2 □ F Yrs. Usual Rasidance of Decedant 10h County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? . Was Decedant Evar in U,S. Armad Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Reca - American Indien, Black, Whita, atc. 14. Reca 11. Marital Status 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Married 1 ☐ Yas 2 X No Specify Specify: 3 Widowed 4 Divorcad 15. Decedant's Education 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NQT usa retired) 16b. Kind of Businass/Industry Elamantary/Spcondary (0-12) Collaga (1-4or 5+) Fathar's Nama (First, Middle Last) 18. Mothar's Name (First, Middla, Maidan Surnama) 19b. Mailing Addrass (Straat and Number or, Rural Route Number, City or Town, State, 19a. Informant's Name/Ralationship (Type 20b. Placa of Disposition (Nama of camatary, crematory or other place) 20e. Mathod of Disposition Data 20c. Location - City or Town, Stete SUKE 3 Burial 2 Cramation 3 Removel from State 4 Donation 5 Othar (Specify) 21. Signatura of Funaral Service Licensas 22. Nama and Addrass of Facility Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onsat and Death Immediata Causa (Final diseasa or condition rasulting in death) Dua to (or as a consaquenca of): Dua to (or as a consequence of) Dua to (or as a consaquanca of) 23b. Did tobacco use contribute to the cause of death? 1 Tyes 2 No 3☐ Probably 4☑ Unknown 24b. Wara autopsy findings available prior to completion of causa of daath? 24a. Was an autopsy performed? 1 ☐ Yas 1 Yas 2 No

**Physician** /Medical Examiner

**Physician** 

/Medicai

Examiner

10a State

**Funerai** 

Director

28a-f show

238 death \

6

"natural",

i Hygiena.

h and Mental H

nt of Health a other t

5 Department if important: if any injury or

other

Director

Completed by Funeral

Be

traumatic event, the Medical Examiner must be notified at

with the Maryland

filed within 72 hours efter

Pages 1 and 2 should be

Baltimore, Maryland 21215-0020

P.O. Box 68760

NAME: MITCHELL,
Division of Vital Records,

The law requires that the death certificet

Hospital or Attending Physician:

this certificate has page 2

Aftar

s after death.

To the Hospital within 24 hours a To the Funeral C

In by the funaral director,

CHARLES

Examiner Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaase or Injury that initiated avants rasulting In death) Lest Physician/Medical signed by the etter

Completed by

Be

To

Medical Certification:

Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.

2 No 25. Was casa rafarred to madical axaminar? 26. Piaca of Daath (Check only ona)

Hospital: Othar: 4 Nursing Homa 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 5 ☐ Rasidanca 6 ☐ Othar (Specify) 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work?

5 Panding invastigation 1 (Natural 1 Yas 2 🗆 No 2 Accidant Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Sulcida 6 Could not be datarmined

28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Spacify) 4 Homicida 29a. Cartifiar

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 Modical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and 29c. License number 29d. Date signed (Month, Day, Year) 6.28 98

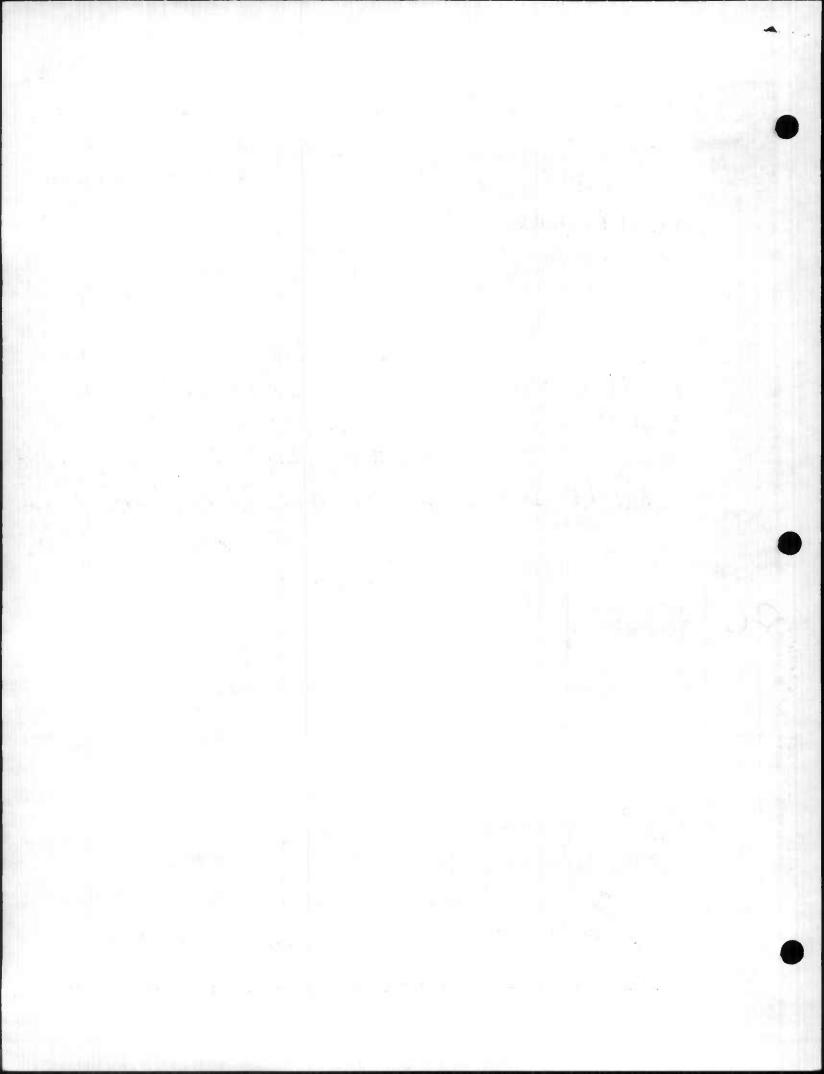
30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print)

Eddie Nakhuda, 2300 M.D.Dulaney Valley Rd Timonium \_\_ Md 21093 31. Data filed (Month, Day, Yaar)

D 15504

State Registrar

JUL 021998



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 11:48 AM **Physician** McKenzit Thomas 28 1998 June /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Fecility Neme (If not institution, give street and number) Examiner Baltimore Medical Center BAYVIEW If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth | Hours | Min. (Month, Dey, Year) Birthplece (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** September 20 1927 20 2840 70 Yrs. Director Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits 10a. State r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 1 ☐ Yes 2 No Directo MARYLAND BALLIMORS BALTIMORE 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 21219 2800 Seventh 115A Funeral death 14. Rece · American Indien, Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11, Maritel Stetus filed within 72 hours after 1 Z Yes 2 No If Yes, Give Year or Detes: 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White p 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) al Hygiena. Elementery/Secondary (0-12) College (1-4or 5+) Bethlehem Bricklayer 18. Mother's Nama (First, Middle, Meiden Surname) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 Is marked oth any injury or other traumatic event page. 17. Fether's Neme (First, Middle, Last) Gritht Adrain 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Steta, Zip Code) 2800 Seventh St. BALTIMORE, Md. 21219 Joan McKenzie 20b. Pleca of Disposition (Neme of cemetary, crametory or other plece) Dete 20c. Location - City or Town, State 20e. Method of Disposition JULY 3 1 Burial 2 □ Cremetion 3 □ Ramovel from Stete PARK PATKYIlle. 4 ☐ Donetion 5 ☐ Other (Specify) Moreland Memorial 1998 22. Name end Address of Fecility 21. Signeture of Funarel Sarvice Licensee EVAMS Funeral Chapt 8800 HArford El. Baltimore MIII. 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on aech lina. Approximete Intervel Between Onset end Deeth **Physician** Metabolic Immediete Ceuse (Finel diseese or condition rasulting in deeth) /Medical **Examiner** Physician/Medical Examiner Carcinomy of the lancreus (ell Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Ceusa (Disaese or injury that Initieted avents Division of Vital Records, P.O. Box 68750, Due to (or es e consequence of): resulting In deeth) Lest SE USB signed by the a 23b. Did tobacco usa contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings evailable prior to completion of cause of daath? Completed 24e. Wes en autopsy page 2 s hes 1 Yes 20 No 1 ☐ Yes 2 ☐ No certificete or Attending Physician: Be 25. Wes casa raferred to madical 26. Placa of Daeth (Check only ona) To Hospitel: Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ER/Outpatient 3 ☐ DOA After this funeral 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Dascribe how Injury occurred 27. Menner of Deeth 28c. Injury et Work? Certification: 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No r death. 2 Accidant hours after death unersi Director: 281. Location (Streat and Number or Rural Route Number, City or Town, Steta) 6 Could not be 28e. Place of Injury - At homa, ferm, street, factory, office building, etc. (Specify) 3 ☐ Sulcide filled in by 4 Homicide Hospital 24 hours TSL Certifying Physicien: To the best of my knowledge, daath occurred at the tima, date end plece, end due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Certifian Medical (Check only one) To the within 2 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) en-son

Wolfe Street Baltimore, MD

Registrar

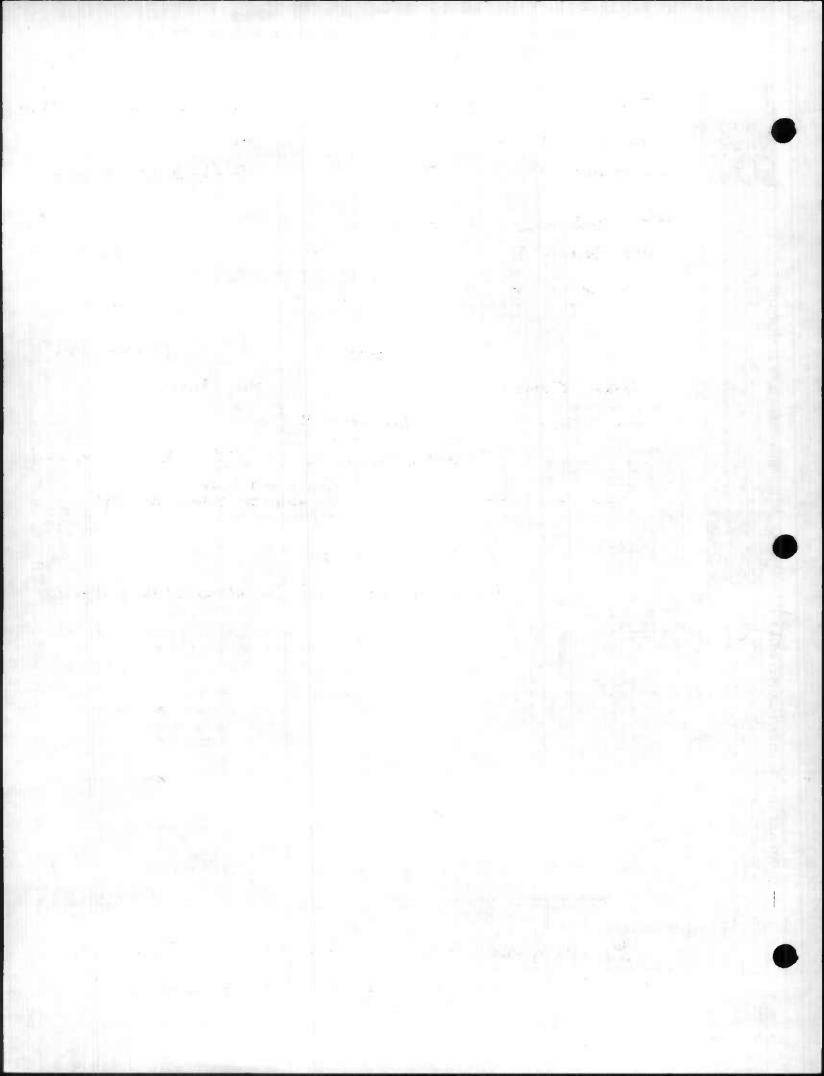
30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

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32. Registrer's Sinature and Son-Randass

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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death **Physician** Month HARLES MICHOLAC June /Medical 4a. Facility Name (If not institution, giva straat and number) Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Days Hours Min. DSC. b, 1935 4b. City. Town, or Location of Daath 4c. County of Death Examiner GINERAL HOSPITALOH HARFORD MOI ZLUA-1 5. Social Security Number 6. Sex If Under 1 Birthplace (State or Foraign Country) 7. Age (In yrs. last birthday) MM 2DF BUNCATIVAVIA 190 22 7624 Yre Usual Residence of Decadant 10a. State 10b. County 10c. City, Town or Location 10d. insida City Limits 1 ☐ Yas 2 1 No Directo BARALAND HARFORD ABINGDOR 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20006 U-S.A DRIVS AURSI 313 B 21009 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Raca - American Indian, Black, White, atc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 11. Marital Status 1 Naver Married 2 Married T⊠Yes 2 No If Yes, Give Year or Dates: W. W. ∏ 1 ☐ Yes 2 ☑ No Specify: þ 3 ☐ Widowed 4 ☐ Divorcad WHITE Completed 15. Decedent's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry BALTIMORILLIA Elementary/Secondary (0-12) College (1-4or 5+) AGINT 12YRS. INSURANCE 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumama) Be 1,W03 PARY YSAGER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 20b. Place of Disposition (Name of comatery cramatory or other place) 22 Name and Address of Facility 22 Name and Address of Facility KOST ARIE! ABINGDON, MARYLAND 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stata 4 □ Donation 5 □ Other (Specify) FOREST HILL CARLAND 22. Name and Address of Facility CHAPI-BELAIR, P.A. EVANS FUNERAL CHAPIL-BELAIR, P.A. 21. Signature of Funeral Service License 3 NEWPORT DRIVE FOREST HILL MARYLAND 23a. Part1. Enter the disease, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause of cardine. Immediate Cause (Final disease or condition resulting in death) Az Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 1□ Yes 2□Ho 1 Yes 2€ No Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 Ne 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homleide

or Attending Physician:

**Funeral** 

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Department of Important: If any injury or = 8

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29a. Certifier

(Check only one)

29b. Signature and title of certifiar

Medical

21215-0020

Baltimore, Maryland

Division of Vital Records, P.O. Charles Moser

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State Registrar

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

29c. Licansa number

1 Destrifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

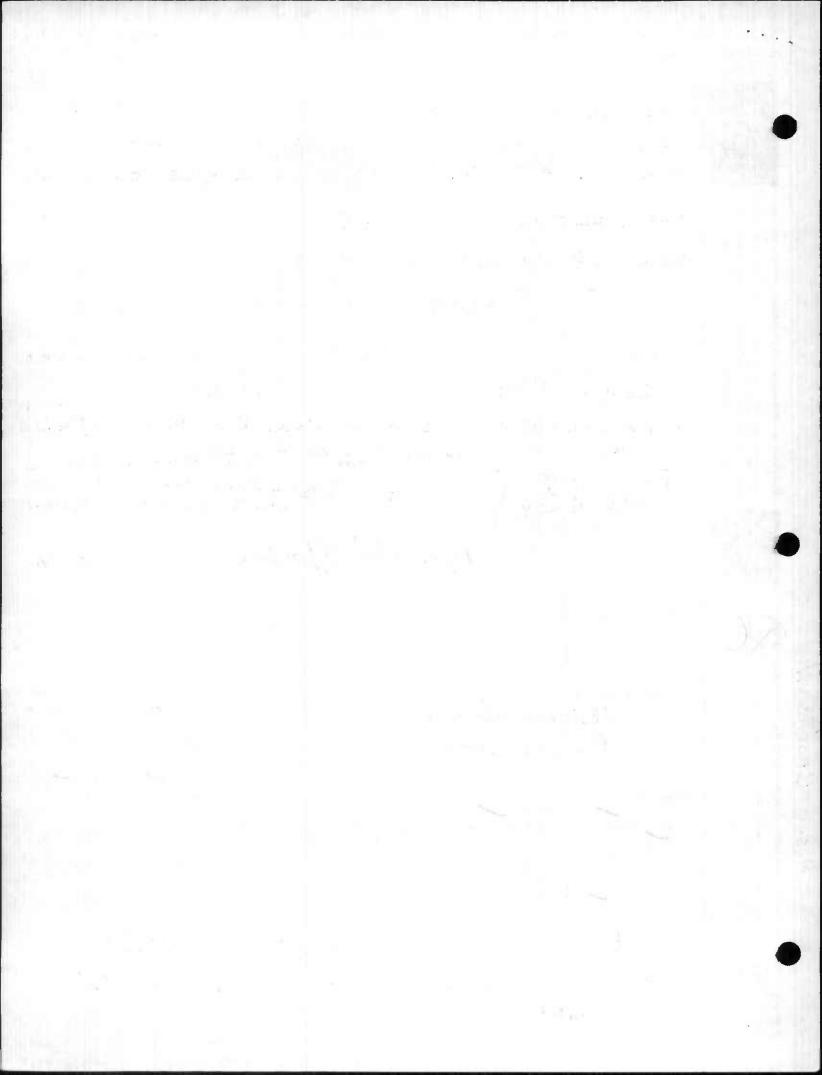
29d. Data signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) BOSPITAL DRIVE, BALTO, MD 2/23) 6830

MYO THANT 31. Date filed (Month, Day, Year) JUL 021998

32. Registrar's Signature Julia Davidson Randalle

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene 9 8 Certificate of Death 2. Data of Death 3. Time of Death

1. Decedent's Nama (First, Middle, Last) Day Month **Physician** June 30, Ralph Myers /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 7760 Sharewood Drive Howard Jessup If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral** 1 XM 2□ F Months Days Hours Yrs Director 03-28-1912 217-03-6743 Usual Rasidance of Dacedent with the Maryland 10a. Stata 10h County 10c. City, Town or Location 28a-f ehow 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at Directo Maryland Howard Jessup 10f. Zip Code 10g. Citizan of What Country? 20794 U.S.A. 7760 Sharewood Drive Funeral death 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 No If Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, 11. Marital Status Black, Whita, atc. 72 hours efter 1 Never Married 2 Married 1 ☐ Yas 2 ☐ No Specify: 3 Widowed 4 □ Divorced p Completed 16b. Kind of Business/Industry 15. Decedant's Education (Spacify only highast grada complated) 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) permit. Pagas 1 and 2 should be filed within 1 Department of Health and Mental Hygiene. Important: if item 27 is marked other than 7 any injury or other traumatic event, in a Mea Elamantary/Secondary (0-12) Collega (1-4or 5+) Federal Government Machinist 9 Years 18. Mothar's Nema (First, Middla, Maidan Surnama) 17. Fathar's Nama (First, Middla, Last) Matty Heaps Burgess Myers 19b. Mailing Address (Street and Number or Rurel Routa Number, City or Town, State, Zip Coda) 19a. Informent's Name/Relationship (Type, Print) 7760 Sharewood Drive Jessup, Maryland Norma M. Myers - Daughter Baltimore, 20b. Place of Disposition (Nama of cematary, cramatory or other plece) Date 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from State 4 Donation 3 Other (Specify) 7-3-98 Brooklyn Park, MD Cedar Hill Cemetery 21. Signature of Funeral Servica Licansee 22. Nama and Addrass of Facility Leonard J. Ruck. Inc. J. Wayne Osterling | 5305 Harford Road Baltimore, Maryland a, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) MYOCARDIAL INTANCTION

Examiner

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certificate

this funeral

After

Physician:

Attending

death.

To the Hospital or Attenditional within 24 hours after death.

To the Funeral Director: A completely filled in by the fi

Box 68760.

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Examiner

Physician/Medical

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Completed

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Sequentially list conditions, if any, leading to immadiata causa. Enter UnderlyIng Causa (Disaasa or Injury that initiated avants resulting In daath) Last

Due to (or as a consequence of) MYPERTENSION

Dua to (or as a consequence of). MELLITUS ULABETES

Dua to (or as a consaquanca of):

Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.

CEREBROVASCULAR

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1 Yee 2 No 3 Probably 4 Unknown

23b. Did tobacco use contribute to the cause of death?

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10:15 AM

Birthplaca (State or Foreign Country)

10d. Insida City Limits

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Approximata Intarval Between Onsat and Death

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24a. Was an autopsy

24b. Wara autopsy findings available prior to completion of cause of death?

1 Yas 2 No

28. Placa of Daath (Chack only one)

1 Yas 2 No

25. Was casa rafarrad to medical axaminar? 1 Yas 2 No

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28a. Data of Injury (Month, Day Year)

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28h. Time of

28a. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Othar: 4 Nursing Homa 5 Presidence 6 Othar (Specify) 28d. Dascribe how Injury occurred

28f. Location (Street and Number or Rurel Routa Number, City or Town, Stete)

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1 ANatural

2 Accident

4 Homicide

3 Sulcida

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, and due to the causa(s) and menner as stated.
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the ceuse(s) and menner stated.

29b. Signatura and titla of certifiar

29c Licansa number

29d. Data signed (Month, Dav. Year)

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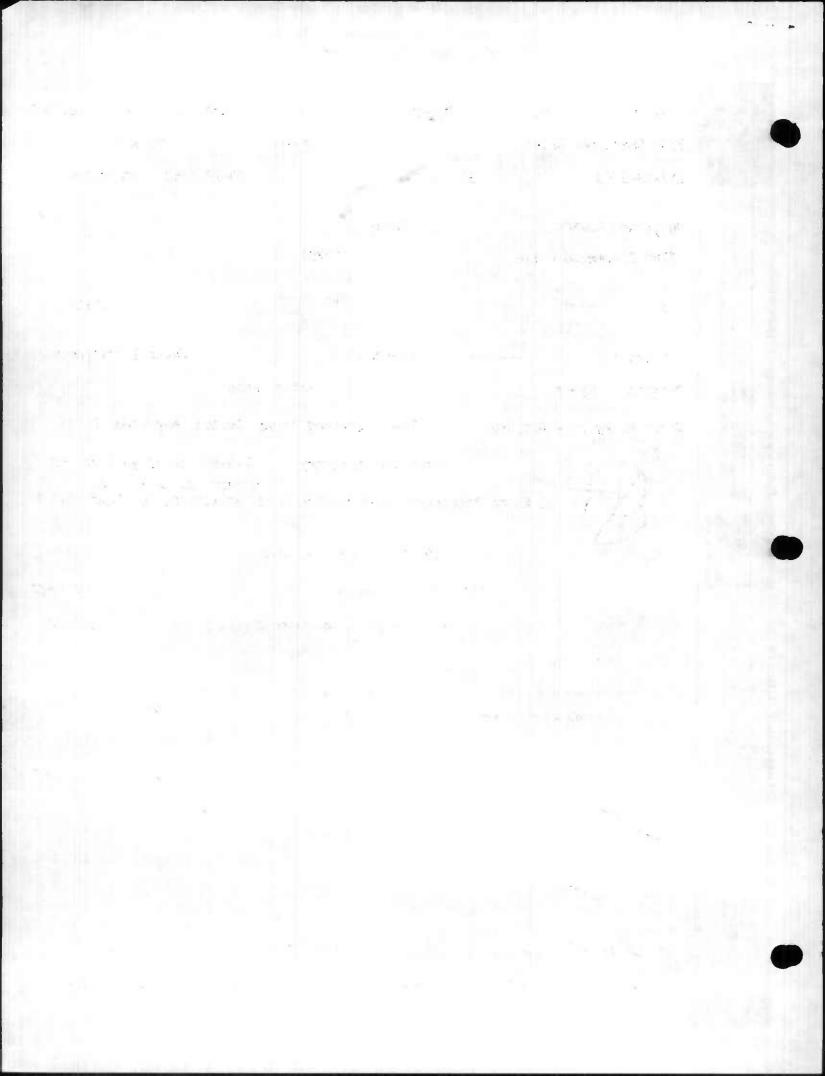
JULY 01 1998

30. Nama and address of person who complated causa of daath (Itam 23a) (Type, Print)

PATULENT # COWAIBIA 21044 LITTLE PKWY 200 NETON 31. Data filed (Month, Day, Year)

State Registra





#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** NUNE /Medical 4e. Fecility Neme (If not institution, give street end number) City, Town, or Location of Deeth **Examiner** SIGALCONIE 5. Social Security Number RANCAISTOWN DALGIMORIS 7. Age (In yrs. last birthday) Under 1 Year | if Under 24 Hrs. , Funeral Deys 1 M 2□ F 237-60-5432 Director 16,1939 Usuel Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Reisterstown 1 Yes 2 No Funeral Director d 28a-f 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? o lestMinister 238 death y items ; 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status Wes Decedent Ever in U,S. Race - American Indien, Bleck, White, etc. Armed Forces? 1 X Yes 2 □ No If Yes, Give Pages 1 and 2 should be filed within 72 hours efter 1 ☐ Never Married 2 Married ò 1 ☐ Yes 2 No Specify. þ 3 ☐ Widowed 4 ☐ Divorcad Black 'natural' Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Driver th grade yrs marked other 17. Father's Neme (First, Middle, Last) Be Mental 0 salee Department of Health end M. Important: If Item 27 is marl any injury or other traumationce. 19a Informent's Neme/Reletionship (Type, Priht) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town Stere, Zip Code) ike Keisters town, Md - Wite 20b. Plece of Disposition (Neme of pemetery, gremetory or other) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burlel 2 ☐ Cremetion 3 Removei from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licansee 21215 Balt, more, to 300 On 0 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete Intervel Between Onset and Deeth Physician Immediate Ceuse (Finel disease or condition resulting in deeth) /Medical ARDIOVASCULAR & Examiner Examiner MELLIFO Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest 10/2 2NA1 Physician/Medical Due to (or es Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 1 ☐ Yes 2 ☐ No 3 □ Probably 4 → Unknown þ 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? certificate has 1 Yes 2 100 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exemiper? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Nes 2 No 1 Inpatient 2 ER/Outpetient 3□ DOA After this 27. Menne of Deeth 1 Driveturel 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No thei 2 Accident efter death 6 Could not be determined 3 Suicide 6 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide

To the Hospital o within 24 hours of To the Funeral D

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21215-0020

Baltimore, Maryland

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Box

P.O.

Division of Vital Records,

or Attanding Physician: The law requires that the death certificate

State Registrar

Medical

31. Dete filed (Month, Dey, Year)

29a. Certifier

29b. Signatura

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who Davidson

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The dical Exeminer: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

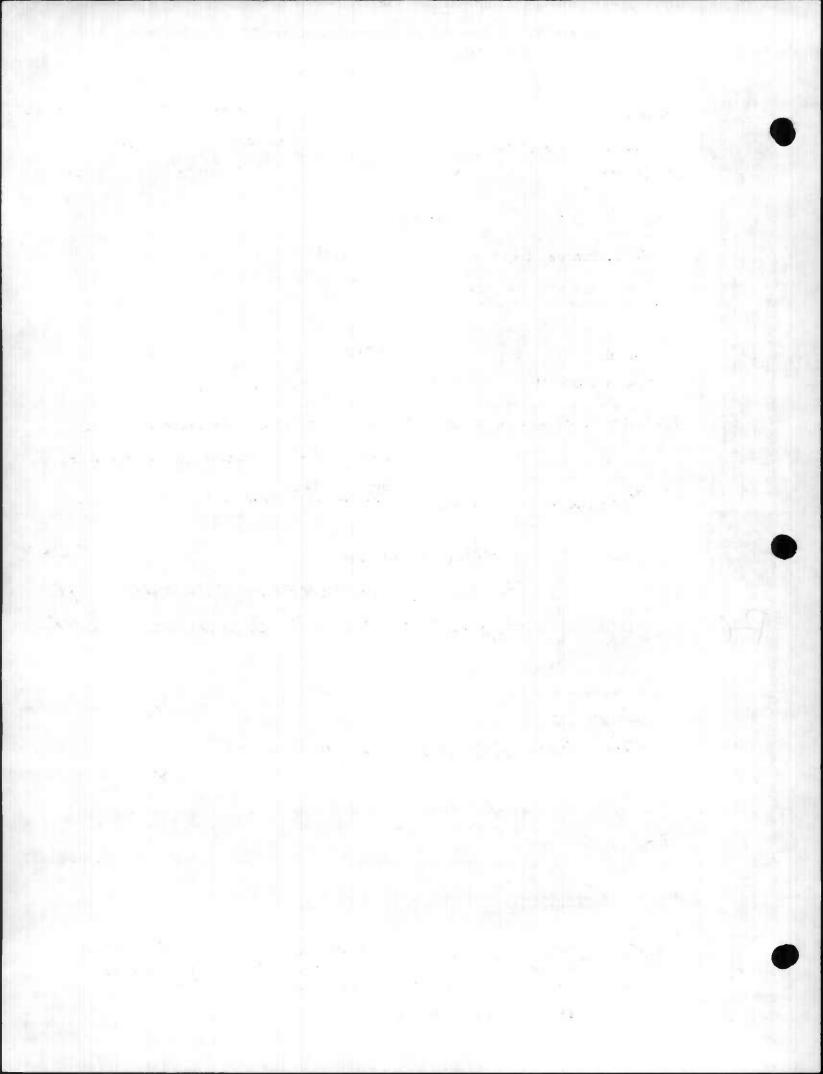
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|--|--|---|--------------------------------------|-----------------------------------|--|--------------------------------|---|-------------------|--|---|--|-------------------------------|-----------------------------|-------------|---|--|
| Dhysiela   |  | 1. Decedent's Name  | First, Middle, La                    | st)                               | =11-   |                                | -   |                   | 3.7                                      |   | 2. Date of Dea                             | ith Day                       | Year                        | 3. Tir      | me of Death                             |  |
| Physicia<br>/Medica  | ıl .   | Lula Mur  | ray                                  |                                   |  |                                |   |                   |  |   | June                                       | 26,                           | 1998                        | 3 3         | 55am                                    |  |
| Examine  | r  | 4a Facility Name (If n  | ot institution, giv                  | e street and nu                   | mber)  |                                |   |                   |  |   | cation of Death                            | 4c. Co                        | unty of Deat                | h           |   |  |
| 12   | 4  | Bon Seco  | ours Ho                              | spital                            | 7 Aco (In un                                   | s. last birthda                | ) If Undar                                  | 1 Year            |  | timo                                      |  |                               | N/A                         | halasa (C)  | tata as Fasaina                         |  |
| Funeral<br>Director  |  | 220-18-647<br>Usual Residence of D  | 79                                   | M 2⊠F                             | 90   | Yrs.                           | Months                                      | Days              |  | Min.                                      | 8. Date of Birtl<br>(Month, Day<br>3-6-19( | Year)                         | g. Bill                     | Ga          | ate or Foreign                          |  |
| hend we  |  |   | 0b. County                           |                                   | 10c. (   | City, Town or I                | Location                                    |                   |  |   |  |                               |                             | 10d. Insi   | de City Limits                          |  |
| Man  | jo l   | Md  | N/A                                  |                                   | В  | altimo                         | re  |                   |  |   |  |                               |                             | 1)(         | Yes 2□ No                               |  |
| Baltimore, Maryland 21215-0020 semit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mantal Hygiene. Important: If item 27 is marked other than "naturel", or items 23s or 28s-f show any Injury or other traumatic evant, the Madical Exemples must be notified at  | Funeral Director   | 10e. Street and Numb  | Monroe                               | Street                            |  |                                | 10f. Zip Coda<br>21217                      |                   |  |   |  | 10g. Citizan of What Country? |                             |             |   |  |
| deati  | ner  | 11. Marital Status  |                                      | 12. Was Deci                      | edent Ever in                                  | U,S. 13                        | . Was Deced                                 | ent of            | Hispanic Origi                           | in? (Spe                                  | cify Yes or No-<br>Rican, etc.)            | 14,                           | Race - Ame                  |             | an,                                     |  |
| 21215-0020 d within 72 hours effer glene. r then "nature", or te   | 2  | 1 ☐ Never Married   |                                      | 1 Tas<br>If Yes, Gir<br>Year or D | 2X716No  |                                |   |                   |  |   |  |                               | Pecify: Black               |             |   |  |
| 72 ho<br>natur   | Completed  |   | 5. Decedent's Ed<br>only highest gra |                                   |  | 16a. Dec                       | edent's Usua                                | l Occu            | pation<br>during most                    | of workir                                 | na   | 16b. Kind                     | of Business/                | Industry    |   |  |
| ithin 121  | de   | Eiementary/Second   | lary (0-12)                          | College (1                        | -4or 5+)                                       |                                |   |                   | during most                              | 0, 1101111                                |  | NI A                          | / A                         |             |   |  |
| d 2121<br>filed within<br>Hygiane.<br>other than   | 3  | 2nd grad<br>17. Father's Name (Fi   |                                      | N/A_                              |  | 0                              | Disabled  18. Mother's Name (First, Middle) |                   |  |   |  |                               | /A                          |             |   |  |
| d be fi  | C C  | Benjamin  |                                      |                                   |  |                                |   |                   | Mary                                     |   | Price                                      | maidon odi                    | marroy                      |             |   |  |
| Maryland d 2 should be file th and Mantal Hy 7 is merked othe traumatic evant  | 0  | 19a. Informant's Nam  | e/Relationship (                     | Type, Print)                      |  | 19b. Ma                        | iling Address                               | (Stree            |  |   | / Route Numbe                              | er, City or To                | own, State, 2               | Zip Code)   |   |  |
| and 2 and 2 salth a 27 is  |  | Sylvester   | K. Palr                              | ner- Gr                           | andson   | 823                            | 3 N.  | Mon               | roe St                                   | reet                                      | Balti                                      | imore.                        | Md 2                        | 1217        |   |  |
| of He rother   |  | 20a. Method of Dispos   | sition                               |                                   | 20b  | Piace of Dis                   | position (Nameratory or of                  | ne of             |  |   | Date                                       | 20c. Locat                    | ion - City or               | Town, Sta   | ite                                     |  |
| Pages<br>nent of I   |  | 1 ☒ Burial 2 ☐ 4 ☐ Donation 5   |                                      |                                   | State  | King Me                        |   |                   |  | 7   | -3-98                                      | Randa                         | allsto                      | wn, N       | 1d                                      |  |
| Baltimore, permit. Pages 1 ar Department of Hea Important: if item; any lojury or other once.  |  | 21. Signature of Funa   | ral Sarvice Licer                    | nsee                              |  | 1                              | 22. Name and<br>March                       | Addr<br>F/H       | west<br>West<br>ash Av                   | enue                                      | R=1+;                                      | mara                          | Md 2                        | 1015        |   |  |
| Name and Address of the Owner, where   | +  | 23a. Part1. Enter the shock, or heart f   | disease, or com                      | plications that of                | aused the de                                   |                                |   |                   |  |   |  |                               | Mu Z                        | Approx      | ximate                                  |  |
| Physician  |  | shock, or heart t   | aliure. List only                    | ona causa on a                    | ach line.                                      |                                |   |                   |  |   |  |                               |                             | Onset       | al Between<br>and Death                 |  |
| /Medical   |  | Immediate Cause (Fir disease or condition   | nat                                  | . 7                               | Nec  | mol                            | VIA   |                   |  |   |  |                               |                             | 5           | DAYS                                    |  |
| Examiner   |  | resulting in death)   |                                      | a                                 |  | (or as a cons                  | aguanaa all:                                |                   |  |   | 0  |                               |                             | 1           |   |  |
| be is  | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease of Injury) |   |                                      |                                   |  |                                |   |                   |  |   | 1/5  | 1 4                           | R                           |             |   |  |
| on de la company | Xan  | Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury Cause (Disease |                                      |                                   |  |                                |   |                   |  |   |  |                               | 4.00                        |             |   |  |
|  | that initiated events resulting In death) Last Due to (or as a consequence of):                              |   |                                      |                                   |  |                                |   |                   |  |   | 84   | 1/65                          |                             |             |   |  |
| 89   |  |   |                                      |                                   |  |                                |   |                   |  |   |  |                               |                             |             |   |  |
| BOX<br>auth cert<br>ettendin<br>for use  |  |   |                                      |                                   |  |                                |   |                   |  |   |  |                               |                             |             |   |  |
| Records, P.O. Box The law requires that the death cer are has been signed by the ettendir page 2 should be detached for use  | Physiciany   | Part II. Other significa  | ant conditions c                     | esulting in the                   | ng in the underlying ceuse given in Part I.    |                                |   |                   |  | 23b. Did tobacco use contribute to the ca |  |                               |                             |             |   |  |
| P.O.   | 2  | de  | 1515                                 |                                   |  |                                |   |                   |  |   | 10   | Yes 2 X                       | No 3□P                      | robably     | 4 🗆 Unknown                             |  |
| Signe<br>d be d  | 2  | 7   | 05/5<br>DCL                          |                                   |  |                                |   |                   |  |   |  |                               | Toub                        | Mara auto   | anne finalinas                          |  |
| Records, na law requiras ti n has been signe iga 2 should be o   | Completed  | OL  | D CE                                 | = Rep.                            | WI   | ASCU.                          | LAC   | 1                 | CCIDA                                    | ent                                       |  | an autopsy<br>rmed?           | 7                           | availabte p | opsy findings<br>orior to<br>n of ceuse |  |
| Rec<br>a law<br>has l  | E  |   |                                      |                                   |  |                                |   |                   |  | ,   |  |                               |                             | of death?   |   |  |
| n: The ficate or, page   |  | 25. Was cese referred   | t to madical                         |                                   |  |                                |   |                   | 00 84                                    | 10 1                                      | 101  |                               | No                          | 1 🗆 Yes     | 2L No                                   |  |
| Division of Vital or Attending Physician: 1 after death. Director: After this certifical Jin by the funeral director.  | 0  | examiner?   |                                      | Hospital:                         | npatient 2                                     | ☐ ER/Outpati                   | ent 3 DO                                    | A OI              | her:                                     |   | (Check only one 5 Residence                |                               | Other (Soe                  | cih/)       |   |  |
| Phy<br>Prthis  |  | 27. Manner of Death   |                                      |                                   | of tnjury                                      |                                | of 2  | 8c. Inju          |  | -   | 28d. Describe h                            |                               |                             | uny)        |   |  |
| ior<br>ath.<br>r: Aft  | atio   | 1 Natural 2 Accident  | 5 Pending investigation              |                                   | n, Day rear)                                   | Injury                         | М   |                   | Yes 2□N                                  | 10  |  |                               |                             |             |   |  |
| IVIS<br>recto  | Certification  | 3 ☐ Suicida<br>4 ☐ Homicide   | 6 Could not be determined            | 259. Place                        | of Injury - At                                 | home, farm, s                  | streat, factory                             | , office          |  | 2   | 28f. Location (5<br>City or Tox            |                               | lumber or R                 | ural Route  | Number,                                 |  |
| ied in   | 2  |   | /                                    |                                   |  |                                |   |                   |  |   |  |                               |                             |             |   |  |
| Division of Vital Rec<br>to the Hospital or Attending Physician: The law<br>within 24 hours after death. To the Funeral Director: After this certificate has<br>completely filled in by the funeral director, page 2:  | edica  | 29a. Certifier (Check only one)   | ☑ Certifying Ph ☐ Medical Exam       | niner: On the bi                  | best of my ki<br>asis of examin<br>ner stated. | nowledge, dea<br>nation and/or | ath occurred a<br>Investigation,            | at the t<br>in my | ime, date and<br>opini <i>on</i> , deati | ptace, a                                  | and due to the ded at the time, d          | cause(s) and<br>date and pla  | d manner as<br>ace, and due | s stated.   | use(s)                                  |  |
| To the comp  |  | 29b. Signature and titl   | le of certifier                      |                                   |  |                                | 290   | . Lican           | sa number                                |   |  | 29d. Data s                   | igned (Mont                 | h, Day, Ye  | ear)                                    |  |
| 1  |  | the   | 11                                   | 221                               | 10   |                                | 8   | 4                 | 186                                      | 7   |  | 6/3                           | 30/                         | 78          |   |  |
| 4  |  | 30. Name and address  | of person who                        | completed caus                    | e of death (It                                 | em 23a) (Type                  |   | 12                | 215                                      | Ri  | KE)  | SI                            | M. I                        |             |   |  |
| State  |  | 31. Date filed (Month,  |                                      | 317. F                            | nistrar's Sig                                  |                                | 1   |                   |  |   |  |                               |                             |             |   |  |
| Registra   | r  | 301   | 021998                               | 9                                 | wa Dav   | idson The                      | vistable.                                   |                   |  |   |  |                               |                             |             |   |  |



98-3708-510

### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

Certi

State of Maryland / Depart DERRICK

| ment of Health and Mental Hy | giene    | 9 | 8 | 2    | 1 | 4 | 1 | C |
|------------------------------|----------|---|---|------|---|---|---|---|
| ficate of Death              | Reg. No. | 1 | 6 | free | U | 7 | 1 | • |

MCNEILL **Physician** /Medical Examiner

1. Decedant'a Nama (First, Middla, Last)

2. Date of Death Month

3. Time of Death

4a Facility Name (If not institution, give street and number)

Derrick S. McNeill

JUNE 4b. City, Town, or Location of Death

BALTIMORE

10:10P.M.

10d. Insida City Limits

1 √Yas 2 No

**Funeral** 

JOHNS HOPKINS HOSPITAL 5. Social Sacurity Numbar 219-94-6460 Usual Rasidenca of Decedent 10a. Stata 10b, County

If Under 1 Yeer 7. Aga (In yrs. last birthday) Months 18 Yrs.

10c. City. Town or Location

If Under 24 Hrs. Dete of Birth (Month, Dey, Year) 07-15-79 Hours Min

Birthplaca (Stata or Foreign Country)
 MD

**Director** 

the Maryland

filed within 72 hours efter death

12 should be finance and Mental Fig.

permit. Pages 1 end 2 st Department of Health and important: If Item 27 is in

Physician /Medical

Examiner

signed by t

hes

After this funeral

after death. Director: Aft

24 hours Hospital

To the I within 2

or Attending

Examiner

Physician/Medical

by

Completed

Be

To

Certification:

edical

3altimore, Maryland 21215-0020

Division of Vital Records, P.O.

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Director Funeral by Completed al Hygiene.

Be

MD NA 10e. Street and Number 4939 Schaub Avenue

Baltimore

10f. Zip Coda 21206

Days

10g. Citizen of What Country? USA

28, 1998

NA

4c. County of Death

1 X Navar Married 2 ☐ Married 3 Widowed 4 Divorcad

12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 X No If Yas, Giva Yaar or Dates:

 Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 Yas 2 No Specify:

Black, Whita, atc. Specify: Black

14. Rece - American Indian.

15. Decedent's Education (Specify only highast grada complated) Elamantary/Secondary (0-12)

Collage (1-4or 5+) NA

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) Unemployed

16b. Kind of Business/Industry

Laborer

9th Grade 17. Fathar's Nama (First, Middla, Last)

Lynn H. McNeill, Sr.

**№** M 2□ F

18. Mothar's Neme (First, Middle, Maiden Surnama) Elmira Μ. Jennings

19e. Informant's Name/Raletionship (Type, Print)

19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 21206 4939 Schaub Avenue Baltimore, Maryland

Elmira Jackson 20a. Mathod of Disposition

1 🛣 Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify)

20b. Place of Disposition (Nama of camatary, crametory or other place)

20c. Location - City or Town, State Voshell Mem. Gardens 07-02-98 Dundalk, Md.

21. Signature of Funaral Sarvice Licansaa

nos

22. Nama and Addrass of Facility Baltimore, Maryland 21202

WM.C.March FH 1101 E. North Avenue Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.

Immadiata Causa (Final disease or condition rasulting In daath)

a) of left Buttockful deft Leg (1 Dua to (or as a consequance of):

Approximate Intarval Batwaan Onsat and Death

Sequantially list conditions, if any, laading to immediate cause. Enter Underlying Causa (Disaasa or Injury that initieted evants rasulting in daath) Last

Due to (or es e consequence of):

Dua to (or es e consequenca of)

Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I.

23b. Did tobacco use contribute to the cause of death?

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown

24b. Wara autopsy findings available prior to

24a. Was an autopsy

completion of cause of death?

26. Placa of Death (Check only ona)

2 No

25. Was casa refarred to medical axaminar? 1 X Yas 2 □ No

27. Menner of Deeth

1 Netural

2 Accident

3 ☐ Suicida

28e. Dete of Injury (Month, Day Yaar) 5 Panding Invastigation (/28/98

Hospitel: 1 ☐ Inpatiant **②**□ ER/Outpatient 3 ☐ DOA 28b. Time of

2010 HR

28c. Injury at Work? 1 Yas

Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 28d. Dascribe how injury occurred by ct d Number of

(Straat and

2 No

28e. Place of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) Homicide 29a. Cartifian (Check only one)

Location City or To 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, dete end plece, end due to the causa(s) and menner as stated.
20 Medical Examiner: On tha besis of axaminetion end/or investigation, in my opinion, death occurred at tha tima, deta and placa, and dua to the causa(s) and manner stated.

29b. Signatura and titla of certifier

29c. Licanse number

29d. Date signed (Month, Day, Year)

6 Could not be determined

O.C.M.E.

JUNE 29, 1998

30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print)

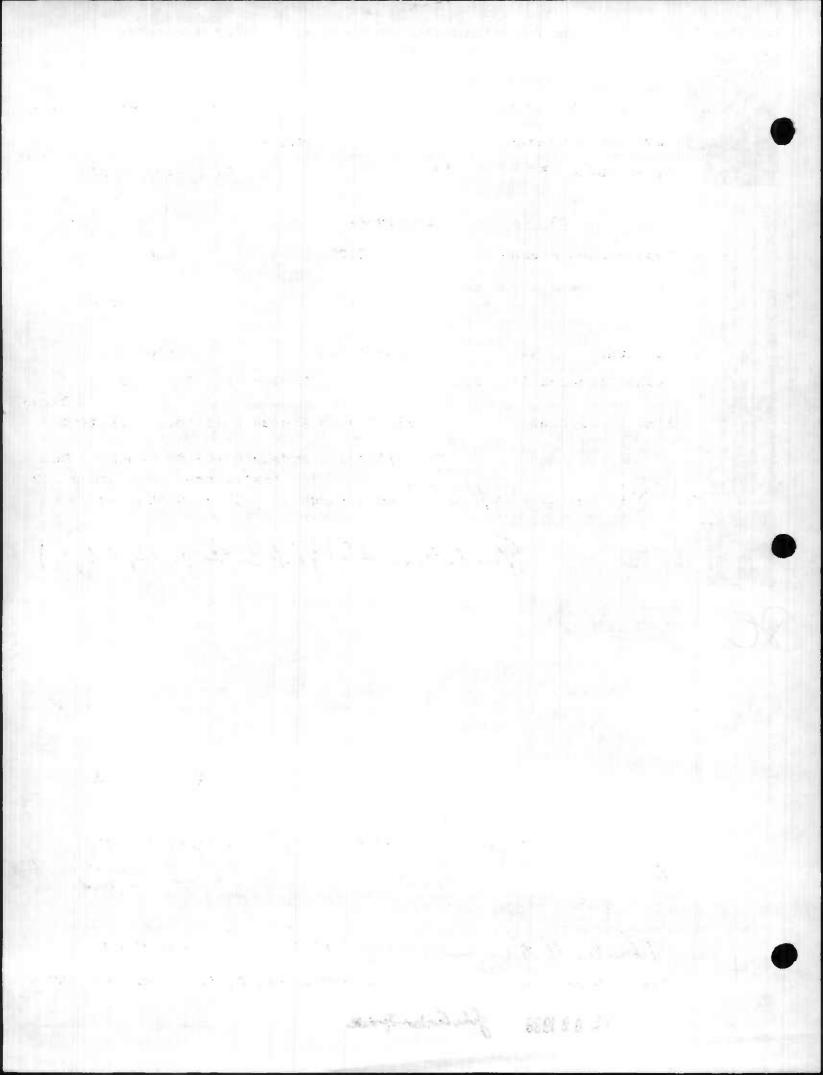
THEODORE MIKE 31. Data filed (Month, Day, Yaar)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

32. Ragistrar's Signetura Julia Varidon

**DHMH 16 Rev 6/95** 



Box 68760 Division of Vital Records, P.O.

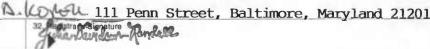
> State Registrar

MARGONOS 31. Date filed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

(Check only one)

29b. Signature and title of certifie



29c. License number

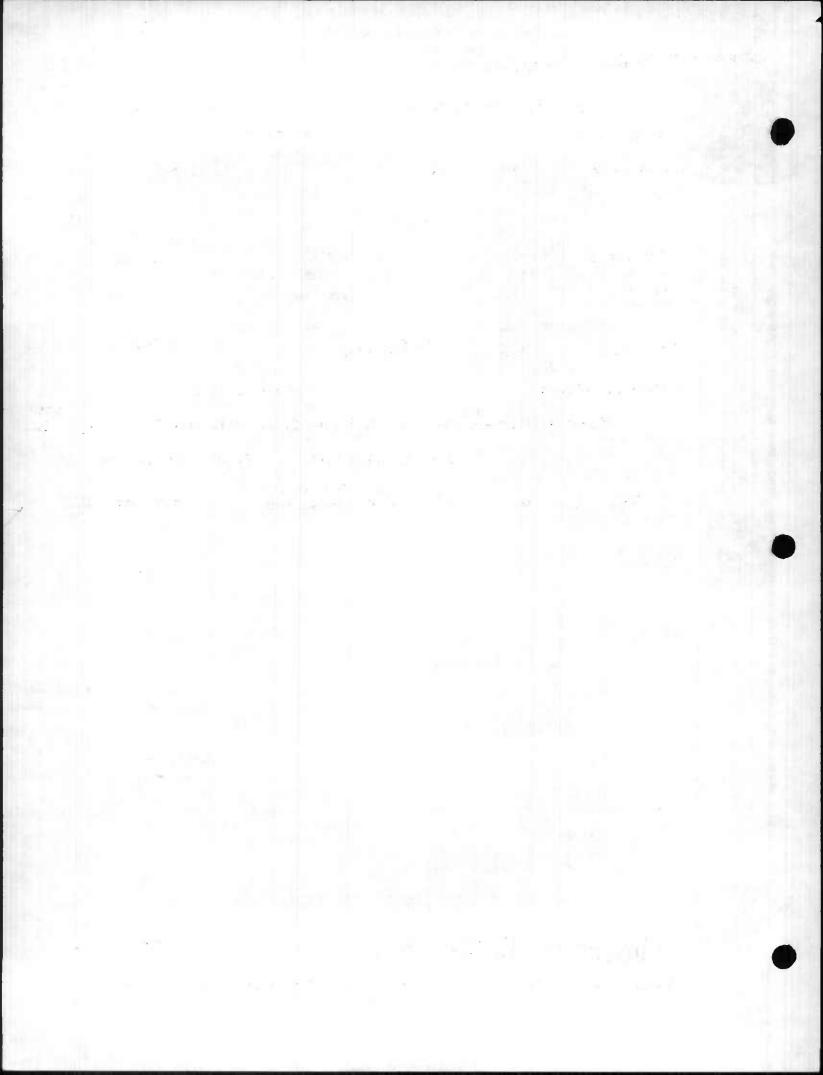
O.C.M.E

29d. Date signed (Month, Day, Year)

JULY

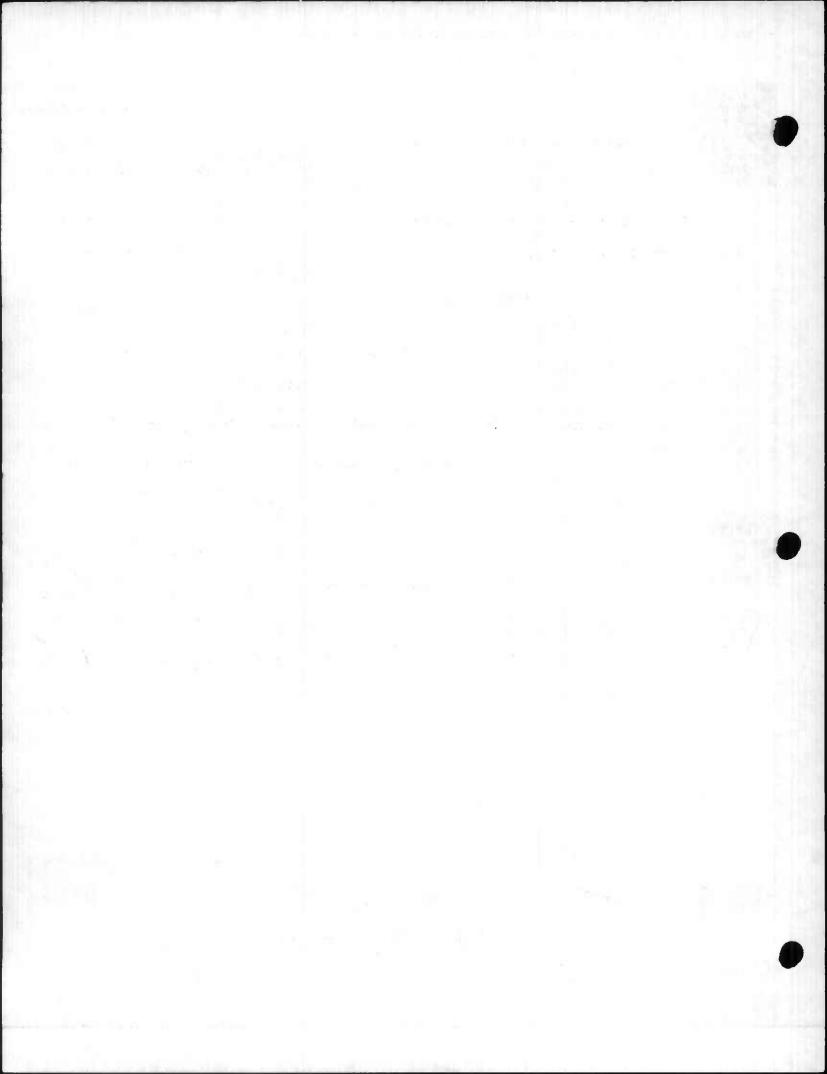
1, 1998

To the I within 2



State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Mountain Flmer 4:50 PM June /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince Hospital aurel Regional George's aure 8. Data of Birth Oct. 19 5. Social Security Numbar If Undar 1 Yaar if Undar 24 Hrs. 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign **Funeral** Months Days Hours Pennsylvania 196 14 8779 73 Director Usual Rasidanca of Decedant with the Marylend 10c. City, Town or Location 10d. Insida City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other trsumstic event, the Modical Examiner must be notified at Directo Maryland Prince George's Yas 2 No Bowie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20715 United States 3903 Winchester Lane deeth 12. Was Dacadant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11 Marital Status 14. Race - American Indian. Black, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours efter Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural, or ite any finury or other traumatic event, the Modical Examine any Injury or other traumatic event, the Modical Examine 1 Yas 2 No XXXas, Giva Yaar or Datas: 43-45 1 Navar Married 2 Married aitimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Spacify: þ Specify. 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedant's Usuai Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collage (1-4or 5+) Sheet Metal Engineer U.S. Government 12 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Meldan Surnama) 36 Barbara Bowman Elmer H. Mountain 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Wife 3903 Winchester Lane Bowie Maryland 20715 Jane P. Mountain 20b. Place of Disposition (Nama of cematary, cramatory or other place) June 27, Date 998 20c. Location - City or Town, Stata 20a. Mathod of Disposition DEBurlal 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify) Meadowridge Memorial Park Elkridge Maryland 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility Robert E. Evans Funeral Home, Inc. 00000 amos 16000 Annapolis Rd. Bowie Maryland 20715 23a. Part / Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Physician HEART FALIURE Immedieta Causa (Final disaasa or condition resulting In death) /Medicai Examiner Examiner Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseese or Injury that initieted evants rasulting in daath) Last MYOCARD Box 68760 Physician/Medical Dua to (or as a consequence of) P.0. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No Division of Vitai Records. by 24b. Wara autopsy findings Completed 24a. Was an autopsy been s available prior to complation of causa of daath? performed? certificate has 1 ☐ Yas 2 13 No 1 Vas 2 No 25. Wes casa rafarrad to medical axaminer? Be 26. Placa of Death (Check only ona) Hospitel: Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yes 2 No 7 1 Inpatlant 2 ER/Outpatient 3 DOA After this funeral 28a. Data of Injury (Month, Dey Year) 27. Manner of Deeth ne Hospital or Attending P n 24 hours after death. ne Funeral Director: After t Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Naturel 5 Panding Invastigation 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 ☐ Suicida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) filled in by 4 | Homicida 29a. Cartifian 1 Certifying Physician: To tha best of my knowladga, daath occurred at the time, date end place, and dua to tha causa(s) and mannar as steted. Medical pletely (Check only one) 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and manner stated. within 2 the th 29b. Signatura and titla of certifies 29d. Data signed (Month, Day, Year) 30. Name and addrass of person who completed cause of dagth (Itam 23a) (Type Print) VER PALKWAY GREENSELT M NGH 7209 31. Data filad (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene 9

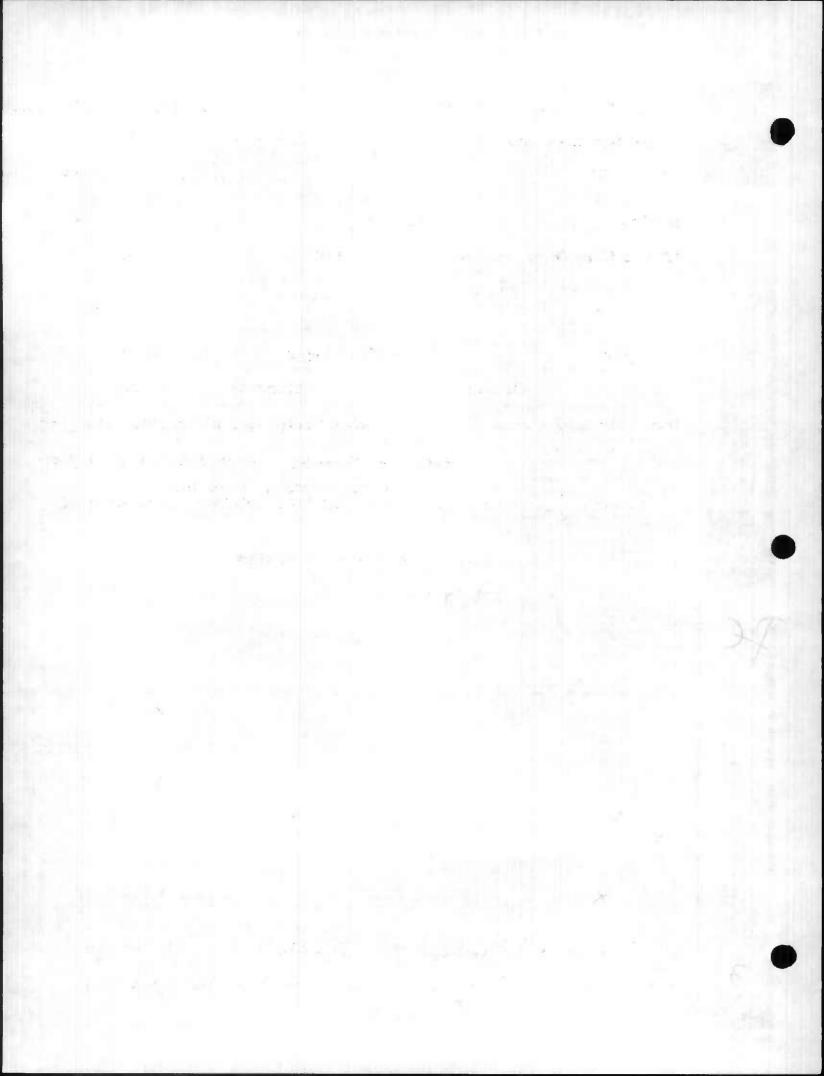
Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** 28, 1998 8:10 P.M. ETHEL MICHEL June MARY /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner N/A Good Samaritan Hospital Baltimore 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. iest birthdey) Birthplace (State or Foreign Country) **Funeral** Days Hours Min 1 □ M 2 🔀 F 94 Yrs. 216-07-7815 Nov. 16, 1903 Director Maryland Usual Residence of Decedent with the Maryland r 28a-f show 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Directo Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pagas 1 and 2 should be filed within 72 hours aftar death with I Department of Health and Mantal Hygiene.
Important: If item 27 is marked other than "natural", or items 23s or a sampling or other traumatic event, the Medical Example invertibe in once. 1700 Meridene Drive Apt. 107 21239 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by 3 ☐ Widowed 4 ☑ Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) 8 years Office Manager Printing 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Sumeme) Be Plunkett Elizabeth Edward Brian 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 21239 19a. Informant's Name/Relationship (Type, Print) (Brother) 1700 Meridene Drive Apt. 108 Baltimore, Maryland Eugene Plunkett 20b. Placa of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, State 20a. Mathod of Disposition Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 6-30-98 Baltimore, Maryland Green Mount Crematory 22. Name and Address of Facility
Mitchell-Wiedefeld Home, Inc. 21. Signature of Funeral Service Licansee 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval B shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** Immediata Causa (Final disease or condition resulting in death) /Medical Cardiorespiratory arrest Examiner Physician/Medical Examine Accephania Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Division of Vital Records, P.O. Box The law requires that the death car signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 2 X No 3 Probably 4 Unknown 1 Yes þ 24b. Were autopsy findings available prior to 24a. Was an autopsy should should Completed completion of cause of death? paga 2 s certificata has 2 No 1 ☐ Yes 2 ☐ No Physician: 25. Was case referred to medical examiner? Be 26. Place of Daath (Check only one) Hospital: Other: Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 0 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Aftar this funaral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury at Work? 5 Pending invastigation or Attending Natural 1 Tyes 2 □ No ithin 24 hours after death.

o the Funeral Director: All
omplately filled in by the fu daath. 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Streat end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 4 Homicida Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. edicai 29a. Cartifian (Check only one) within 2 To the F 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number 028127 6-28-98 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

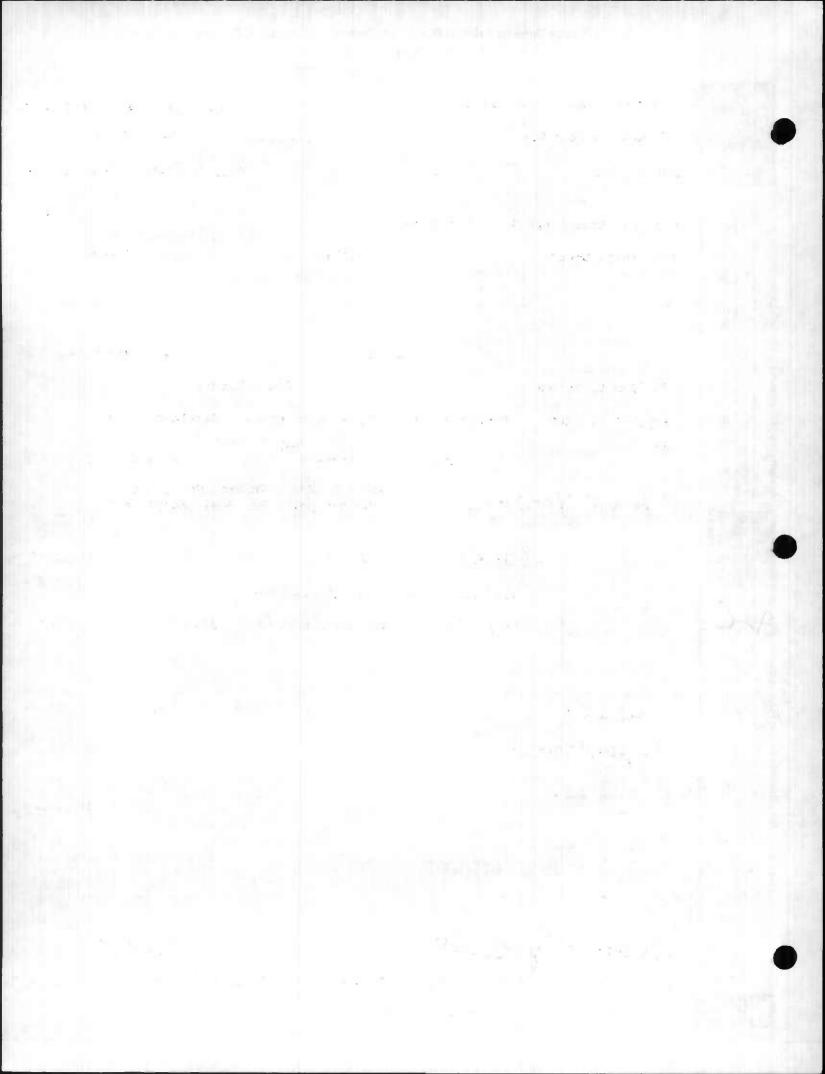
Howard Street and mo 5601 Lock 5601 wich Raven Blud Balto Md 21239 31. Date filed (Month, Day, Year) Registrar 021998

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene Q 8 201, 1 Q

|  |   |  | Ce                                   | rtificate of   | Death                         |              | Я  | eg. No.                          | fine (                       | 1411   |         |
|--|---|--|--------------------------------------|--|-------------------------------|--------------|--|----------------------------------|------------------------------|--|---------|
| Dhysisian  | 1. Decedent'a Name (First, Middle, L  |  |                                      | 18/1   |                               | 2            | 2. Date of Dea<br>Month                    | th<br>Dey                        | Year                         | 3. Time of De  |         |
| Physician<br>/Medical  | Alice M.  | Newheiser  |                                      |  |                               |              | June                                       | 29 1                             | 998                          | 1:30 A   | A.M.    |
| Examiner   | 4a Facility Name (If not institution, g<br>21940 Maranatha  | Way  |                                      |  | Leona                         | rdtow        |  |                                  | lary's                       |  |         |
| Funeral<br>Director  | 578 56 1343   | Sex<br>1 ☐ M <b>2</b> (2) F  | 95 Yrs.                              | Months Days  |                               | Min.         | B. Date of Birth<br>(Month, Day<br>Dec. 18 | Year)<br>1902                    | 9. Birthpid<br>Count<br>Wast | ece (State or Form)<br>nington                                     | oreign  |
| show<br>defi   | Usual Residence of Decedent  10e. Stete 10b. County   | 10c.   | City, Town or L                      | ocation  |                               |              |  |                                  | 10                           | od. Inside City L  |         |
| naturel; or items 23a or 28a-f show<br>site a Evaniner must be notified at<br>sted by Funeral Director | Maryland Anne Ar<br>10e. Street and Number  | undel (  | Crofton                              | 10f. Zip Code  |                               |              | 1  | 0g. Citizen of \                 | What Count                   |  | 423 140 |
| 23a  | 1606 Twigs Court  | _  |                                      | 21114  |                               |              |  | United                           |                              |  |         |
| ei', or items 23a or 28a-f ehow<br>Examinat must be novified at<br>by Funeral Director                 | 11. Marital Status  1 Never Merried 2 Married  3 Widowed 4 Divorced   | 12. Wes Decedent Ever in Armed Forces?  1 □ Yes 2₹ No If Yes, Give Year or Dates:  | 1 U,S.   13.                         | Was Decedent of<br>If Yes, specify Cul<br>1 ☐ Yes 2 ☐ No | ban, Mexicar                  | n, Puerto Ri | ify Yes or No-<br>ican, etc.)              |                                  | e - America<br>ck, White, e  |  |         |
| "naturel",<br>adjent Exu   | 15. Decedent's I  |  | 16a. Dece                            | edent's Usual Occu                                       | pation<br>during mos          | t of working | ,  | 16b. Kind of B                   | usiness/Ind                  | ustry  |         |
| ther than "nature<br>ont, the Medical<br>o Completed   | Elementary/Secondary (0-12)   | College (1-4or 5+)   |                                      | e kind of work done DO NOT use retir                     | ed)                           |              |  | II C C                           | 2110 2001                    | nont   |         |
| vent, th   | 17. Father's Name (First, Middle, Las   | ()   | C.                                   | Lerk   | 18 Mothe                      | er's Name /  | First Middle                               | U.S. Go<br>Maiden Suman          |                              | lient  |         |
| 0 5 00   | William L. Malo   |  |                                      |  |                               | lara         | Drury                                      |                                  | ,                            |  |         |
| r is marked<br>treumatic er<br>To E  | 19a. Informent's Name/Relationship Margaret E. Klot   | (Type, Print)  |                                      | ing Address (Stree                                       | at end Numbe                  | er or Rural  | Route Numbe                                |                                  |                              | Code)  |         |
| important: if them 27 any injury or other tr.  | 20e. Method of Disposition  | 200  |                                      | osition (Name of<br>emetory or other pl                  |                               |              |  | 20c. Location                    |                              | wn, State  |         |
| important: if<br>any injury or<br>once.  | 1 Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec   | _Hemoval from State  |                                      | vet Cemet  |                               |              |  | Washi                            | ngton                        | D.C.   |         |
| nding physical and use as the equal-busit  | Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  | c. Hy perter   | y Arl<br>o (or as a conse            | equence of):   | Vasc                          | ulan         | Des  | ese                              | , //                         | 6 year<br>5 year   | 2       |
| d for use  | Part II. Other significant conditions   | contributing to death but not  | resulting in the                     | underlying cause o                                       | iven in Part                  | 1            | 23b. Dld to                                | obacco uss co                    | ntribute to                  | the cause of o   | death?  |
| be detached for use<br>by Physician/   | - manual |  |                                      | on onlying outdoor                                       |                               |              | 101  | -                                |                              | ebly 4 🗆 Un  |         |
| 2 should   | Dementia<br>Employsem   | 19   |                                      |  |                               |              | 24a. Was a perfor                          | an autopsy<br>med?               | ava                          | re eutopsy find<br>illable prior to<br>apletion of cause<br>death? |         |
| rector, page   | V   |  |                                      |  |                               |              | 1□ Y                                       | es 2 No                          | 10                           | Yes 2 No   | 0       |
| Be Be  | 25. Was case referred to medical examiner?  | Lioneital:   |                                      |  |                               | e of Deeth   | (Check only o                              |                                  |                              | Dansus   | -05     |
| T did  | 1 Yes 2 No  27. Manner of Death 1 Natural 5 Pending 2 Accident investigati  | 28a. Date of Injury<br>(Month, Day Year  | 2 ER/Outpatie<br>28b. Time<br>Injury | of 28c. Inj  |                               | 28           | e 5 Resid                                  | ence 6 Ott                       |                              | DAUGHTE  | FOM     |
|  | 2 Accident Investigati 3 Suicide 6 Could not determine  | be one Blace of Leives. A  |                                      |  |                               |              | Bf. Location (S<br>City or Tow             | itreet and Numi<br>n, Stete)     | ber or Rura                  | Route Number   | 91,     |
| To the Funerei Directo completely filled in by the Medical Certific                                    | 29a. Certifier Check only one) 2 Medical Exa  | hysician: To the best of my i<br>minar: On the bests of exam<br>and manner stated. | knowledge, dea<br>ination and/or l   | th occurred at the<br>nvestigetion, in my                | time, date ar<br>opinion, des | nd plece, ar | nd due to the o                            | ause(s) end m<br>date and place, | anner as st                  | ated.<br>the ceuse(s)  |         |
| omple<br>Me  | 29b. Signature and title of certifier   | P 11 .   |                                      | 29c. Licer   | nse number                    |              |  | 29d. Date signe                  | d (Month, I                  | Day, Year)   |         |
| /  | 1 Duna  | youth 1  | ()                                   | 2  | 2188                          | 13           |  | 6/30                             | 198                          |  |         |
| 5  |   | DLAM'D   | Item 23e) (Type                      |  |                               |              | Suilin3                                    | 08 4                             | AHU                          | M  | 26      |
| State  | 31. Date filed (Month, Day, Year)   | 32. Registrar's Si   | gnature                              | 7 7 7 7 7 7  | 1000                          | -4 - 6       | 0000                                       |                                  | m'                           | D. 70)   | 0.0     |
| Registrar  | JUL 0 2 1998  | gula David   | son-Hande                            | 1000   |                               |              |  |                                  |                              |  |         |



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 20420 Certificate of Death 2. Dete of Deeth 3. Time of Death 1. Decedent's Nama (First, Middle, Last) **Physician** SYLVIA NADEN JUNE 27,1998 5pm /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4a Facility Name (If not institution, giva street end number) **Examiner** 6317 PARK HEIGHTS AVE., APT. 105 BALTIMORE N/A If Under 1 Year | If Under 24 Hrs. Dete of Birth (Month, Dev. Xear) 1930 5. Sociel Security Number 6. Sax 7. Aga (In yrs. lest birthday) 9. Birthplace (State or Foreign Months Deys Hours Min 1 M 2 X F 68 MARYLAND Yrs. 214-24-3468 Usual Rasidence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Dyes 2 No MARYLAND N/A BALTIMORE Directo 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 6317 PARK HEIGHTS AVE, APT. 105 21215 USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14 Race - American Indian 11, Maritel Status Bleck, White, etc. 1 ☐ Yes 2 No If Yes, Give Yeer or Datas: 1 Never Merried 2 Married 1 Yes 2 No Specify: WHITE P 3 ₩idowed 4 Divorced Completed 15. Dacedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 BOOKKEEPER BOOKKEEPING 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be FISH FLORENCE PHILIP SEGALL 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) OWINGS MILLS, MD 5 CHARING COURT RICHARD C. NADEN (SON) 21117 20b. Piace of Disposition (Nema of cemetery, cremetory or other plece) 20c. Location - City or Town, Stata 20a. Method of Disposition 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removei from Stata OHEB SHALOM MEMORIAL PARK 6-29-98 REISTERSTOWN, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Nama end Address of Fecility
SOL LEVINSON & BROS., INC. 21. Signature of Funeral Service Licensee 8900 REISTERSTOWN ROAD BALTIMORE, MD 21208 8900 REISTERSTOWN KOAD BALTI 23a. Part1. Enter the disease, or complication, that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heert failure. List only one cause on each line. Approximete Interval Batween Onsat and Death Immediate Cause (Finei disaase or condition resulting in death) COND Due to (or es e consequenca of) Physician/Medical Examiner CYMPHOMA Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequença of): Due to (or as e consequance of) 23b. Did tobacco use contribute to the ceuse of death? Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part f. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings eveilable prior to 24a. Was an eutopsy performed? Completed completion of causa of deeth? 1 Yas 2 No 1 ☐ Yes 2 ☐ No Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 20 1 Inpatient 2 ER/Outpatient 3 DOA 28d. Describe how injury occurred Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 1 Deturei 2 Accident 5 Panding 1 ☐ Yes 2 ☐ No Investigation 6 Could not be 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Piaca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 - Homicide 1 Certhing Physician: To the bast of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated. 29a. Certifier edical (Check only one)

29c. License number

Health Assor, 1838 GreenTree Rd. Batto Md. 21208

d of deeth (Item 23a) (Type, Print)

32. Registrars Signature

Suha Deviden

29d. Date signed (Month, Day, Year)

10

completely

29b. Signature and title

30. Name and address

Stephen Chasser 31. Date Illed (Myolin, Day, Year)

JUL 02 199

**Funeral** 

**Director** 

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

with the Maryland

permit. Plages 1 and 2 should be filed within 72 hours after death w Department of Health and Mental Hygiene. Important: If from 27 is marked other than "new-right" or other traumetic.

**Physician** 

/Medical

Examiner

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this funeral

After

n 24 hours after death.

Ne Funeral Director: Af pletely filled in by the fu

within 2 To the

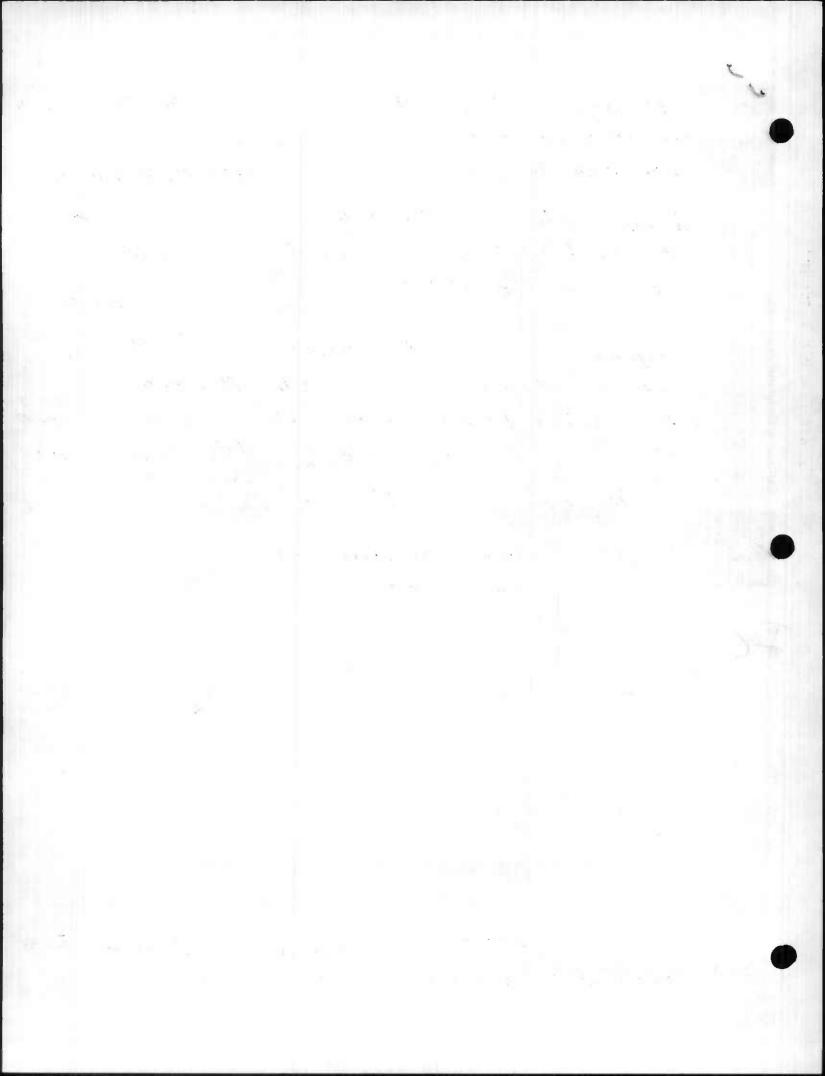
Physicisn:

or Attending

Division of Vital Records, P.O. Box 68760

State Registrar

| A CO   | State of Maryland / Departmen  Certification  | nt of Health and Me<br>te of Death  |                                   | iene 98                              | 20421  |
|--|---|---|-----------------------------------|--------------------------------------|--|
| Physician  | 1. Decedent's Name (First, Middle, Last)  PRITCHETT   |   | 2. Data of Death<br>Month<br>June | 28 199                               | 3. Time of Death 11:35 A   |
| /Medical<br>Examiner   | 4a Facility Name (If no Vinstitution, give street and number)   | 4b. City, Town, or Lo   |                                   | 4c. County of De                     | eath   |
| Funeral<br>Director  | VAMC FORT HOWARD DIVISION  5. Social Security Number  6. Sey  7. Age (In yrs. last birthday)  Months  6. Sey  7. Age (In yrs. last birthday)  Months  | BAL TIME<br>r 1 Year If Under 24 Hrs.<br>Days Hours Min.                      | 8. Date of Birth<br>Month, Day,   |                                      | Birthplece (State or Foreign Country)  |
|  | Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location   |   | 7                                 | 71101111                             | 10d. inside City Limits  |
| Hygiene. ther than "natural", or itema 23a or 28a-f show ont, the Medical Examiner must be notified at a Completed by Funeral Director |   | 1E  |                                   |                                      | 18 Ves 2 □ No  |
| 0 8 0  | 10e. Street and Number  | 2/205   | 10                                | Og. Citizen of Whet                  | Country?   |
| Examiner must  | 11. Marital Status  12. Was Decedent Ever in U.S. Armed Forces?  12. Was Decedent Ever in U.S. Armed Forces?  12. Was Decedent Ever in U.S. Armed Forces?  12. Was Decedent Ever in U.S. Armed Forces?  12. Was Decedent Ever in U.S. Armed Forces? | dent of Hispanic Origin? (Sp<br>city Cuban, Mexicen, Puerto<br>2) No Spacity: | ecify Yes or No-<br>Ricen, etc.)  | 14. Race - A<br>Black, W<br>Specify: | merican Indian,<br>hite, etc.  |
| Completed  | 15. Decedent's Education (Specify only highest grade completed) (Give kind of we life. DO NOT u   | ork done during most of work  | ing                               | 16b. Kind of Busine                  | ss/Industry  |
| omo  | Elementary/Secondary (0-12)  12 UEMES  College (1-4or 5+)  House k  |   | C                                 |                                      | SOICE  |
| To Be C  | FDWARD SAMUEL   | 18. Mother's Nam<br>El/a  | Prito                             | HEH                                  |  |
| To   | 19a. informant's Name/Ralationship (Type, Print) / 19b. Malling Addras  | s (Street and Number or Run   | al Routa Number,                  | City or Town, State                  | , Marylon  |
|  | 20a. Method of Disposition  Burial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)   | me of other place)  | /2/98                             | Crubs                                | or Town, State   |
| ands injury  | 21. Signature of Funeral Service Ligensee 22. Name e  | nd Address of Facility  | PATHAL                            | - HAUR                               |  |
|  | 23a. Part 1. 5 har tha disaasa, or complications that caused the death. Do not enter the mo shock, or heart failura. List only one cause on aach ilna.  | LEISTERS<br>NU NE, NA<br>de of dying, such es cerdiac                         | or respiratory arre               | 2/2/ C                               | Approximate<br>Interval Between<br>Onset end Death                                 |
| cian<br>dical<br>liner   | immediata Causa (Final disease or condition resulting In death)  Cancer Of Lung (Sm   |   |                                   |                                      |  |
| inal-trensit   |   | •   |                                   |                                      |  |
|  | Cause / Disease or injury   | :   |                                   |                                      |  |
| Physician/Medica   | that Initiated avants resulting in death) Last  Dua to (or as a consequence of)   |   |                                   |                                      |  |
| ician  | Part II. Other significant conditions contributing to death but not resulting in the underlying   | cauca Given in Part I   | 23h Did to                        | hacco use contrib                    | ute to the cause of death?   |
|  |   | Gausa given in rait i.  | 1)X(Y                             |                                      | Probably 4 Unknown   |
| Completed by   |   |   | 24a. Was a perform                |                                      | b. Ware autopsy findings<br>avellable prior to<br>completion of cause<br>of death? |
| Com  |   |   | 1□ Ye                             | es 2 🕅 No                            | 1 ☐ Yes 2 ☐ No   |
| o Be   | 25. Was case referred to medical examiner?  1 ☐ Yes 2⊠ No  Hospital: 1 ☑ Hopatient 2 ☐ EP/Outpatient 3 ☐ D  | Othor   | h (Check only on                  | ence 6 Other (S                      | Pagair I   |
|  |   | 28c. fnjury at Work? 1 Yes 2 No   |                                   | ow injury occurred                   | рвспуу   |
| Certification:   | 3 Suicide 6 Could not be detarmined 28e. Placa of Injury - At home, farm, street, factor building, atc. (Specify)   | y, office   | 28f. Location (St<br>City or Town |                                      | Rural Route Number,  |
| completely filled in by Medical Certifi  | 29a. Cartifler  (Check only one)  1 Certffying Physician: To the bast of my knowledga, daath occurred the bast of examination and/or invastigation and mannar stated.   |   |                                   |                                      |  |
| completely filled i  | 29b. Signeture end title of certifier   | c. License number   | 2                                 | 9d. Date signed (M<br>6 28 98 F      | onth, Day, Year) we 28th 1998  |
| +1   | 30. Name and address of person who complated cause of death (Item 23a) (Type, Print) Bala Duggirala, MD 9600 North Poil   |   |                                   |                                      |  |
| State<br>egistrar  | 31. Date filed (Month, Day, Year)  JUL 021998  32 Registrars Signature Randow   |   |                                   |                                      |  |
|  |   |   |                                   |                                      |  |



State of Maryland / Department of Health and Mental Hygiene

20422 Certificate of Death 2. Dete of Death 3. Time of Death Month 150

lay

10d. Inside City Limits

1 Yes 2 No

**Physician** /Medical **Examiner**  1. Decedent's Name (First, Middle, Last)

BABY GIRL PRATER

4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street end number) 4c. County of Death Etimore City General Baltimore City laky/ana If Under 24 Hrs. 8. Date of Birth Hours Min. May 21, 5. Social Security Number Year 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign **Funeral** Days Year) 1998 1 □ M 2 ₩ F Months none Maryland Director Usual Residence of Decedent Pages 1 and 2 should be filled within 72 hours after death with the Maryland nent of Health and Mental hygiene.

Int: If them 27 is marked other than "natural", or items 23s or 28s-f show 10a. State 10b. County 10c. City, Town or Location If fem 27 is marked other than "natural", or fems 23s or 28s-f show or other traumstic event, the Modical Examiner main be notified at Director Maryland Baltimore City Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen ot What Country? 908 Stoddard Court 21201 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No It Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-lt Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11 Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: Be Completed by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) none 0 none 17. Father's Name (First, Middle, Last) unknown Elvita Prater 2 19a. Informant's Name/Relationship (Type, Print) Elvita Prater/mother 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Department Important: 21. Signature of Funera Service Licensee Ronald S. V Director Wade 11. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, or hear failure. List only one ceuse on each line. **Physician** Severe Prematu /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Physician/Medical Examiner The law requires that the death certificate be appecuted the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence ot): P.O. Box 68760, Due to (or as a consequence ot): for use as Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. - 20 weeks Immaturity sate has been signed page 2 should be de Records, Completed by gestation 24a. Was en eutopsy performed? 1 Yes 2 No certificate of Vital is or Attending Physician: The start death. Be 25. Was cese reterred to medicel exeminer? 28. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Certification: To illed in by the funeral Dete of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury at Work? 28b. Time ot Division 1 Netural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) 4 Homicide Hospital within 24 hours a To the Funeral C completely filled edical 29a. Certifier ş 29b. Signat of and title of certifier 29c. License number deeth.(Item 23e) (Type, Print) HERBSE In.D.

14. Race - American Indian. Black, White, etc. Specify: Black 16b. Kind of Business/Industry 18. Mother's Name (First, Middle, Meiden Surneme) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 908 Stoddard Court, Baltimore, Maryland 21201 20c. Location - City or Town, State 22. Name and Address of Facility
State Anatomy Board, 655 W. Baltimore Street
Baltimore, Maryland 21201 nterval Between Onset and Death 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of ceuse of death? 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 28t. Location (Street and Number or Rurel Route Number, City or Town, Stete) 1 Certifying Physician: To the best of my knowledge, teath occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dey, Year) Varyland Greneral Hospita JUL 0 2 1998 who Davidson

State Registrar

31. Dete tiled (Month, Dey, Year)

Mark to what to the 5-0 5

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month O6 **Physician** PORTER 30 1998 DENISE /Medical 4b. City, Town, or Location of Deeth 4e Facility Name (If not institution, give street and number) 4c. County of Death Examiner Baltimore Manyland 6/Sex If Under 24 Hrs. 8. Dete of Birth (Month, Day. 5. Social Security Number (In vrs. last birthday) **Funeral** 1-94-526 Months 1 M 20 F Davs Director 6,17 Usual Residence of Decedent with the Meryland 10a State 10h Counts 10c. City. Town or Location. 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Modical Examinet must be notified at 1 Yes 2 □ No Director imor 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? SOY Funeral permit. Pegas 1 and 2 should be filed within 72 hours aftar deeth Departmant of Haaith and Mental Hygiene. Important: if item 27 is marked other than "natural", or frams 23 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 2 No 11 Maritel Status Wes Decedent of Hispanic Origin? (Specify Yes or Notif Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race -American Indian. Bleck, White, etc. 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: If Yes, Give Year or Dates: þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 18 Mother's Name (First Middle Maiden Surname) Fether's Name (First, Middle, Last) Be man 19b. Meiling Address (Street and Number or Rural Route Number, City or (aunt) 19a. Informant's Name/Reletionship (Type, Print) Jon or other 20b. Place of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) -10r 22 Name end Address of Facility 21. Signa@re of Funeral Service Licensee Joseph ne W. North Ave. Balto. Md sease, or complice ons that caused the death. Do not enter the mode of dying, such as cardiac or respiretory lure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Finel Severe Lactic Acidosis disease or condition resulting in death) **Examiner** Examiner Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequenca of): Division of Vital Records, P.O. Box 68760 Physician/Medicai the Due to (or as a consequenca of): certificate phys 88 USB signed by the aid to be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Was en eutopsy peeu paga 2 1 Yes 2 No. 1 ☐ Yes 2 No certificate Hospital or Attanding Physician: director. 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 2 ER/Outpatient 3 DOA 1 M Inpatient this funaral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? After 1 Natural 5 Pending aftar death. 1 Yes Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aft To the Funerel Di completely filled in 12 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier Medicai 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of certifier June 30, 1998

3

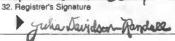
State Registrar Jennifer

31. Dete filed (Month, Day, Year)

JUL 021998

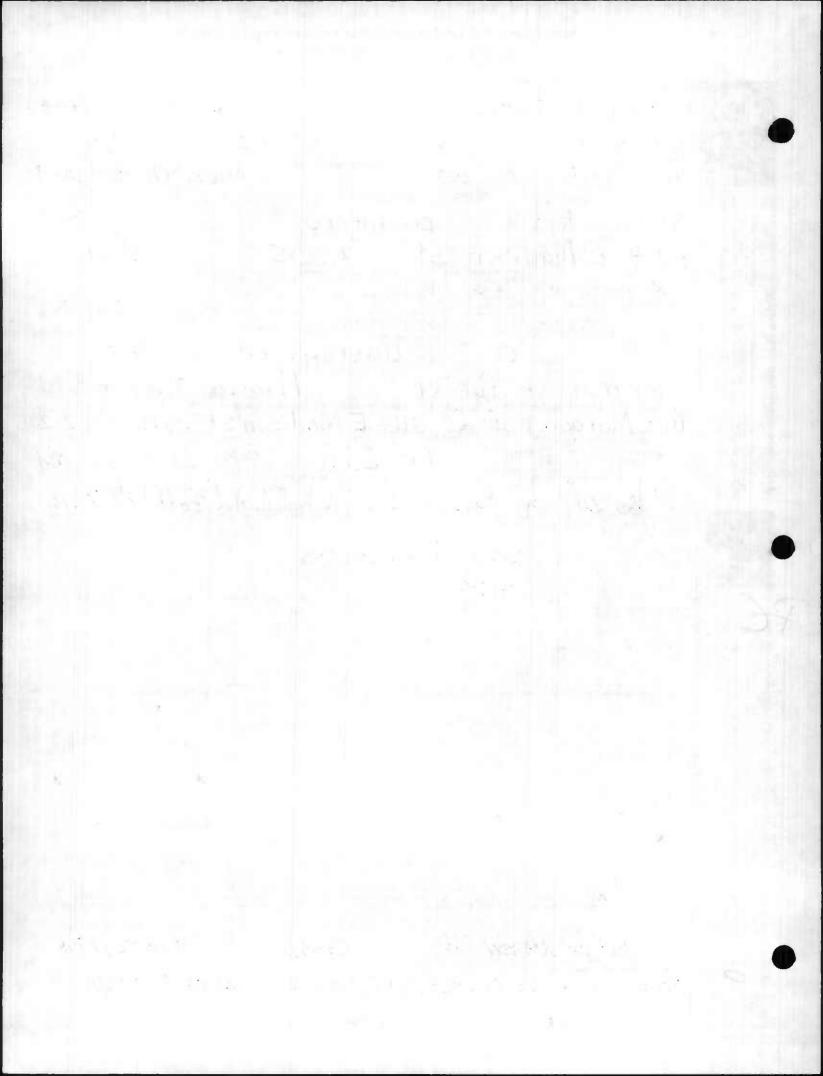
Morrow

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)



BALTIMORE, MARYLAND

22 S. GREENG STREET

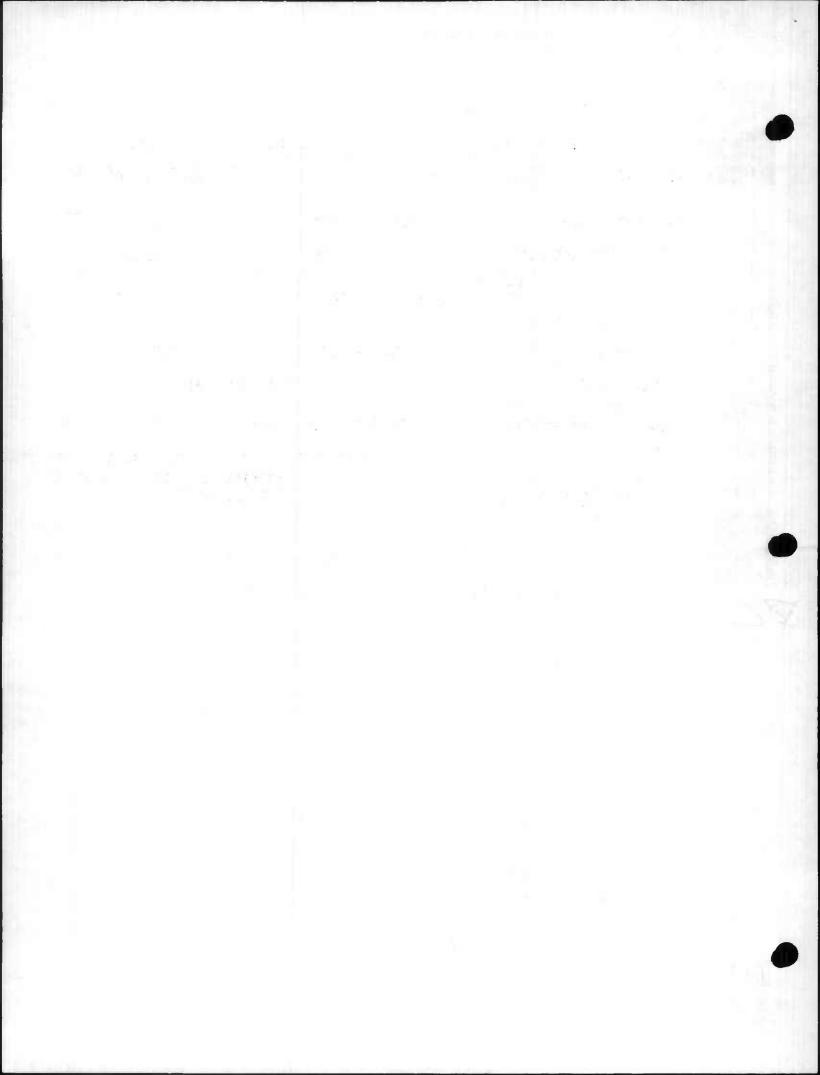


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

20424

|  | _                 |   |  |                          | Cen                      | ilicate oi                            | Death                                       |                                      | Reg. No.                            |  |  |
|--|-------------------|---|--|--------------------------|--------------------------|---------------------------------------|---|--------------------------------------|-------------------------------------|--|--|
| Physic<br>/Medi  | cal               | 1. Decedent's Neme (First, Middle, I  | PARME  |                          |                          |                                       | dh Olla Tarra                               | 2. Dete of D<br>Month                | Dey<br>27                           | Yeer 1998                                | 3. Time of Deeth   |
| Exami  | ner               | 4e. Fecility Neme (If not institution, g  MARINER HEALTH  5. Social Security Number 6.  | OF OVERLE  |                          | intholous                | If Under 1 Yea                        | OVERLEA                                     |                                      | BALT                                | IMORE                                    |  |
| Funeral<br>Director  |                   | 218-26-7870 Usuel Residence of Decedent   | 1√2× 2□ F  | 68                       |                          | Months Deys                           |   |                                      | 27 1930                             | MARY                                     | ece (State or Foreig<br>CAND   |
| the Merylens<br>28a-f show   | Director          | 10a. Stete 10b. County  MARYLAND N/A  10a. Street end Number  |  | 10c. City, Tov           |                          | ORE CI                                |   |                                      |                                     |  | od. Inside City Limits   |
| 3a or  | I Dir             | 1544 NORTHWICK  | ROAD   |                          |                          | 10f. Zip Code 21.                     | 218   |                                      | 10g. Citizen of                     | A.                                       | ry?  |
| filed within 72 hours aftar death with the Meryland<br>hyglene.<br>drier than "natural", or items 23a or 28a-f show<br>ont, the Medical Examiner must be notified at | by Funeral        | 11. Marital Stetus  1 □ Never Married   3 □ Widowed 4 □ Divorced  | 12. Wes Decede<br>Armed Force                          | s?<br>□ No               |                          |                                       | Hispenic Origin? (S<br>ben, Mexican, Puer   | pecify Yes or N<br>to Rican, etc.)   | 0- 14. Ra                           | ce - America<br>ck, White, e<br>by: BLAC | etc.   |
| ithin 72 ho<br>ne. "natur<br>nen "natur  | Completed         | 15. Decedent's (Specify only highest g  | Education<br>rade completed)<br>College (1-40          | or 5+)                   | (Give ki                 | O NOT use retir                       | e during most of wor<br>red)                | rking                                | 16b. Kind of B                      |  |  |
| B la b   | Be                | 12th grade  17. Fether's Neme (First, Middle, Las WILLIAM PALMER  | st)  |                          | MAIN                     | ra i nanci                            | 18. Mother's Ner                            | me (First, Middl<br>EN PALM          | POST C<br>e, Malden Sumai<br>ER     |  |  |
| and Me<br>is mark  | To                | 19a. Informant's Name/Reletionship  | (Type, Print)  | 19                       | b. Meiling               | Address (Stree                        | et and Number or Ru                         |                                      |                                     | , State, Zip                             | Code)  |
| Haalth<br>em 27<br>other tr  |                   | Minnie M. Palme  20e. Method of Disposition  1XXBuriei 2 □ Cremetion 3  |  | 20b. Placa o             | of Disposi<br>ery, crema | tion (Name of<br>atory or other pi    |   | Dete                                 | 20c. Location                       | - City or Tox                            | wn, Stete  |
| Department of important: If it any injury or o   |                   | 4 Donetion Dother (Special Service Lice   |  | GARRI                    |                          |                                       | VETERANS ress of Fecility IL                |                                      |                                     | OMMUN                                    | , MARYLAN  |
|  |                   | 23a Part1. Enter the disease, or co<br>shock, or heart talker. List only  | inplications that cause on each                        | sed the deeth. Do        | not enter                | the mode of dy                        |   |                                      |                                     |  | Approximete<br>Intervel Between                                      |
| ysician<br>/ledical<br>aminer  |                   | Immediete Ceuse (Finel disease or condition resulting in deeth)   |  |                          | 100                      | mom                                   | NPM   |                                      |                                     |  | Onset and Deeth  |
| in and   | Examiner          | Sequentially list conditions  | b. Con   |                          | DY                       | UTENT                                 | DISU  | 135                                  |                                     | 1  | YUARS  |
| nding physician ar   |                   | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest  | c. 12/16   | M N-W<br>Due to (or es e | SIDN                     | )                                     |   |                                      |                                     | i<br>i                                   | Terms  |
| 0 0  | Physiclan/Medical | Part II. Other significent conditions   | contributing to death                                  | but not resulting i      | in the und               | lerlying cause g                      | iven in Pert I.                             | 23b. Did                             | I tobacco use co                    | ontribute to                             | the cause of death   |
| igned by the e   | by Ph             | PNEUMINV  | 3  |                          |                          |                                       |   | 15                                   | Yes 2 No                            | 3 Prob                                   | ably 4□ Unknow   |
| s been s<br>2 should   | Completed b       |   |  |                          |                          |                                       |   |                                      | s en eutopsy<br>iormed?             | ave                                      | re eutopsy findings<br>ileble prior to<br>apletion of cause<br>eath? |
| page 2   | Com               |   |  |                          |                          |                                       |   | 10                                   | Yes 2 Dylo                          | 1 🗆                                      | Yes 2□ No  |
| certificata<br>irector, pag  | o Be              | 25. Wes case referred to medical exeminer? 1 ☐ Yes 250 No   | Hospitel:  |                          |                          | 0                                     | 26. Plece of Dec                            |                                      |                                     |  |  |
| leath.<br>tor: After this<br>the funeral di  |                   | 1 Yes 25 No  27. Menner of Deeth 1 Netural 5 Pending 2 Accident investigati   |  | njury 28b.               | Time of<br>Injury        | 28c. Inju                             | 4) Unursing H                               |                                      | idenca 6 DOth<br>how injury occur   |  |  |
| 500  | Certification:    | 3 Suicide 4 Homlcide  3 Suicide 4 Homlcide  4 Homlcide  4 Homlcide  28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify)  28f. Location (Street and Number or Fig. City or Town, State) |  |                          |                          |                                       |   |                                      |                                     |  | Route Number,  |
| within 24 hours after To the Funeral Director Completely filled in   | edical            | one) 2 Medical Exe  | hyelcian: To the besiminer: On the basis<br>end manner | of examinetion er        | e, deeth o               | occurred et the t<br>stigation, in my | time, dete end plece<br>opinion, deeth occu | , end due to the<br>rred et the time | ceuse(s) end m<br>, date end pleca, | enner es ste<br>end due to               | ited.<br>the cause(s)  |
| To   | M                 | 29b. Signature end title of certifier   | IM   | M                        |                          | 29c. Licer                            | onse number                                 |                                      | JU W                                | ed (Month, E                             | 9 9 9  |
| 41   |                   | 30. Name and address of person who  | MON 12   | USD ITM                  | 1_                       | SATI                                  | 5735<br>mvn e,                              | MD:                                  | 212-39                              |  |  |
| Sta<br>Registr   |                   | 31. Dete filed (Month, Day, Year)   | 8 32. B  | Mara Staggature          | -Mand                    | 402                                   |   |                                      |                                     |  |  |



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| Com | U | 1 | 2 | J |

| RANDALL A  | ime             | nd: #20b Pe   |  |   | BRKC                            | Ce                             | rtificate of  | Death  | 2. Dete of D                          | Reg. No.                      | <u> </u>                                    | 3. Tima of Death  |  |
|--|-----------------|---|--|---|---------------------------------|--------------------------------|---|--|---------------------------------------|-------------------------------|---|---|--|
| Physicia:<br>/Medica   | al .            | Edward  | C  | abriel  |                                 | Randa                          | 11  |  | Month<br>JUNE                         | Day 29, 1                     |   | 3:25P.M.  |  |
| Examine  | r               | 4e Facility Neme (f   |  |   | n <i>ber)</i>                   |                                |   | 4b. City, Town, o                                      |                                       |                               | nty of Death                                |   |  |
|  |                 | 40 THOMAS  5. Social Security N   |  |   | 7 Age (In vr                    | s. lest birthday               | If Under 1 Yeer   | PIKESVII   |                                       |                               | LTIMOF                                      |   |  |
| Funeral<br>Director  |                 | 213-30-9<br>Usuei Residenca of  | 170  | M 2□F   | 63                              | Yrs.                           | Months Deys   |  | n. (Month, L                          | Dey, Year)<br>29 1934         |   | lace (Stata or Foraigr<br>try)<br>cyland                                  |  |
| ith the Maryland<br>or 28s-1 show  | 101             | 10e. Stete<br>MD  | 10b. County Baltin   | nore  | 10c. (                          | City, Town or Le<br>Pikesv:    |   |  |                                       |                               | 1   | 0d. Inside City Limits 1 ☐ Yes 2 ☐XNo                                     |  |
| 28e  | Director        | 10e. Street and Nur   | mber   |   |                                 |                                | 10f. Zip Code   | -  |                                       | ntry?                         |   |   |  |
| 23a or   | <u>a</u>        | 40 Thoma  | s Craddo   | ck Ct.  |                                 |                                | 21208   | 3  |                                       |                               | USA   |   |  |
| 020<br>urs efter dea<br>sif, or items  | by Funeral      | 11. Maritel Status  1 Never Marri 3 Widowed   | ed 🏖 Married   | 12. Wes Dece<br>Armed For<br>1 X Yes<br>If Yes, Giv<br>Yeer or De | rces?<br>2 □ No                 |                                | Was Decedent of<br>If Yes, specify Cut<br>1 ☐ Yes 2 ☑ No        |  | Specify Yes or I<br>into Rican, etc.) |                               | Race - Americ<br>Bleck, White,<br>cify: Whi | etc.  |  |
| d within giane.  | o Be Completed  | Eiementery/Seco   | 15. Decedent's E<br>ify only highest grandary (0-12)                   | ducation  |                                 | 16a. Dece<br>(Give<br>life.    | dent's Usuei Occu<br>kind of work done<br>DO NOT use ratin      | during most of w                                       | orking                                |                               | Businass/Ind                                | dustry  |  |
| d 21<br>Hygier thent.  |                 | 12  | (First Middle Lead   | 3   |                                 | Sales                          | 3   | 10 Mathada N   | eme (First, Midd                      | Print                         |   |   |  |
| Maryland de steed at should be filed the and Mentel Hys 7 is marked other traumatic avent,   |                 | 17. Fether's Neme   | seph Rand  |   |                                 |                                |   |  | abeth Te                              |                               | reine/                                      |   |  |
| Maryla<br>d 2 should<br>th and Men<br>7 is marks<br>traumatic  | 2               | 19e. Informent's Na   |  |   |                                 | 19b. Meil                      | ng Address (Stree   |  |                                       |                               | wn. State. Zip                              | Coda)   |  |
| Ma<br>and 2 s<br>ath ar<br>27 is   |                 | Doris Ran   |  |   |                                 |                                | Thomas Cr   |  |                                       |                               |   |   |  |
| S L H L L  |                 | 20e. Method of Disp   |  | Removel from S  | State                           | Pleca of Disp<br>cemetery, cre | osition (Neme of<br>metory or other ple<br>Valley Me            | ece) - <del>7/</del> 2                                 | 7/98 7/3                              | 20c. Locati                   | on - City or To                             | own, Stele  |  |
| Baltimo Baltimo Pemil: Page Charles of Page American Charles of Page Charles o |                 | 21. Signeture of Fu   | nerei Service Lice  N. Clar  na disaasa, or com  rt failure. List only | y<br>plications that cone ceuse on e                              | aused tha de<br>ech line.       | ath. Do not an                 | 2. Name end Addr<br>Lemmon Fu<br>10 W. Pa<br>lar the mode of dy | ess of Fecility Ineral Ho Idonia Ro ing, such es cardi | ome  1., Timo ac or respiretory       | onium, N                      |   |   |  |
| -Z 3   | iner            |   |  | b   | Due to                          | e to (or es e consequenca of): |   |  |                                       |                               |   |   |  |
| fical response to the property of the property | Medical Examine | Sequentielly list co-<br>if eny, leading to im-<br>cause. Enter Unde<br>Causa (Disaesa or<br>thet initiated events<br>resulting in death) I |  | c   |                                 | (or as a consa                 |   | 4  |                                       |                               |   |   |  |
| O. Box (he death certiful the attending the for use a  | Physician/M     | Part II. Other signif   | icant conditions   |   | ath but not n                   | esulting in the o              | underlying cause g  | iven in Part I.  | 23b. Di                               | d tobacco use                 | contribute to                               | o the cause of death  |  |
|  |                 |   |  |   |                                 |                                |   |  | 1/                                    | Yes 20 N                      | o 3□Pro                                     | bably 4 Unknow  |  |
| Records, P.O. he lew requires that the e has been signed by the ege 2 should be detached.  | Completed by    |   |  |   |                                 |                                |   |  | 24e. W                                | es en eutopsy<br>rformed?     | ev  | ere eutopsy findings<br>relieble prior to<br>empletion of cause<br>deeth? |  |
| C 9 4 8  | E O             |   |  |   |                                 |                                |   |  | 10                                    | Yes 28N                       | 0 10  | ☐ Yes 2☐ No   |  |
| Vital Inside the side of the s | ne<br>Re        | 25. Wes case reference examinar?  | red to medical   |   |                                 |                                |   |  | eeth (Check onl                       | y ona)                        |   |   |  |
| Phys at this at did  | OI : UOI        | 27. Manner of Deetl   |  | 28e. Dete (Mont   |                                 | 28b. Time of Injury            | of 28c. Inju  |  | Home 5 ☐ Re<br>28d. Dascrib           | e how injury o                |   | WIN CAR   |  |
| Division To the Hospital or Attending I within 24 hours after deeth. To the Funerel Director: After completally filled in by the fune  | Certification:  | 2 Accident 3 Suicide 4 Homicide   | 6 Could not be   | e 28a. Piace  | of injury - At<br>ng, atc. (Spa | homa, farm, si                 | raat, factory, office   |  |                                       | (Street and N<br>Town, State) | imber or Rure                               | el Route Number,  |  |
| To the Hospital within 24 hours a To the Funeral completely filled   | edical          | 29e. Certifier<br>(Check only<br>one)   |  | miner: On the ba  |                                 |                                | h occurred et the to<br>evastigation, in my                     |  |                                       |                               |   |   |  |
| To the To the Company of the Company | 2               | 29b. Signeture and  | title of cartifier   | Ph  | /                               |                                | 1 - 1 - 1 - 1 - 1   | .M.E.  |                                       | JUNE 3                        | gned <i>(Month,</i> 0, 1998                 | Day, Year)  |  |
| 8+1  |                 | 30. Name and address  | 1 1  | a. 10 -   | e of deeth (it                  | em 23e) (Type                  |   | nn Stree   | t, Balt                               | imore,                        | Maryla                                      | nd 21201  |  |
| State<br>Registra  | e<br>r          | 31. Dete filed (Moni  | JUL 0219   | 98 32. R  | egistrar's Sig                  | Davidson                       | Randelle  |  |                                       |                               |   |   |  |

DHMH 16 Rev 6/95

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#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month 4b. City. Town, or Location of Deeth Fecility Neme (If not institution, give street and number) 4c. County of Deeth If Under 1 Yeer 6. Sex 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, 5. Social Security Number 9. Birthpiece (State or Foreign Months Days Hours 1 M 200 F 214-26-510 Usual Residence of Decedent Yrs NOV 10b. County 10c. City, Town or Location 10d. fnside City Limits 1 Yes 2 No Makuland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 110 12. Wes Decedent Ever in U.S. Armed Forces? 1 Yes 2 VNo If Yes, Give Yeer or Dates: Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 Never Merried 2 ☐ Merried Specify: White 1 ☐ Yes 2 No Specify 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Baltimore Elementery/Secondary (0-12) College (1-4or 5+) 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) theRville PRRI 20e. Method of Disposition 20b. Plece of Disposition (Name of cametery, cremetory or other plece) Date 20c. Location - City or Town, Stete 1 Suriel 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name end Address of Facility Van 88C

**Physician** /Medical Examiner

> 98 nse

signed by tha ette

has page 2

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After

death.

24 hours a Funeral D

To the F

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funeral director,

or Attending Physician:

Completed by

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Certification:

Medical

any injury or

**Physician** /Medical

Examiner

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**Funeral** 

Director

28a-f show

6 items 23a

other traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death Department of Haalth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23.

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 6876

the Marylend

Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that in lisease or injury that in the cause (Disease hysician Physician/Medical that initieted events resulting in death) Lest the

Immediate Ceuse (Finel

disease or condition resulting in death)

Due to (or es e consequence of) Due to (or es e consequence of):

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one cause on each line.

Ma

ocardal

Due to (or as e consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f.

23b. Did tobacco use contributs to the cause of death? 3 Probably 4 Unknown 1 Yee 2 No

24a. Wes an eutopsy performed?

24b. Were eutopsy findings evalleble prior to completion of ceuse of deeth?

Approximete Interval Between Onset and Deeth

less than I day

20 No 1 ☐ Yes

1 ☐ Yes 20 No

25. Was cese referred to medical exeminer? 1 Yes 2 No

5 Pending

30. Name and address of person who completed cause

6 Could not be determined

investigation

28e. Date of Injury (Month, Day Year)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28c. Injury at Work?

1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

26. Plece of Deeth (Check only one)

29e. Certifier (Check only one)

27. Manner of Deeth

1 Neturel

2 Accident

3 Suicide

4 ☐ Homicide

To Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es stated. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted.

29b. Signature and title of certifier

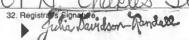
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29c. License number 7 016 29d. Date signed (Month, Dev. Year,

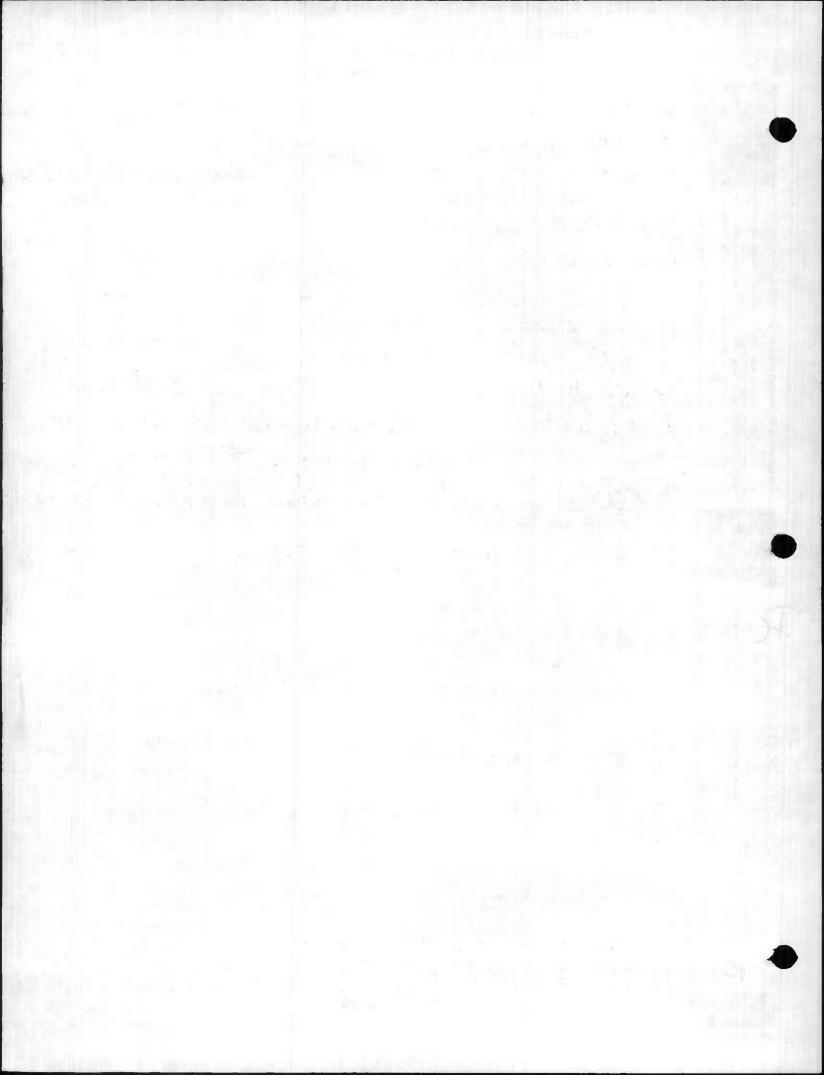
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Registrar

31. Dete filed (Month, Day, Year) 021998

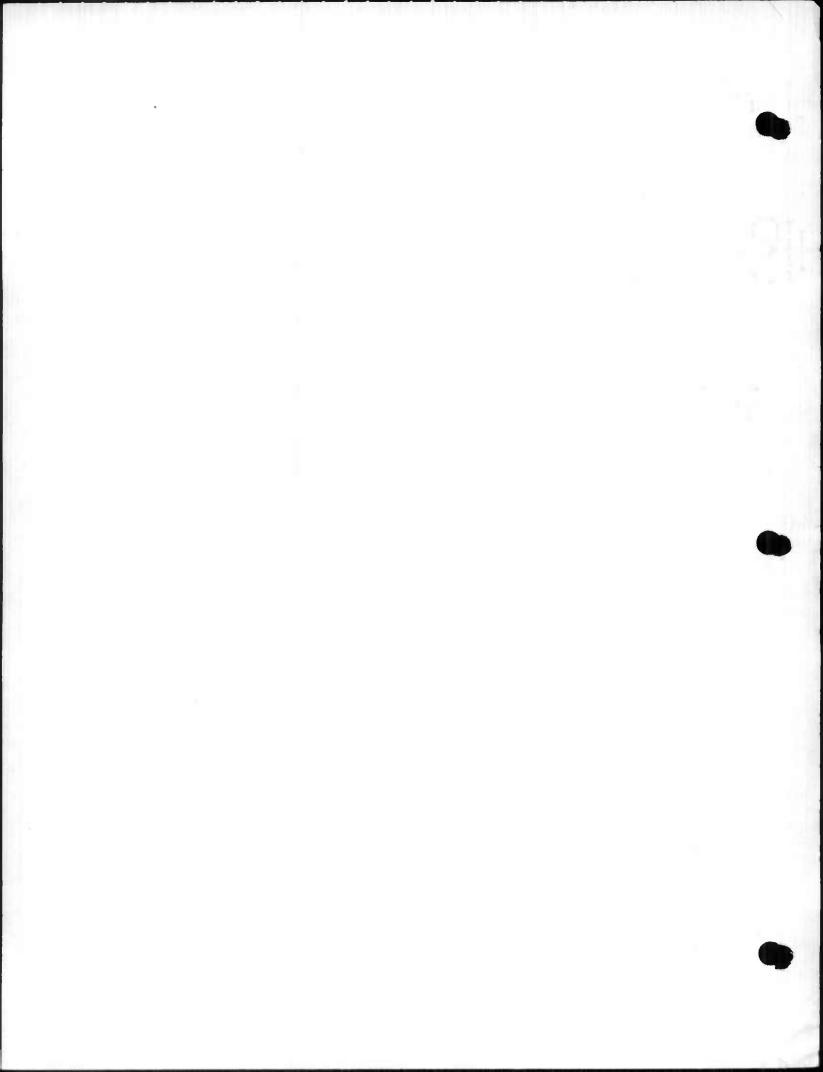


28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify)



| Stanky SMith   | 0200-613                              | Intending physician.  Page 1.9.3 chould  |  |
|--|---------------------------------------|--|--|
| OCCUPATION IN THE INDIVIDUAL PROPERTY IN THE INCIDENT IN THE I | מארוואסחב, יייאח וראייט בייל          | Without any borecovery with the finance are retain. Tage to may be retained by the hospital or attending physician.  Withouting physician and completely filled in by the funeral director, page 5 should be detached by use as the hund-transit normit Page 1.2, 3 should | tion, or removal.                                |
| BEACH OR OX 68760  |                                       | d by the ittending physician and completely  | and Mental Hygiene prior to burial, cremat       |
| DIVISION OF VITAL RECO   | DO ATTENDING DUNCHAM. The law comings | DIRECTOR: After this certificate has been signed   | hours after death with the State Dept. of Health |

|  |               | FOR<br>1 - STATE<br>REGISTRAR   | STATE OF MARYLAND / DEP/   | ARTMENT OF HEALTH AND<br>IFICATE OF DEATH   | MENTAL HYGIENE<br>REG. NO.  |   |
|--|---------------|---|--|---|---|---|
|  |               | 1. DECEDENT'S NAME (First, Middle, Last)  4. SOCIAL SECURITY NUMBER                             | R. Smith.  5. SEX 6. AGE (In yrs. last birthda   | by) IF UNDER 1 YEAR IF UNDER 24 HRS,  | 2. DATE OF DEATH  MONTH  JUNE  7. DATE OF BIRTY                                     | 3. TIME OF DEATH M  |
| Dinorts E  |               | 219-28-0353<br>96. FACILITY NAME (If pot institution, give stree                                | 10 M 2 D F 65 YRS  | MONTHS DAYS HOURS MIN   | April 15,1933   | Maryland<br>Y OF DEATH  |
| 2 5.   | DIRECTOR      | RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY   | lsg. Home  | 1 Baltimo   | ore l   | NA  |
| permit. Pages  |               | Mary and 10b. COUNTY  | /A 10e. 6  | Baltimor  | e   | 10d. INSIDE CITY LIMITS? 1 YES 2 NO                                     |
| Si.  | FUNERAL       | 2123 Her  | bert St.  2. WAS DECEDENT EVER IN U.S. ARMED   | 212   | 17  | N OF WHAT COUNTRY?  |
|  | BY            | 1 Never Merried 2 Merried 3 Widowed 4 Divorced  | FORCES? 1 X YES 2 NO<br>IF YES, GIVE WAR OR DATES  | If yes, specify Cuben, Mexic<br>1 TYES 2 NO Spec  | can, Puerto Rican, etc.)  | 4. RACE — American Indian, Black, White, etc.  Specify: FOCAN AMERICAN  |
| 21215-0<br>Ital or attending<br>I for use as the   | COMPLETED     | 15. DECEDENT'S EDUCATION (Specify only highest grade co   | mpleted) (Give kind life, Do NOT life, Do NOT  | T'S USUAL OCCUPATION of work done during most of working Tuee retired.)                             | 16b. KIND OF BUSINESS/INDUS   | STRY  |
| MARYLAND 2-<br>retained by the hospital of<br>5 should be detached for<br>notified at once.  |               | 17. FATHER'S NAME (First, Middle, Last)   | Smith.   | 010   | AME (First, Middle, Melden Sumame)  | Company   |
|  | TO BE         | 100. INFORMANT'S NAME (Type/Print)  | O GISTER) 196 MAILI  | NG ADDRESS (Street end Number or Rural  | Route Number, City or Town, State, Zip C  | mara (1207)   |
| ALTIMORE, I beath. Page 6 may be tuneral director, page ixaminer must be re-   |               | 20a. METNOD OF DISPOSITION 1 Deurlei 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)          | 20b. PLACE AND DATE of the state of the stat | TE OF DISPOSITION (Marrie of Strother place)  | 0/ATE/ 20c. LOCATION - CH   | by or Town, State  Mill<  |
|  |               | 21. SIGNATURE OF FUNERAL SERVICE LICEN  | SEE P PINA   | 22, NAME AND ADDRESS OF F   | Ryss Funer  | al Home   |
| hours after the by the contraction or removed the by the contraction of the contraction o |               | 23. PART / Enter the diseases, or cor<br>shock, or heart feilure. Lie<br>IMMEDIATE CAUSE (Final | nplications that caused the death. Do  | o not enter the mode of dying, aud  | ch as cardiac or respiratory arres  | Approximate Interval Between Onset and Death                            |
| etely<br>emati   |               | disease or condition resulting in death)  | DUE TO (OR AS A CONSEQUENCE  | Ces<br>of:  |   |   |
| 68<br>and cand buria   | ATION         | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING              | DUE TO (OR AS A CONSEQUENCE  | OF):  |   |   |
| DO. B<br>sertificat<br>anding phy<br>Hygiene p   | CERTIFICATION | CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST                         | DUE TO (OR AS A CONSEQUENCE  | OF):  |   |   |
| Men Wen  | ابر           | PART II. Other algnificant conditions of  | contributing to deeth but not resulting  | g in the underlying cause given in  | PERFORMED?  | 24b. WERE AUTOPSY FINDINGS<br>AMAILABLE PRIOR TO<br>COMPLETION OF CAUSE |
| OF VITAL RECOB<br>PHYSICIAN: The law requires the<br>this certificate has been signed by<br>with the State Dept. of Health alv<br>kred, or item 23 shows any   | : MEDIC       | DID TOBACCO USE CONTRI  | BUTE TO CAUSE OF DEATH   | YES NO UNCERTA  | 1 G YES 2 NO  | OF DEATH?   |
| VITAL<br>IAN: The law<br>tificate has b<br>e State Dept.   | PHYSICIAN:    | 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  |  | EATN (Check only one)  QTHER:   |   |   |
| DIVISION OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate h rours after death with the State I tem 28 is marked, or titem  | ву рну        | 27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation                               | 28e. DATE OF INJURY 28b. T   | 4 Nursing Nome 5   Reeldence<br>  IME OF<br>  NJURY   28c. INJURY AT<br>  WORK?<br>  1   YES 2   NO | 28d. DESCRIBE NOW INJURY OCCUI  | RED   |
| DIVISION DR ATTENDING I DIRECTOR: After hours after death Item 28 is man   | 유             | 3 Suicide 8 Could not be 4 Nomicide determined  | 28e. PLACE OF INJURY — At home, farm building, etc. (Specify)  | n, atreet, factory, office  | 281. LOCATION (Street and Number or<br>City or Town, Stete)                         | Rural Route Number,   |
|  | COMPLET       | 29e. CERTIFIER (Check only one) CERTIFVING PNYSICIA 2 MEDICAL EXAMINER:                         | N: To the best of my knowledge, death occu<br>On the basis of examination end/or investiga   | urred at the time, date end place, and duration, in my opinion, death occured at the                | e to the cause(e) end menner ee stated,<br>e time, date end place, end due to the c | cause(e) end menner se stated.  |
| TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If  | TO BE C       |   | elle   | 29c. LICENSE NU   | MBER 29d. DATE S  | HGNED (Month, Day, Year)  |
| 7+1  | Ī             |   | OMPLETED CAUSE OF DEATH (ITEM 27) (THE<br>25 Main Street S   | no Deint  |   |   |
|  |               | 31. DATE FALED (Month, Day, Year)  JUL 0 2 1998   | 2 t Main Street S<br>32. REDISTRAP'S SIGNATURE<br>Julia Davidson-Randa   | W.  |   |   |

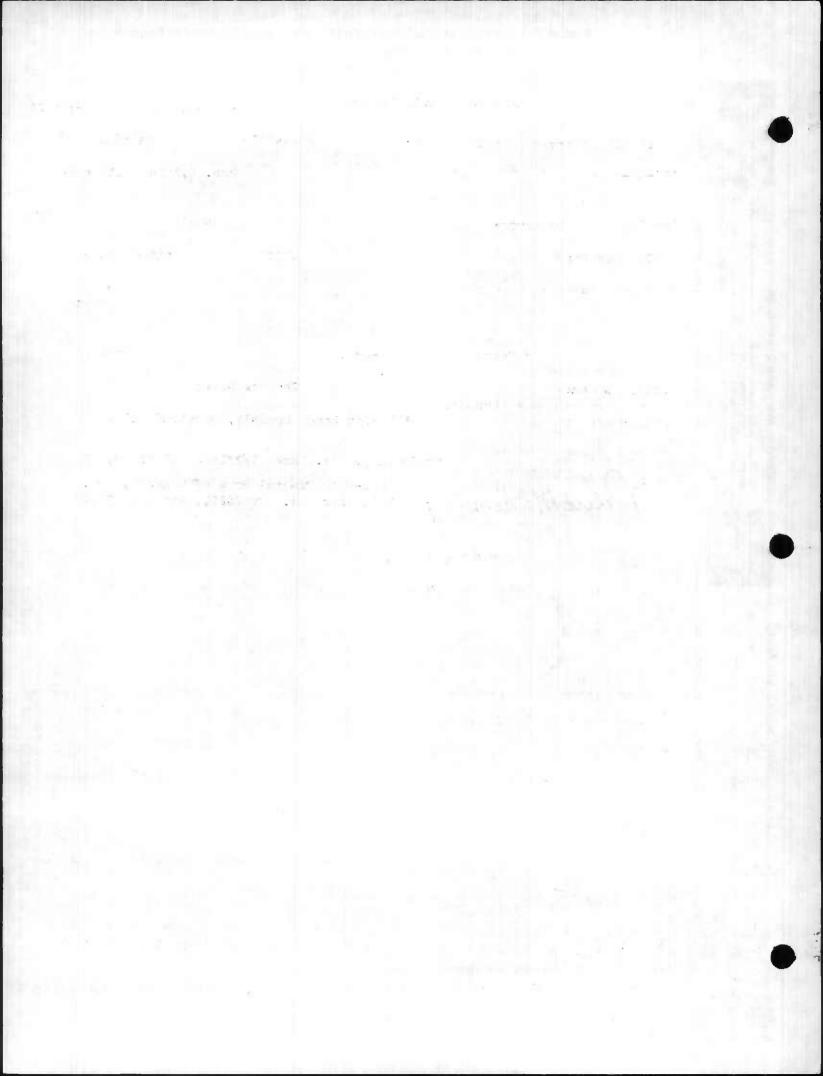


State of Maryland / Department of Health and Mental Hygiene

| 9 | 8 | 2 | 0 | 4 | 2 | 8 |
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|--|---|--|--|--|-------------------|--|--|---|------------------------|---|--|--|--|--|--|--|--|--|
| ian<br>ical  | 1.                                      | Decedent's Name (First, Mi   | ddle, La   |  | larga             | aret M   | yrtle  | Siskey  | 7                      |   |  | 2. Date of Month June  | - 1  | Day<br>.998  | Year   |  | ne of Death  |  |
| iner   | 4a                                      | Facility Name (If not institu  | tion, giv  | e street   | end nu            | mber)  |  |   |                        | 4b. City, Tov   | wn, or Lo  | cation of De   | ath  | 4c. County   | of Death   |  |  |  |
|  |   | Genesis Eld  | erc  | are  | Peri              | ring P   | arkway   |   |                        | Parkv   |  |  |  |  | ltimo  | re   |  |  |
|  |   | Social Security Number 376-20-6684   |  | Sex<br>1□M 2                                       | 2 <b>%</b> F      | 7. Age (In y   | rs. last birthda<br>Yrs.   | y) If Unde<br>Months  | Deys                   |   | 24 Hrs.<br>Min.  | 8. Date of (Month, Jan.                                      | Birth<br>Day, Yea<br>5,1   | 914  | 9. Birthp<br>Cour<br>I11   | olace (St<br>ntry)<br>inoi   | ete or Forei   |  |
|  | $\vdash$                                | suel Residence of Decedent   |  |  |                   | T.,  |  |   |                        |   |  |  |  |  |  |  |  |  |
| -  | 10                                      | la. State 10b. Cou   | nty  |  |                   | 10c.   | City, Town or  | Location  |                        |   |  |  |  |  |  |  | de City Limit<br>Yes ∑⊠N   |  |
| Director   |   | Maryland   | Ba   | ltim   | ore               |  |  |   |                        |   |  | Dun  | dalk   |  |  |  | 162 221  |  |
| D L  | 10                                      | e. Street and Number   |  |  |                   |  |  | 10f. Zij  | o Code                 |   |  |  |  | Citizen of V   |  |  |  |  |
|  |   | 4103 Eder Ro   | ad   |  |                   |  |  |   |                        | 212   |  |  |  | Inited   |  |  |  |  |
| by runeral   |   | . Marital Status  1 □ Never Merrled 2 ☑ N  3 □ Widowed 4 □ Divorce   |  | Ar<br>1  | rmed Fo           | 2√ No<br>ve  | 10,S. 1  | 3. Was Dece If Yes, spe   |                        | Hispanic Original, Mexican, Specify:  | gin? (Spe<br>, Puerto  | ecify Yes or<br>Rican, etc.)                                 | No-  |  | e - Americok, White,   |  |  |  |
|  |   | 15. Deced  |  |  |                   |  | 16a. De  | cedent's Usu  | al Occur               | pation  | -  |  | 16b  | . Kind of Bu   |  |  |  |  |
| -  | _                                       | (Specify only hig  | hest gre   | ede com  | pleted)           |  | (Gi  | ve kind of wo   | ork done<br>ise retire | during most   | of work  | ing  |  |  |  | ,  |  |  |
| Completed  |   | Elementary/Secondary (0-1)   | 2)   |  | ollege (1         | 1-4or 5+)  |  | Teache  |                        |   |  |  |  | Edu  | ıcati  | on   |  |  |
| 5  | 17                                      | '. Father's Name (First, Midd  | fle, Last  |  | 100.              |  |  |   |                        | 18. Mothe   | r's Name   | e (First, Mide   | lle, Maio  | den Suman  | ne)  |  |  |  |
| 000  |   | William: Jan   | nes  |  |                   |  |  |   |                        | The   | eresa  | a Smit   | h  |  |  |  |  |  |
| 0  | 15                                      | 9e. Informant's Name/Relation  |  | Type, P  | nint) H           | usband   | 19b. Me  | iling Addres  | s (Street              | t and Numbe   | r or Run   | al Route Nur   | nber, Cit  | ty or Town,  | State, Zip   | Code)  |  |  |
|  |   | Julius Siske   |  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,            | ,                 |  |  | -   |                        | ad Du   |  |  |  | -  | 21222  |  |  |  |
|  | 20                                      | a. Method of Disposition   |  |  |                   | 206  | . Placa of Dis   | position (Na  | me of                  | ,   | T  | Date   | 20c  | Location -   | City or To   | own, Sta   | te   |  |
|  |   | A □ Donation 5 □ Other   |  |  | el from           | State  | Meadow   | rematory or   |                        |   | 7  | /4/199   | 8 1  | Elkrid   | anf  | MD   |  |  |
|  |   | 4 Donation 5 Dotner  | (Specil  | ry)  |                   |  | Meadow   |   |                        |   |  |  |  |  | -  |  |  |  |
| any injury<br>once.  | 2                                       | Signature of Fundral Sans  | ing I hou  | nane   |                   |  |  | 21. Signature of unavail Service Dunage 22. Name and Address of Facility Duda-Ruck Funeral Home of Dr |                        |   |  |  |  |  |  |  |  |  |
|  | 2                                       | 1. Signature of Funeral Servi  | ice Live   | nsee   | 7/                |  |  | 22. Name a<br>Duda-l  | nd Addre               | Funer   | al I   | Home o   | f Du   | ındall   | k, In  | nc.  |  |  |
|  |   | 1 Tatu   | 4  | 15   | He                | mis  | ia.  | 7922  | Wise                   | Ave.  | Dui  | ndalk,   | Maı  |  |  | 222  |  |  |
|  |   | 3a. Part1. Enter the disease   | L/   | nplication   | ns that ouse on e | caused the deach line.   | ia.  | 7922  | Wise                   | Ave.  | Dui  | ndalk,   | Maı  |  |  | Approx<br>Interva  | l Between  |  |
|  |   | 1 Tatu   | L/   | nplication   | The state on e    | aused the deach line.  | ia.  | 7922  | Wise                   | Ave.  | Dui  | ndalk,   | Maı  |  |  | Approx<br>Interva  | kimate<br>al Between<br>end Deeth  |  |
|  | 2                                       | 3a. Part1. Enter the disease shock, or heert feilure. I  | L/   | nplication<br>one cer                              | use on e          | each line.   | and Do not   | 7922 N  | Wise<br>de of dyi      | Ave.  | Dui<br>cardiac   | ndalk,<br>or respirator                                      | Maı  |  |  | Approx<br>Interva  | Between  |  |
|  | 2<br>In di                              | 3a. Part1. Enter the disease shock, or heert feilure. I  | L/   | nplication<br>one cer                              | use on e          | each line.   | ia.  | 7922 Tenter the mo  | Wise<br>de of dyi      | Ave.  | Dui<br>cardiac   | ndalk,<br>or respirator                                      | Maı  |  |  | Approx<br>Interva  | Between  |  |
| 101  | 2<br>In di                              | 3a. Part1. Enter the disease shock, or heer feilure. I   | L/   | nplication<br>one cer                              | use on e          | Due to   | SEO Y A  | 7922 Tenter the mo  | Wise<br>de of dyi      | Ave.  | Dui<br>cardiac   | ndalk,<br>or respirator                                      | Maı  |  |  | Approx<br>Interva  | l Between  |  |
|  | In di                                   | 3a. Part1. Enter the disease shock, or heer feilure. I mmediate Cause (Final isease or condition soulting in death)  | L/   | nplication<br>one cer                              | use on e          | Due to   | Seo y A  | 7922 Tenter the mo  | Wise de of dyi         | Ave.  | Dui<br>cardiac   | ndalk,<br>or respirator                                      | Maı  |  |  | Approx<br>Interva  | Between  |  |
| CABILITE   | In di re                                | 3a. Part1. Enter the disease shock, or heer feilure. I mmediate Cause (Final isease or condition soulting in death)  | L/   | nplication<br>one cer                              | use on e          | Due to   | SRO Y A o (or as e con:  | 7922 Tenter the mo  | Wise de of dyi         | Ave.  | Dui<br>cardiac   | ndalk,<br>or respirator                                      | Maı  |  |  | Approx<br>Interva  | Between  |  |
| icai Examiner  | In di re                                | 3a. Part1. Enter the disease shock, or heer feilure. I mediate Cause (Final isease or condition souting in death)  equentially list conditions, any, leading to immediate ause. Enter Underlying euse (Disease or injury lat initiated events  | L/   | nplication<br>one cer                              | use on e          | Due to   | SRO Y A o (or as e con:  | 7922 To anter the mo  | Mise<br>de of dyi      | Ave.  | Dui<br>cardiac   | ndalk,<br>or respirator                                      | Maı  |  |  | Approx<br>Interva  | Between  |  |
| edicai   | In di re                                | 3a. Part1. Enter the disease shock, or heer feilure. I mmediate Cause (Final isease or condition soulting in death)  | L/   | nplication<br>one cer                              | use on e          | Due to   | DO Y A O (or as a const  | 7922 To anter the mo  | Mise<br>de of dyi      | Ave.  | Dui<br>cardiac   | ndalk,<br>or respirator                                      | Maı  |  |  | Approx<br>Interva  | Between  |  |
| /Medicai   | Indidices Sift care Chare               | 3a. Part1. Enter the disease shock, or heer feilure. I mediate Cause (Final isease or condition souting in death)  equentially list conditions, any, leading to immediate ause. Enter Underlying euse (Disease or injury lat initiated events  | L/   | nplication<br>one cer                              | use on e          | Due to   | DO Y A O (or as a const  | 7922 To anter the mo  | Mise<br>de of dyi      | Ave.  | Dui<br>cardiac   | ndalk,<br>or respirator                                      | Maı  |  |  | Approx<br>Interva  | Between  |  |
| /Medical   | Indidices Sift care Chare               | 3a. Part1. Enter the disease shock, or heert feilure. I immediate Cause (Final isease or condition soutting in death)  equentially list conditions, any, leading to immediate ause. Enter Underlying euse (Diseases or injury at initiated events soutting in death) Last  | or combined only   | a b c  | CF                | Due to   | SPO Y A O (or as a const o (or as a const o (or as a const   | 7922 Tenter the mo  | Wise do of dyi         | Ave.  | Dun<br>cardiac   | ndalk,   | , Mai  | cyland   | 3 21   | Approximately and a conset   | il Between<br>end Deeth  |  |
| Medical  | Indidices Sift care Chare               | 3a. Part1. Enter the disease shock, or heert feilure. I mediate Cause (Final isease or condition soulting in death)  equentially list conditions, any, leading to immediate ause. Enter Underlying outself the conditions of the con | fittions of  | a b d  | CF                | Due to   | SPO Y A O (or as a const o (or as a const o (or as a const   | 7922 Tenter the mo  | Wise do of dyi         | Ave.  | Dun<br>cardiac   | ndalk, por respirator  | , Mai  | cyland   | 3 21   | Approximately Approximately Onset  | use of deat  |  |
| /Medicai   | Indidices Sift care Chare               | 3a. Part1. Enter the disease shock, or heert feilure. I immediate Cause (Final isease or condition soutting in death)  equentially list conditions, any, leading to immediate ause. Enter Underlying euse (Diseases or injury at initiated events soutting in death) Last  | fittions of  | a b d  | CF                | Due to   | SPO Y A O (or as a const o (or as a const o (or as a const   | 7922 Tenter the mo  | Wise do of dyi         | Ave.  | Dun<br>cardiac   | ndalk, por respirator  | , Mai  | cyland   | a 21   | Approximately Approximately Onset  | use of deat  |  |
| /Medicai   | Indidices Sift care Chare               | 3a. Part1. Enter the disease shock, or heert feilure. I mediate Cause (Final isease or condition soulting in death)  equentially list conditions, any, leading to immediate ause. Enter Underlying outself the conditions of the con | fittions of  | a b d  | CF                | Due to   | SPO Y A O (or as a const o (or as a const o (or as a const   | 7922 Tenter the mo  | Wise do of dyi         | Ave.  | Dun<br>cardiac   | 23b. D   | , Mai  | cyland<br>ccouse co<br>2□No  | a 21   | Approximately a contract of the capability of th | use of deat 4 Unkno  |  |
| /Medical   | Indidices Sift care Chare               | 3a. Part1. Enter the disease shock, or heert feilure. I mediate Cause (Final isease or condition soulting in death)  equentially list conditions, any, leading to immediate ause. Enter Underlying outself the conditions of the con | fittions of  | a b d  | CF                | Due to   | SPO Y A O (or as a const o (or as a const o (or as a const   | 7922 Tenter the mo  | Wise do of dyi         | Ave.  | Dun<br>cardiac   | 23b. D   | , Mai<br>, arrest,<br>, arrest,<br>, arrest,   | cyland<br>ccouse co<br>2□No  | ntribute t   | Approximately a control of the categories of the | use of dead  |  |
| medical  | Indidices Sift care Chare               | 3a. Part1. Enter the disease shock, or heert feilure. I inmediate Cause (Final isease or condition soulting in death)  equentially list conditions, any, leading to immediate ause. Enter Underlying euse (Diseases or injury lat initiated events issulting in death) Last  Art II. Other eignificant conditions.   | Ittions of Park  | a b d  | ing to do         | Due to   | SRO Y A O (or as a const   | 7922 Tenter the mo  | Wise do of dyi         | Ave.  | Dun<br>cardiac   | 23b. D   | Mai<br>v arrest,<br>v | cco use coc<br>2 No  | ntribute t 3/2 Pro   | Approximately a control of the cauto valiable pompletion death?  | use of dea<br>4 Unknowppy finding<br>prior to<br>n of cause  |  |
| Completed by Physician/Medical                             | Indid re                                | 3a. Part1. Enter the disease shock, or heert feilure. It is a seed or condition southing in death)  equentially list conditions, any, leading to immediate ause. Enter Underlying euse (Disease or Injury at Initiated events southing in death) Last  art II. Other eignificant conditions, and II. Other eignificant conditions.   | Sittions of Participations of  | a b d  | ing to do         | Due to   | SRO Y A O (or as a const   | 7922 Tenter the mo  | Wise do of dyi         | PAVE.   | Dur<br>cardiac   | 23b. D<br>1<br>24a. W  | Mairest, arrest, Yes  Yes  | cyland<br>ccouse co<br>2□No  | ntribute t 3/2 Pro   | Approximately a control of the cauto valiable pompletion death?  | use of deat  Unknownsy finding   |  |
| be completed by Physician/Medical                          | Indid re                                | 3a. Part1. Enter the disease shock, or heert feilure. I inmediate Cause (Final isease or condition soutting in death)  equentially list conditions, any, leading to immediate ause. Enter Underlying euse (Disease or injury lat initiated events injury lat initiated events southing in death) Last  | Sittions of Parties of | b  d   | ing to do         | Due to   | SROYA O (or as a const   | anter the mo  | Wise de of dyi         | ing, such as ing, | Dur<br>cardiac o   | 23b. D 1 24a. W pk   | Mairest, arrest, Yes es an aerformed Yes   | cyland cyland cyland locouse co  | a 21   | Approximately and the capability of the capability of the capability of death?   | use of dea<br>4 Unknowppy finding<br>prior to<br>n of cause  |  |
| To Be Completed by Physician/Medical                       | Inndidicate Shift care Countries Per 25 | 3a. Part1. Enter the disease shock, or heert feilure. I inmediate Cause (Final isease or condition southing in death)  equentially list conditions, any, leading to immediate ause. Enter Underlying euse (Disease or injury lat initiated events issulting in death) Last  At II. Other eignificant conditions, and II. Other eignificant conditions are in the conditions of the c | Sittions of Parties of | a b c d Hospit                                     | ing to do         | Due to  Due to  Due to   | SROYA O (or as a const   | anter the mo  | Wise de of dyi         | ing, such as ing, | Dur<br>cardiac o   | 23b. D  1  24a. W  ph  1  h (Check on one 5   Re             | Mairest, arrest, Yas es an ainformed Yes Yes yone)   | cyland cyland cyland locute cor 2 No utopsy 2 No   | antribute t 3//LPro  | Approximately and the capability of the capability of the capability of death?   | use of dear  United Death  United Death  United Death  |  |
| To be completed by Physician/Medical                       | Inndidicate Shift care Countries Per 25 | 3a. Part1. Enter the disease shock, or heert feilure. I mediate Cause (Final isease or condition equentially list conditions, any, leading to immediate ause. Enter Underlying euse (Disease or injury at initiated events issulting In death) Last  | Sittions of English Policies   | a b c d contribut Hospit                           | ing to do         | Due to  Due to  Due to   | PT PT O (or as a construction of the construct | 7922 Tenter the mo  | Wise de of dyi         | ing, such as ing, | Duncardiac of As   | 23b. D 1 24a. W pk   | Mairest, arrest, Yas es an ainformed Yes Yes yone)   | cyland cyland cyland locute cor 2 No utopsy 2 No   | antribute t 3//LPro  | Approximately and the capability of the capability of the capability of death?   | use of death  use of death  use of death  use of death   |  |
| to be completed by Physician Medical                       | Inndidicate Shift care Countries Per 25 | 3a. Part1. Enter the disease shock, or heert feilure. I mediate Cause (Final isease or condition equentially list conditions, any, leading to immediate ause. Enter Underlying euse (Diseases or injury at initiated events issulting In death) Last  art II. Other elgnificant conditions art II. Other elgnificant conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditio | Ittions of Parising Inding astigation  | a b c d contribut                                  | ing to do         | Due to  Due to  Due to  Due to  Due to  Due to  Due to  Inpatient 2  of Injury Year,   | PT PT O not of or as a constructing in the state of the s | anter the mo  | Mise de of dyi         | ing, such as ing, | Dun cardiac of As  | 23b. D  24a. W  24a. W  24a. W  24a. W  24a. W  28d. Descrit | y arrest,  y arrest,  Yss  es an autormed  Yes  y one)  esidence  he how in  | cco use co<br>2 No<br>utopsy<br>2 No   | antribute t  3 24b. We expect of   | Approximately and the calculation of the calculation of death?   | use of death  use of death  use of death  use of death   |  |
| To be completed by Physician/Medical                       | Inndidicate Shift care Countries Per 25 | 3a. Part. Enter the disease shock, or heert feilure. I mediate Cause (Final isease or condition sulting in death)  equentially list conditions, any, leading to immediate ause. Enter Underlying euse (Disease or injury leading to immediate ause. (Pisease or injury leading to immediate ause.) (Disease or injury leading in death) Last  art II. Other eignificant conditions.  ALL ALL INTERIOR OF THE I | Ittions of Parising Inding astigation  | b  d  Hospit  28-  De Contribut                    | ing to do         | Due to  Due to  Due to  Due to  Due to  Due to  Due to  Inpatient 2  of Injury Year,   | Coras a consideration of the constant of the c | anter the mo  | Mise de of dyi         | ing, such as ing, | Dun cardiac of As  | 23b. D  1  24a. W  ph  11  h (Check on me 5 R  28d. Descrit  | y arrest,  y arrest,  Yss  es an autormed  Yes  y one)  esidence  be how i   | cyland  cyland  cyland  2 No  2 No  2 No  2 No  4 and Numbt  | antribute t  3 24b. We expect of   | Approximately and the calculation of the calculation of death?   | use of dear  4 Unknows finding prior to not cause  |  |
| certification: To be completed by Physician/Medical        | Inndidicate Shift care Countries Per 25 | 3a. Part1. Enter the disease shock, or heert feilure. I inmediate Cause (Final isease or condition soutting in death)  equentially list conditions, any, leading to immediate ause. Enter Underlying euse (Diseases or injury at initiated events soutting in death) Last  art II. Other elgnificant conditions are used (Disease or injury at initiated events southing in death) Last  art III. Other elgnificant conditions are used (Disease or injury at initiated events)  All II. Other elgnificant conditions are used to the conditions are u | dittions of Particular Inding sestigetional Inding   | b  d  Hospit  28-  De Contribut                    | ing to do         | Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to   | Coras a consideration of the constant of the c | anter the mo  | Mise de of dyi         | ing, such as ing, | Dun cardiac of As  | 23b. D  1  24a. W  ph  11  h (Check on me 5 R  28d. Descrit  | Mairest, Arrest,   | cyland  cyland  cyland  2 No  2 No  2 No  2 No  4 and Numbt  | antribute t  3 24b. We expect of   | Approximately and the calculation of the calculation of death?   | use of dear  4 Unknows finding prior to not cause  |  |
| Certification: To Be Completed by Physician/Medical        | Indicate Per 25                         | 3a. Part1. Enter the disease shock, or heert feilure. I mediate Cause (Final isease or condition equentially list conditions, any, leading to immediate ause. Enter Underlying use (Disease or injury at initiated events suiting in death) Last  Art II. Other eignificant conditions are in the conditions of the conditions | dittions of Parising Phi | a  b  c  d  Hospit  Hospit  28-  hysician miner: C | ing to do         | Due to | Coras a consideration of the constant of the c | anter the mo  | Mise de of dyi         | ing, such as ing, | Duncardiac cardiac b. D  24a. W  24a. W  28d. Descrit  28f. Locatio City or   | Id tobace  Yes es an authormed  Yes yone) esidence how in (Stree Town, S   | cyland cy | ntribute t  3 2 Pro  24b. We except of the control  | Approximately and the care of  | use of deat  Use of deat  Use of deat  Use of deat  Unknown oppy finding prior to n of cause  2 No |  |
| edical Certification: To Be Completed by Physician/Medical | Indidicate Shift care Countries Per 25  | 3a. Part1. Enter the disease shock, or heert feilure. I mediate Cause (Final isease or condition equentially list conditions, any, leading to immediate ause. Enter Underlying euse (Diseases or injury at initiated events is suffigered to the conditions of the condi | dittions of Parising Processing P | a  b  c  d  Hospit  Hospit  28-  hysician miner: C | ing to do         | Due to | o (or as a construction of the construction of | anter the mo  | Mise de of dyi         | ing, such as ing, | Duncardiac cardiac b. D  24a. W  24a. W  28d. Descrit  28f. Locatio City or   | Mairest,  arrest,  arrest,  arrest,  arrest,  Yes  es an arreformed  Yes  yes an arreformed  (Street Town, S   | cyland cy | ntribute t 37) Pro  24b. We expected the control of | Approximately and the call and  | use of deat  4 Unkno  psy findings  prior to n of cause  2 No  Number,  use(s)                     |  |
| edicai   | Indidicate Shift care Countries Per 25  | 3a. Part1. Enter the disease shock, or heert feilure. I mediate Cause (Final isease or condition equentially list conditions, any, leading to immediate ause. Enter Underlying euse (Disease or injury at initiated events issulting in death) Last  art II. Other elgnificant conditions art II. Other elgnificant conditions art II. Other elgnificant conditions are conditions art II. Other elgnificant conditions are conditions are conditions are conditionally art II. Other elgnificant conditions are conditionally art II. Other elgnificant conditions are conditionally art II. Other elgnificant conditions are conditionally art II. Other elgnificant conditions are conditionally art II. Other elgnificant conditions are conditionally art II. Other elgnificant conditions are conditionally  | dittions of Parising Processing P | a  b  c  d  Hospit  Hospit  28-  hysician miner: C | ing to do         | Due to | o (or as a construction of the construction of | anter the mo  | Mise de of dyi         | ing, such as ing, | Duncardiac cardiac b. D  24a. W  24a. W  28d. Descrit  28f. Locatio City or   | Mairest,  arrest,  arrest,  arrest,  arrest,  Yes  es an arreformed  Yes  yes an arreformed  (Street Town, S   | cco use con 2 No utopsy 17 2 No e 6 Oth nijury occur trate)  | ntribute t 37) Pro  24b. We expected the control of | Approximately and the call and  | use of deat  4 Unknown or to to to to to to to to to to to to to                                   |  |

State Registrar



**GEORGE** 

| te of Maryland / Department of Health and Mental Hygiene | -20 | 2042 |
|--|-----|------|
| Cartificate of Dooth                                     |     |      |

| SCI   | HRENKER   | SR.   |  |                             | Cer                 | tificate   | of           | Death                                  |                      | F  | Reg. No | 0.   |  |
|---|---|---|--|-----------------------------|---------------------|--|--------------|--|----------------------|--|---------|--|--|
|   | Physician<br>/Medical   | 1. Decedent's Name (First, Mi<br>George Thom  | iddie, Last)<br>nas Schrenke                               | r, Sr.                      |                     |  |              |  |                      | 2. Date of Dea<br>Month<br>JUNE            | _       | 0,1998                                       | 3. Time of Death 7:08P.M.                          |
| <b>3</b>  | Examiner  | 4a Facility Nama (If not Institu<br>611 S.PORT ST   | ition, give street and num                                 |                             |                     |  | 4            | BALT                                   |                      | ocation of Death                           | 40      | County of Dee<br>N/A                         | th   |
|   | Funeral<br>Director   | 5. Sociel Security Number 212–46–6839   | 6. Sex<br>XXM 2□ F   | 7. Age (In yrs. last<br>50  | birthday) _<br>Yrs. | If Under   | Year<br>Days | If Under<br>Hours                      | 24 Hrs.<br>Min.      | 8. Date of Birth<br>(Month, Day<br>09/03/1 | y Year  |  | thplace (State or Foreign buntry) yland            |
| Marylend  | fred at   | Usual Residence of Decedent 10a. State 10b. Cou Maryland  |  | 10c. City, To<br>Bal        | own or Loc          |  | Ī            |  |                      |  |         |  | 10d. Inside City Limits  MYes 2 □ No               |
| th with the   | ritems 23a or 28a-fe<br>ingerment be notified<br>Funeral Director   | 10e. Street and Number<br>611 S. Port   | Street   |                             |                     | 10f. Zip (                                       |              |  |                      | 77 - 11                                    | 10g. C  | itizen of What Co                            | ountry?  |
| aryland 21215-0020<br>should be filed within 72 hours after deeth with the Marxlend | ral", or items 23a or 28a-f show<br>Example: must be notified at<br>1 by Funeral Director                                     | 11. Maritel Status  1 Never Married 2 N 3 Widowed Divorce   | Armed Fore   | 2 □ No                      | lf.                 | Vas Decede<br>Yes, speci<br>☐ Yes 2              | fy Cube      | ispanic Ori<br>on, Mexican<br>Specify: | gin? (Sp<br>, Puerto | ecify Yes or No-<br>Ricen, etc.)           |         | 14. Race - Ame<br>Black, Whit<br>Specify: Wh | te, etc.   |
| altimore, Maryland 21215-0020   | th and Mantal Hygiene. 7 is marked other than "natural", or traumatic event, the Medical Exerciteration. To Be Completed by F | 15. Dece<br>(Specify only hig<br>Elemantary/Secondary (0-1:<br>12th   | dent's Education<br>phest grade completed)  2) College (1- |                             | (Giva I<br>life. D  | ant's Usual<br>cind of work<br>ONOT use<br>OOTET | done o       | during most                            | t of work            | ing  |         | Kind of Business                             |  |
| rland 2   | hental Hyginked other<br>tic event, I   | 17. Father's Nama (First, Midd<br>Benjamin Jose   |  | er                          |                     |  |              |  |                      | e (First, Middle,<br>e Bell I              |         |  |  |
| , Mary  | o de la   | 19a. informant's Name/Relation  |  |                             |                     |  |              |  |                      |  |         | or Town, State,<br>yland 21                  |  |
| imore<br>Peoes 1  | Tag   | 20a. Method of Disposition  1 □ Burial 2 □ Cremative  4 □ Donation 5 □ Other                                | on 3 Removal from S  |                             | etery, crem         | ition (Name<br>latory or of<br>Cemet             | her plac     | e)                                     | 7                    | Date /3/98 ]                               |         | cocation - City or timore,                   | Town, State Maryland                               |
| Balti   | Department of important: If I any injury or pace.   | 21. Signature of Funeral Serv   | 1120   | he                          | Da                  | avid   | J. V         |  | Fun                  | eral Hor                                   |         | more, Ma                                     | aryland 2123                                       |
|   | hysician  | 23a. Part1. Entar tha disaase<br>shock, or heert failure.   |  |                             | o not ente          | r the mode                                       | of dyln      | g, such es                             | cardiac              | or respiratory er                          | rest,   |  | Approximate<br>Intarval Batwean<br>Onsat and Death |
|   | /Medical<br>xaminer   | Immediate Cause (Final disease or condition rasulting in daath)   | a. Ather   | osclerotic<br>Dua to (or as | (a)                 | de av  | asc          | ular                                   | De                   | seare                                      |         |  | 1<br>1<br>1  |
| 0   | ouns-transit  | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaasa or injury | b  | Due to (or as               | a consequ           | uence of):                                       |              |  |                      |  |         |  |  |
| ox 687  | ding physical is a set the but  | that initiated events<br>resulting in death) Lest   | d  | Due to (or as               | a consequ           | uence of):                                       |              |  |                      |  |         |  |  |

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. Obesity

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No

24e. Was an autopsy performed?

24b. Were autopsy findings available prior to complation of ceusa of daath?

2 NNo 1 Yes

28d. Describe how injury occurred

1 ☐ Yes 2 ☐ No

26. Placa of Death (Check only ona) Other: 4 ☐ Nursing Home 5XX esidence 6 ☐ Other (Specify)

|  | Was cese<br>examiner? | to | medice |
|--|-----------------------|----|--------|
|  | 1⊠ Yes                |    |        |

27. Mannar of Death 5 Pending Investigation Naturat

6 Could not ba determined

28a. Data of Injury (Month, Day Year)

28c. Injury et Work? 28b. Time of 1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

2 Accident

3 Suicide

4 - Homicide

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Madical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred at tha time, data and place, and due to the cause(s) and manner stated.

29b. Signeture and title of certifier

29c. License number O.C.M.E.

29d. Data signed (Month, Day, Year) JULY 1,1998

wens 30. Nama and addrass of person who to impleted cause of death (Item 23a) (Typa, Print)

M Jennis 31. Data tilad (Month, Day, Yaar)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

Physicia

Completed by

Be (

2

Certification:

Medicai

signed by the e

page 2

certificate

this

24 hours after death.

within 2 To the I

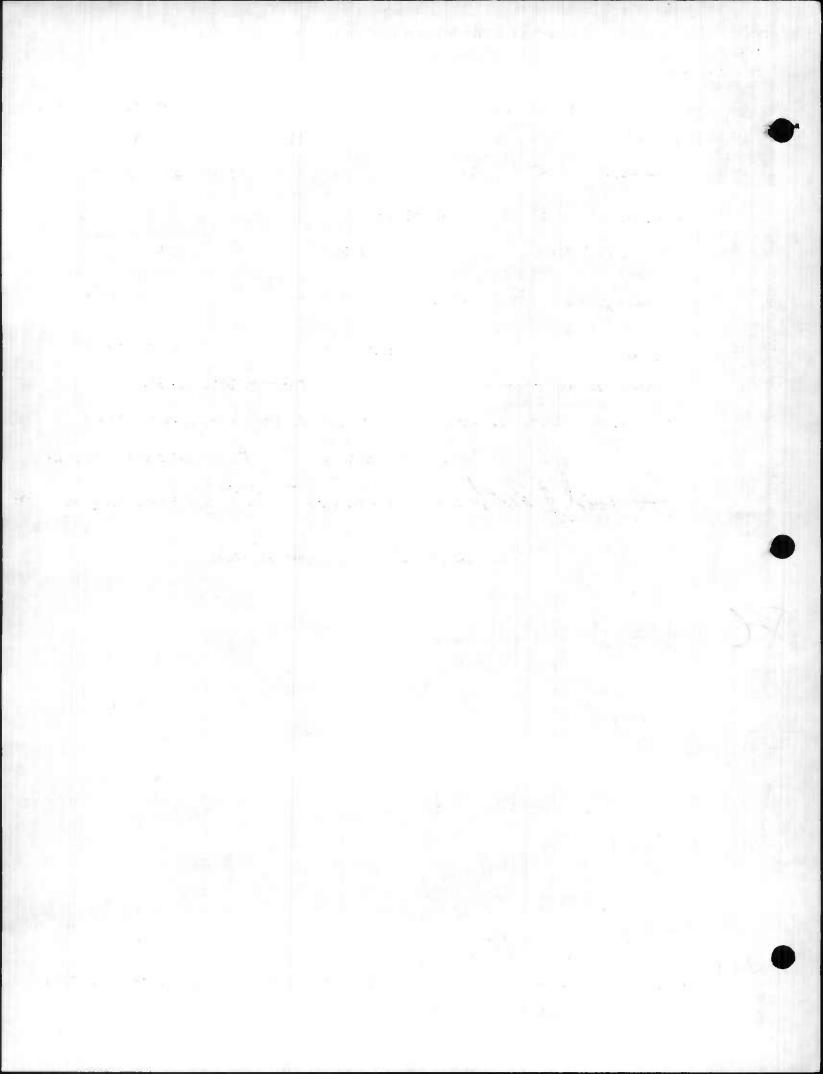
completely filled in by

To the Hospital or Attending Physician:

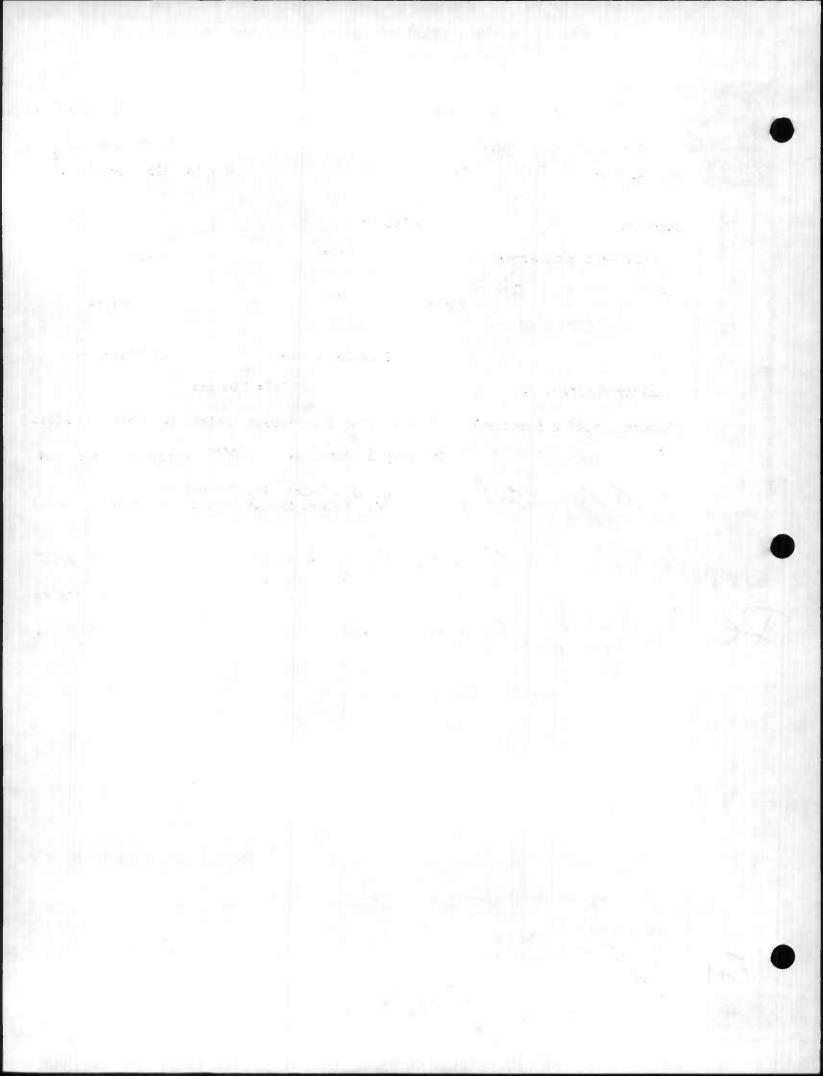
1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Division of Vital Records, P.O. Bo



| S. Spools Socurity Number   G. Sex   T. Age (in yrs. lest brinday)   If Under 1 Year   It Under 2 His.   a Date of Birth   Security 1   102. State   C. County   T. Age (in yrs. lest brinday)   If Under 1 Year   It Under 2 His.   a Date of Birth   Year   1 Under 2 His.   a Date of Birth   Year   1 Under 2 His.   a Date of Birth   Year   1 Under 2 His.   a Date of Birth   Year   1 Under 2 His.   a Date of Birth   Year   1 Under 2 His.   a Date of Birth   Year   1 Under 2 His.   a Date of Birth   Year   1 Under 2 His.   a Date of Birth   Year   1 Under 2 His.   a Date of Birth   Year   1 Under 2 His.   a Date of Birth   Year   1 Under 2 His.   a Date of Birth   Year   1 Under 2 His.   a Date of Birth   Year   1 Under 2 His.   a Date of Birth   Year   1 Under 2 His.   a Date of Birth   Year   1 Under 2 His.   a Date of Birth   Year   1 Under 2 His.   A Date of Birth   Year   1 Under 2 His.   A Date of Birth   Year   1 Under 2 His.   A Date of Birth   Year   2 Under 2 His.   A Date of Birth   Year   2 Under 2    | 1. Decedent's Name   | (First, Middle, Las   | it)                                    |  | Certific                               | ale UI                                | Dealli                            | 2. Dete of De        |                     |                                | Time of Deeth                |  |
|--|--|---|--|--|--|---------------------------------------|-----------------------------------|----------------------|---------------------|--------------------------------|------------------------------|--|
| Sequentiary funder    Security funder   Abell  |  | - 7   | She                                    | ller   |  |                                       |                                   | Month /              | Day<br>25           | Year                           | 16 30 AM                     |  |
| S. Sould Securely Number  8. Sould Securely Number  9. Sould Securely  | An English Mann ///  | not institution, give   |  | L FC)  |  |                                       | 4b. City, Town, or Lo             | ocation of Deat      | h 4c. County        |                                |                              |  |
| S. Soud Security Number  15. Sec.  15. 1. App. 8807  Data Flexible Code  15. 1. App. 8807  Data Flexible Code  15. 1. App. 8807  Data Flexible Code  15. Cod |  | nove VA   | 1 /bsoile                              | /  |  |                                       | Beltin                            | ore.                 | Bell.               | more o                         | Crb.                         |  |
| Top   State   Top   To   |  | ımber 6. Se   |  |  | Mont                                   |                                       | If Under 24 Hrs.                  | 8. Dete of Bi        |                     | 9. Birthplace                  | (State or Foreig             |  |
| State   10c. County   10c. City, Town or Location   10c. City, Town or Location   10c. Struct   10c. Struct and Number   10c. Struct and Number   1114 West 36th Street   112. West December Struct   112. West December Struct   113. West December of Hispanic Origin? (Specify Year or No. 113. West December (Year Origin) West Origin. (Specify Year or No. 113. West December (Year Origin) West Origin. (Specify Year or No. 113. West December (Year Origin) West Origin. (Specify Year or No. 113. West December (Year Origin) West Origin. (West Origin) West Origin. (Specify Year origin) West Origin. (Year Origin) West Origin. (Year Origin) West Origin. (Year Origin) West Origin. (Year Origin) West Origin. (Year Origin) West Origin. (Year Origin) West Origin. (Year Origin) West Origin. (Year Origin) West Origin. (Year Origin) West Origin. (Year    | 215-28-880   | 215-28-8807 XXM 2DF 03 Yrs.   |  |  |  |                                       |                                   | May 1                | 5, 1933             | Maryl                          | anď                          |  |
| Maryland N/A Baltimore  100. Stress and Number  111. West Decoded of Hispanic Origin? (Specify Yes or No- 111. Maria Status  112. West Decoded of Hispanic Origin? (Specify Yes or No- 112. In Maria Status  113. West Decoded of Hispanic Origin? (Specify Yes or No- 114. Recar American Indi 114. Pace 3. The Specify Clean, Headout, Healton |  |   |  |  |  |                                       |                                   |                      |                     | 10d II                         | nside City Limits            |  |
| The property of the property o |  |   |  |  |  |                                       |                                   |                      |                     |                                | √Yes 2□No                    |  |
| 1114 West 36th Street  12. Was Decaded Four in U.S. 13. Was Decaded of Hisperic Origin? (Specify Vasio of No- If Yes, specify Cuban, Maccan, Pusho Rican, etc.) 12. Was Decaded and Decade of Hisperic Origin? (Specify Vasio of No- If Yes, specify Cuban, Maccan, Pusho Rican, etc.) 13. Was Decaded of Hisperic Origin? (Specify Vasio of No- If Yes, specify Cuban, Maccan, Pusho Rican, etc.) 14. Raca - American Ind Black, White, etc. 15. Decaded responsible of the Company of No- If Yes, specify Cuban, Maccan, Pusho Rican, etc.) 15. Decaded responsible of Maccan Individual Coupling (Give bind of a work down during met of working) (Give bind of a work down during met of worki | Maryland   |   |  | 1  |  |                                       |                                   |                      | 10a Citizen of V    |                                | AA                           |  |
| 1. Morter Status   12   Was Deceded of Hisperic Copy of (Specify) Yes or No   14. Rear American hold   15   Morter Married   25      |  |   |  |  |  |                                       |                                   |                      |                     |                                |                              |  |
| 1   December   Education   Specify   White   Specify   Specify   Specify   White   Specify   Specify   Specify   White   Specify   Specify   Specify   Specify   White   Specify   Speci   | 1114 We  | est John  |  | ver in U.S.  | 13. Was De                             |                                       |                                   | ecify Yes or N       |                     |                                | dian,                        |  |
| 1   Specify   Specify   Specify   Specify   Specify   Specify   Specify   Specify   Specify   Specify   Specify   Specify   White   150. Decedent's Education   150. Decedent's Education   150. Decedent's Usual Conception   150. Kind of Business/Industry   150. Kind of Business/Industry   150. Specify      | 1K Never Merried   | d 2 Married   | 1X Yes 2 N                             | 0  |  |                                       | an, Mexican, Puerto               | Rican, etc.)         | Blac                | ck, White, etc.                |                              |  |
| 16. Deceder's Education   16a. Deceder's Usual Cocupation   16b. Kind of Business Industry (fire bird of york for the prize and completed)   16b. More than 16b. Kind of Business Industry (fire bird of york for during most of working fire bird North's sentent)   17. Father's Name (First, Middle, Last)   17. Father's Name (First, Middle, Last)   17. Father's Name (First, Middle, Last)   17. Father's Name (First, Middle, Last)   17. Father's Name (First, Middle, Maidlen Summen)   18b. Mailing Address (Street and Number or Plust Route Number, City or Town, State, Ze Code)   1114   West 36th Street, Baltimore, Maryland   18b. Mailing Address (Street and Number or Plust Route Number, City or Town, State, Ze Code)   1114   West 36th Street, Baltimore, Maryland   18b. Mailing Address (Street and Number or Plust Route Number, City or Town, State, Ze Code)   1114   West 36th Street, Baltimore, Maryland   18b. Mailing Address (Street and Number or Plust Route Number, City or Town, State, Ze Code)   1114   West 36th Street, Baltimore, Maryland   18b. Mailing Address (Street and Number or Plust Route Number, City or Town, State, Ze Code)   1114   West 36th Street, Baltimore, Maryland   18b. Mailing Address (Street and Number or Plust Route Number, City or Town, State, Ze Code)   1114   West 36th Street, Baltimore, Maryland   18b. Mailing Address (Street and Number or Plust Route Number, City or Town, State, Ze Code)   1114   West 36th Street, Baltimore, Maryland   18b. Mailing Address (Street and Number or Plust Route Number, City or Town, State, Ze Number of Orders (Street Andrews)   18b. Mailing Address (Street and Number or Plust Route Number, City or Town, State, Ze Number of Orders (Street Andrews)   18b. Mailing Address (Street Andrews)   18b. Mailing Address (Street Andrews)   18b. Mailing Address (Street Andrews)   18b. Mailing Address (Street Andrews)   18b. Mailing Address (Street Andrews)   18b. Mailing Address (Street Andrews)   18b. Mailing Address (Street Andrews)   18b. Mailing Address (Street Andrews)   18   |  |   | If Yes, Give                           |  | 1□ Ye                                  | s 21 No                               | Specify:                          |                      | Specify             | White                          |                              |  |
| Walter Shaffer, Sr.   19b. Maling Address (Street and Number or Pural Route Number, City or Town, State, Zp Code)   114 West 36th Street, Baltimore, Maryland   120 Amend of Disposition   120 Amend of Disposition   120 Amend of Disposition   120 Amend of Disposition   120 Amend of Disposition   120 Amend of Disposition   120 Amend of Disposition   120 Amend of Disposition   120 Amend of Disposition   120 Amend of Disposition   120 Amend of Disposition   120 Amend of Disposition   120 Amend of Disposition   120 Amend of Disposition   120 Amend   120 Am   |  | 15. Decedent's Edu  | ucation                                | 1  | 6a. Decedent's U                       | Jsual Occup                           | pation                            |                      |                     |                                | 1                            |  |
| Walter Shaffer, Sr.   19b. Maling Address (Street and Number or Pural Route Number, City or Town, State, Zp Code)   114 West 36th Street, Baltimore, Maryland   19b. Maling Address (Street and Number or Pural Route Number, City or Town, State, Zp Code)   114 West 36th Street, Baltimore, Maryland   20b. Memor of Disposition   20b Internal Smite Labrage   20c Location - City or Town, State, Zp Code)   114 West 36th Street, Baltimore, Maryland   20b Internal Smite Labrage   20c Location - City or Town, State, Zp Code)   114 West 36th Street, Baltimore, Maryland   20c Location - City or Town, State, Zp Code)   21. Signature of Disposition   21. Signature of Disposition   22. Name and Address of Facility   22. Name and Address of Facility   22. Name and Address of Facility   23. A. Alan Seitz, Jr.   25. A. Alan Seitz, Jr.   25. A. Alan Seitz, Jr.   25. A. Alan Seitz, Jr.   25. Maryland   25. Participation of Participation   25. A. Alan Seitz, Jr.   25. Maryland   25. A. Alan Seitz, Jr.   25. Maryland   | Fiementary/Second  | , , ,   |  | +)   | life. DO NO                            | Tuse retire                           | d) most or work                   | ing                  |                     |                                |                              |  |
| Walter Shaffer, Sr.   19b. Maling Address (Street and Number or Pural Route Number; Mode, Last)  | 7  | 55.) (5 12)   |  |  | Clot                                   | hing                                  | Cutter                            |                      | Glen Ea             | agle, I                        | nc.                          |  |
| Walter Shaffer, Sr.  Walter Shaffer, Sr.  Walter Shaffer (Brother)  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Clarence Shaffer (Brother)  20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  A Battimore, Maryland  20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1114 West 36th Street, Baltimore, Maryland  20b. Place of Disposition (Nume of Code and Address of Facility  A Alan Seitz, Jr. Funeral Home  3818 Roland Avenue, Baltimore, Maryland  22a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  Apprinted of the Code of Code (Pinal dease or condition)  The Code of Code of Code (Pinal dease or conditions)  Bequentially list conditions, and the Code of Code of Code of Code (Pinal dease or condition)  Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  25. Was case referred to medical examiner?  26. Place of Death (Check only one)  27. Memore of Obeth  18. Maryl significant conditions contributing to death but not resulting in the underlying cause given in Part I.  26. Place of Death (Check only one)  27. Memore of Obeth  18. Maryl significant conditions contributing to death but not resulting in the underlying cause given in Part I.  27. Memore of Obeth  28. Describe how injury occurred injury. At home, farm, street, factory, office  29. Certifier (Province of Number or Rural Routh Conditions)  29. Signeture and title of certifier  29. Certifier (Province on Part III)  29. Signeture and title of certifier  29. Certifier (Province on Part III)  29. Signeture and title of certifier  29. Certifier (Province on Part III)  29. Signeture and title of certifier  29. Certifier (Province on Part III)  29. Signeture and titl | 17. Father's Name (F   | irst, Middle, Last)   |  |  |  |                                       |                                   |                      |                     | ne)                            |                              |  |
| 19b. Maling Address (Street and Number of Pural Route Number, City or Town, State, 2p Code)  | Walter   | Shaffer,  | Sr.                                    |  |  |                                       | Viola                             | Timmons              | S                   |                                |                              |  |
| 20. Method of Disposition (Name of Secondary Control Place)  21. Signeture of Funeral Service Licensee  22. Name and Address of Facility  23. Signeture of Funeral Service Licensee  24. A Alan Seitz, Jr. Funeral Home  3818 Roland Avenue, Baltimore, Maryland  23a. Part I. Enter the disease, or complications that clusted the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inferior productions of the death of the deat |  | ne/Relationship (T)   | ype, Print)                            |  | -                                      |                                       |                                   |                      |                     |                                |                              |  |
| St. Mary's (Hampden)  21. Signeture of Funeral Servica Licansee  22. Name and Address of Facility  A. Alan Seitz, Jr. Funeral Home 3818 Roland Avenue, Baltimore, Maryland Appropriate the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.    Immediate Cause (Final disease) or condition resulting in death)   Due to (or as a consequence of):  |  |   | (Brother)                              |  |  |                                       |                                   |                      |                     |                                |                              |  |
| 21. Signeture of Funeral Service Licensee  22. Name and Adams of Facility A. Aland Seitz, Jr. Funeral Home 3818 Roland Avenue, Baltimore, Maryland 23a. Part I. Enter the disease, or complications that of used the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.    Immediate Cause (Final disease or condition resulting in death)   Due to (or as a consequence of):   |  |   | Removal from State                     | 20b. Plac  | e of Disposition (<br>etery, crematory | or other pla                          | ca)                               |                      |                     |                                |                              |  |
| A. Alan Seitz, Jr. Funeral Home 3818 Roland Avenue, Baltimore, Maryland 23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.    Immediate Cause (Final disease or condition   resulting in death)  |  |   |  | St.  | Mary's                                 | (натр                                 | den) /                            | 13/30                | Baltimo             | re, Mar                        | yland                        |  |
| 38.1 Roland Avenue, Baltimore, Maryland 23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Apprehance, or heart failure. List only one cause on each line.    Apprehance   Apprehensive   A | 21. Signeture of Fund  | eral Servica Licans   | see / _ /                              | 0  |  |                                       |                                   |                      | . 1. 11             |                                |                              |  |
| Appropriate Sance of Continuing to death but not resulting in the underlying cause given in Part I.    Saquentially list conditions as a consequence of cause. Enter Underlying that initiated events with the cause (Final disease or condition)   Due to (or ay) consequence of cause. Enter Underlying that initiated events with the cause (Final disease or conditions)   Due to (or as a consequence of cause. Enter Underlying)   | a.   | Man   | Sects.                                 | h  | A. A                                   | Alan S                                | eltz, Jr.                         | Balt                 | ar nome<br>imore. M | arvland                        | 21211                        |  |
| Immediate Cause (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Cutse (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Cutse (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Cutse (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Cutse (Disease or injury that initiated events resulting in the underlying cause given in Part I.  23b. Did tobacco use contribute to the or injury exhibits of death?  24e. Was en autopsy performed?  24e. Was en autopsy performed?  25. Wes case referred to medical evaniner?  1   Yes   2   No    27. Menner of Deeth   North, Dey Year)   28b. Time of   North, Dey Year)   28d. Describe how injury occurred    26d. Describe how injury occurred   1   Yes   2   No    27. Menner of Deeth   North, Dey Year)   28b. Time of   North, Dey Year)   28b. Time of   North, Dey Year)   28b. Describe how injury occurred    28c. Certiflier   Cartifying Physician: To the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause (s) end manner as stated.  29c. Certiflier   Cartifying Physician: To the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause (s) end manner as stated.  29c. Certiflier   Cartifying Physician: To the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause (s) end manner as stated.  29c. Certiflier   Cartifying Physician: To the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause (s) end manner stated.                              | 23a. Part1. Enter the  | e disease, or comp  | plications that caused                 | the death.   | Do not enter the                       | mode of dyi                           | ng, such as cardiac               | or respiratory       | arrest,             | App                            | roximete<br>rval Between     |  |
| Due to (or as a consequence of):    Due to (or as a consequence of):   Due to (or as a | SHOOK, OF HOUSE  | Tandro. Elot only o   | 5110 02030 011 02011 III               | •  |  |                                       |                                   |                      |                     | Ons                            | et end Death                 |  |
| Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter Underfying that initiated events resulting in death) Last  Due to (or as a consequence of):  C. J. L. L. J. J. J. J. J. J. J. J. J. J. J. J. J.  | Immediate Cause (Fi  | inal  | /ar                                    | 2006   | · And                                  | 200                                   | Diserce                           |                      |                     | ~                              | 0005                         |  |
| and the significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significant conditions contribute to the cure of the completion of the completion of the completion of the cause (s) performed?    24b. Were aution of the cause (s) Probably  | resulting in death)  |   |  |  |  |                                       | OTOELSE.                          |                      |                     |                                |                              |  |
| Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   | 2  | _   | Stro                                   | ke   |  | 0                                     |                                   |                      |                     | 1/21                           | neks                         |  |
| Due to (or as a consequence of):    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.   1  | Sequentially list cond   | ditions,  | 0                                      | Due to (or as  | a consequence                          | of):                                  |                                   |                      |                     |                                |                              |  |
| Due to (or as a consequence of):    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.   1  | frany, leading to immediate cause. Enter Underlying Cause (Disease or Injury)  |   |  |  |  |                                       |                                   |                      | 10                  | ecrs                           |                              |  |
| 24e. Was an autopsy performed?  24e. Was an autopsy performed?  25. Was case referred to medical examiner?  1  | inat mitiated events   |   |  | Due to (or as  | a consequence                          | of):                                  |                                   |                      |                     | 1 6                            |                              |  |
| 24e. Was an autopsy performed?  24e. Was an autopsy performed?  25. Was case referred to medical examiner?  1   Yes   No   | We   |   | d.                                     |  |  |                                       |                                   |                      |                     |                                |                              |  |
| 24e. Was en autopsy performed?  24e. Was en autopsy performed?  24e. Was en autopsy performed?  25. Was case referred to medical examiner?  1  |  |   |  |  |  |                                       |                                   |                      |                     |                                |                              |  |
| 24e. Was an autopsy performed?  24e. Was an autopsy performed?  25. Was case referred to medical examiner?  1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 2 No No No No No No No No No No No No No  | Part II. Other signific  | ant conditions co   | entributing to death bu                | t not resultir   | ng In the underlyi                     | ng cause gir                          | ven in Part I.                    |                      |                     |                                | 1/                           |  |
| 24e. Was en autopsy performed?  24b. Were aut evaliable completic of death?  25. Was case referred to medical examiner?  1   |  |   |  |  |  |                                       |                                   | 1                    | Yes 2 No            | 3 Probably                     | 4 Unknow                     |  |
| 25. Was case referred to medical examiner?  1  |  |   |  |  |  |                                       |                                   | 24e We               | s an autoney        | 24b. Were a                    | utopsy findings              |  |
| 25. Was case referred to medical examiner?  1  |  |   |  |  |  |                                       |                                   | perl                 | formed?             | evaileb                        | le prior to<br>tion of cause |  |
| 25. Was case referred to medical examiner?  1  | È  |   |  |  |  |                                       |                                   |                      | ,                   | of deat                        | 1/                           |  |
| 1   Yes 2   No   |  |   |  |  |  |                                       |                                   | 13                   | Yes 2□No            | 1 ☐ Ye                         | s 20 No                      |  |
| 27. Menner of Deeth    1   | 25 Was case referre  |   | Hospital:                              |  |  | 011                                   |                                   | h (Check only        | one)                |                                |                              |  |
| 2   Accident 3   Sulcide 4   Homicide  28e. Pleca of Injury - At home, farm, street, factory, office 29e. Certifier (Check only one)  29e. Certifier (Check only one)  29e. Certifier (Check only one)  29e. Signeture and title of certifier  29e. Signeture and title of certifier  29e. Signeture and title of certifier  29e. License number  29e. License number  29d. Dete signed (Month, Dey, Y   |  | 1 Tes 22 No 1 Inpatient 2 ER  |  |  |  | ENOutpatient 3LI DOA   4LI Nursing Ho |                                   |                      |                     |                                |                              |  |
| 29a. Certiflier (Check only one)  29b. Signeture and title of certifler  29c. License number  29c. License number  29d. Dete signed (Month, Dey, Y   | 1 ☐ Yes 200 N  | A.A.  |  |  |  |                                       |                                   | now injury occurred  |                     |                                |                              |  |
| 29a. Certiflier (Check only one)  29b. Signeture and title of certifler  29c. License number  29c. License number  29d. Dete signed (Month, Dey, Y   | 1 ☐ Yes 201N   | 5 Pending   |  |  |  |                                       |                                   |                      |                     |                                |                              |  |
| 29a. Certiflier (Check only one)  29b. Signeture and title of certifier  29c. License number  29d. Dete signed (Month, Dey, Y  | 1 Yes 201N   | 5 ☐ Pending investigation 6 ☐ Could not be  | 20a Diago of Inju                      | 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) |  |                                       |                                   | City or Town, Stete) |                     |                                |                              |  |
| 29b. Signeture and title of certifier  29c. License number  29d. Dete signed (Month, Dey, Y  | 1 ☐ Yes 201N   | 5 ☐ Pending investigation 6 ☐ Could not be  | Zoe. Pieca of Inju                     |  |  |                                       |                                   |                      |                     |                                |                              |  |
| 29b. Signeture and title of certifier  29c. License number  29d. Dete signed (Month, Dey, Y  | 1 Yes 2 Name of Deeth 1 Natural 2 Accident 3 Sulcide 4 Homicide  | 5 Pending investigation 6 Could not be determined                                 | building, etc                          | f mu kmauda  | dee death seem                         | und at the ti                         | mo, data and alaza                | and due to the       | onuco(s) and my     | apper as stated                |                              |  |
| 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)   | 1 Yes 22 N 27. Menner of Deeth 1 Matural 2 Accident 3 Sulcide 4 Homicide   | 5 Pending investigation 6 Could not be determined                                 | building, etc                          | examinetion  |  |                                       |                                   |                      |                     |                                |                              |  |
| 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)   | 1 Yes 2 Name of Death 1 Natural 2 Accident 3 Sulcide 4 Homicide  29a. Certifier (Check only one)                     | 5 Pending investigation 6 Could not be determined  Cartifying Phy 2 Medical Exami | building, etc                          | examinetion  |  | ition, in my                          | opinion, death occur              |                      | , date and place,   | and dua to the                 | cause(s)                     |  |
| 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)   | 27. Menner of Deeth 1 Matural 2 Accident 3 Sulcide 4 Homicide  29a. Certifier (Check only one)                       | 5 Pending investigation 6 Could not be determined  Cartifying Phy 2 Medical Exami | building, etc                          | examinetion  |  | 29c. Licens                           | opinion, death occur<br>se number |                      | , date and place,   | and dua to the                 | cause(s)                     |  |
| 1 1 1 1 77 5 1. SI M 11. MA ALANI  | 27. Menner of Deeth 1 Matural 2 Accident 3 Sulcide 4 Homicide 29a. Certifier (Check only one) 29b. Signeture and til | 5 Pending investigation 6 Could not be determined  Cartifying Phy 2 Medical Exami | pulcian: To the best of and manner sta | examinetion<br>led.  | end/or investiga                       | 29c. Licens                           | se number                         | red at the time      | 29d. Dete signe     | and dua to the ed (Month, Dey, | cause(s)                     |  |
| 31. Date filed (Month, Dyly, Year) 32. Regist Signers  | 27. Menner of Deeth 1 Matural 2  | 5 Pending investigation 6 Could not be determined  Cartifying Phy 2 Medical Exami | pulcian: To the best of and manner sta | examinetion<br>led.  | end/or investiga                       | 29c. Licens                           | se number                         | red at the time      | 29d. Dete signe     | and dua to the ed (Month, Dey, | cause(s)                     |  |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** June 21:50 Frederick Norman Stamer 1998 /Medical 16 4a. Facility Neme (If not institution, give street end number) 4b City, Town, or Location of Death 4c. County of Death Examiner tanes HOSPITA more If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** 10(M 2□ F Yrs Director 214-14-8859 79 Maryland Usual Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location Pages 1 and 2 should be filed within 72 hours after death with the Manylan nent of Health and Mental Hyglene.
Int: If item 27 Is marked other than "natural", or items 23s or 28s-1 show my or other traumatte event, the Medical Examiner must be notified at my or other traumatte event, the Medical Examiner must be notified as 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Directo Md. Howard Elkridge 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6709 Handley Drive 21075 USA 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Never Married 20 Married 1XXes 2 □ No If Yes, Give Year or Dates: 1 ☐ Yes 2 ☑ No Specify: Specify: white þ 3 ☐ Widowed 4 ☐ Divorced 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Construction - Warren-Elementery/Secondery (0-12) College (1-4or 5+) Roofer 9 Ehret - Linck 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Harry B. Stamer Hellen W. Schrier 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mary Stamer - wife 6709 Handley Dr., Elkridge, Md. 21075 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State XBurlel 2 Cremation 3 Removal from State 7/1/98 permit. Page Department important: If any injury or Elkridge, Md. 4 □ Donetion 5 □ Other (Specify) Meadowridge Mem. Park 21. Signatura of Funeral Service Licensee Gary L. Kaufman Funeral Home @ Meadowridge MP, Inc. 7250 Washington Blvd., Elkridge, Md. 21075

23a. Part1. Enter the disease, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate shock, or heart failure. List only one cause in each line. 22. Name and Address of Fecility **Physician** /Medical Immediete Cause (Final Coronary Vessel Disease Unknown disease or condition resulting In death) **Examiner** Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last and Due to (or as a consequence of): physician Physician/Medical 94 Due to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by d be detact 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Renal Failure þ Records, 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? Depression 1 Yes 2 No 1 ☐ Yes 2 ☐ No Vital Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 6 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Deeth 28d. Describa how injury occurred 28b. Time of 28c. Injury at Work? Division 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Sulcide 28e. Placa of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homleide Hospital 24 hours Funoral 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, end due to the cause(s) end manner stated. 29a. Certifier (Check only one) edical To the Ho within 24 to To the Fu 29b. Signature end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) and address of person who completed cause of death (Item 23a) (Type, Pnnt) 10+1 900 Caton Avenue Baltimore MO ennor M.

32. Registra Signatus

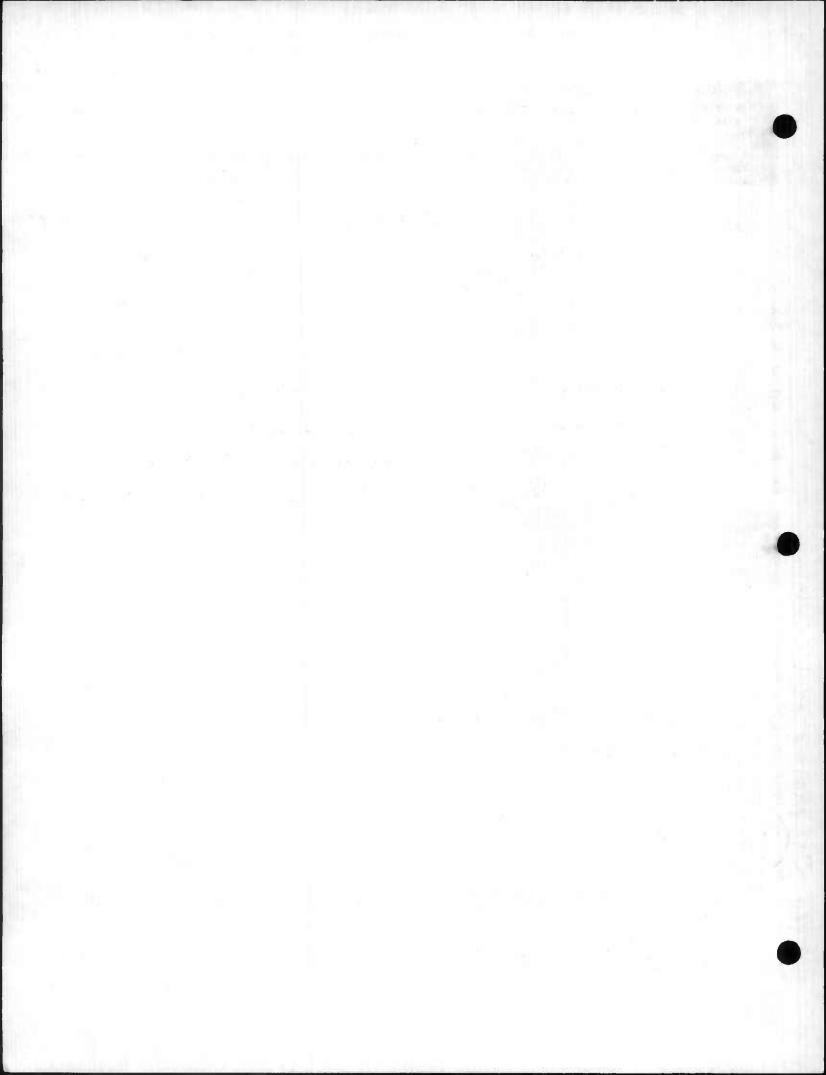
Guille Davidson handste

State

Registrar

31. Date filed (Month, Dey, Year)

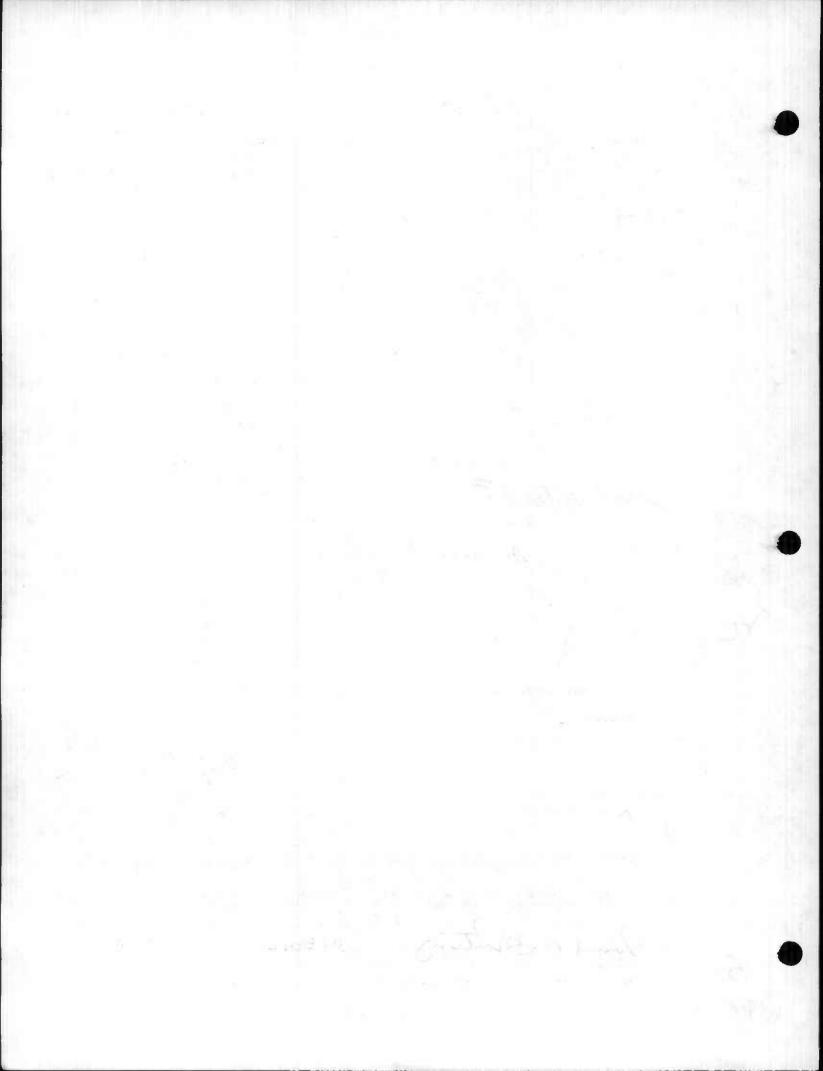
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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| Dh   |  | 1. Decedent's Name (First, Middle, La  | st)   |  |   |  |  | 2. Data of  |   | V  | 20432<br>3. Time of Death  |  |
|--|--|--|---|--|---|--|--|---|---|--|--|--|
| Physiciai<br>Medica/   |  | SAMU   | EL WALTER                                       | SWEET  |   |  |  | July 1  | Day   | Yaar   | 2:30AM   |  |
| Examine  | _  | 4a. Facility Name (If not institution, giv   |   |  |   |  | 4b. City, Town,  | or Location of De   |   | unty of Death  |  |  |
|  |  | 804 Stoneleigh Road  |   |  |   |  | Baltim   | ore   | В   | altimore   | 9  |  |
| uneral<br>irector  |  | 100 20 7015  | Sex 7. Age<br>Maria 2□ F                        | e (In yrs. last<br>64  |   | Undar 1 Yaar<br>nths Days  |  | fin. 8. Date of Month, July   | Birth<br>Day, Year)<br>.6, 1931   | 9. Birth   | piaca (Stete or Forai<br>ntry)<br>nsylvania  |  |
| *  | -  | Usual Residence of Decedant  10a. State 10b. County 10c. City, Town or Location  |   |  |   |  |  |   |   |  | 40d Include Olbert Incl  |  |
| 28a-f show   | tor  | Maryland Baltimore Baltimor  |   |  |   |  |  |   |   |  | 10d. Inside City Limit 1 ☐ Yes 2 N   |  |
| n 28s  | 9  | 10e. Street and Number   |   |  | 10  | f. Zip Coda  |  |   | 10g. Citizan of What Country?   |  |  |  |
| 239 0  | Funeral Director   | 804 Stoneleigh Rd.   |   |  |   | 21212  | ,  |   | Uni   | ted St   | States   |  |
| Rema<br>Inter ma   | ne.  | 11. Marital Status   | 12. Was Decedant E<br>Armed Forces?             | ∕es 2⊠No<br>s,Giva 1□ Yes 2⊠N  |   |  | of Hispanic Origin? (Specify Yes or Puban, Mexican, Puerto Rican, etc.)                        |   |   |  |  |  |
| Examiner must be notified at   | Dy F   | 1 Never Married 2 Married 3 □ Widowed 4 □ Divorced   | 1 ☐ Yes 2 ☒ N<br>If Yas, Giva<br>Year or Dates: |  |   |  | Specify:   | ,   | Black, White, etc.  Specify: White  |  |  |  |
| Sal E  | 8  | 15. Decedent's Ed  | ducetion  | 1  | 16a. Decedent's Usual Occupation  |  |  |   | 16b. Kind o   | of Business/In   | ndustry  |  |
| other than "natural", or   | Completed  | (Specify only highast gre<br>Elementary/Secondary (0-12)   | de complatad) College (1-4or 5                  |  | (Give kind )<br>life. DO N  | t's Usual Occupation<br>d of work done during most of working<br>NOT use retired)  |  |   | National Transportat  |  |  |  |
| ther than  | 000  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | 4   | 4  |   | Deputy Direc   |  | ctor  |   | Safety Board   |  |  |
| other traumatic event, the Medical   | n e  | 17. Father's Name (First, Middle, Last) Samuel Sweet   |   |  |   |  |  |   | dle, Meiden Sumame)   |  |  |  |
| marked o   | 0  |  |   |  |   |  |  | ret Fole  |   |  |  |  |
| 7 Is me<br>traum   |  | 19e. Informant's Name/Relationship (<br>Kathleen Sweet/wi  |   |  |   |  |  | Rural Route Nur   |   |  |  |  |
| other tr   | -  | 20a. Method of Disposition   |   | 20b. Place of Disposition (Name of   |   |  |  | DallLIIIC   | nore, MD 21212  20c. Location - City or Town, State   |  |  |  |
|  | 1  | 1 ☐ Burial 2 X Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific  | Trainoval nom State                             |  |   |  |  | 7/2/98  |   |  |  |  |
| Important: If Item 27<br>any Injury or other ti<br>once.   | -  | of collination of children   |   |  |   |  |  | litchell-   | 7/2/98   Baltimore, Maryland tchell-Wiedefeld Home, Inc.  |  |  |  |
| any ir   |  | John O. Mil  | tehell  |  |   |  | 6<br>B   | 500 York<br>Saltimore   | Rd.   | 21212  | , 2  |  |
|  | 1  | 23 art1. Enter the disease, or companion, or heart failure. List only  | plications that caused<br>one cause on each lin | the death. I   | Do not enter the  | mode of dylr   | ng, such as cerd   | diac or respiratory   | arrest,   |  | Approximate<br>Intervel Between  |  |
| sician   | Immediate Causa (Final                                   |  |   |  |   |  |  |   |   | Onset and Death  |  |  |
| edical   | _  | Immediate Cause (Final   | 1   |  | , -   |  |  |   |   |  |  |  |
| edical<br>miner  |  | Immediate Cause (Final disease or condition resulting In death)  | · Aczot   |  |   |  | E  |   |   |  | 8yrs   |  |
| miner  | Jei  | disease or condition   |   |  | n's D   |  | E  |   |   |  | 84RS   |  |
| miner  | amme   | disease or condition resulting In death)   | b. ———  | Due to (or as  |   | e of):   | E  |   |   |  | 8yrs   |  |
| miner  |  | disease or condition resulting In death)   | b. ———  | Due to (or as  | s a consequenc  | e of):   | E  |   |   |  | 8725   |  |
| miner  |  | disease or condition   | b   | Due to (or as  | s a consequenc  | e of):<br>e of):   | E  |   |   |  | 8yrs   |  |
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 98-2043Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** SCHMUOT 30 GEORGE JR. 11:15 sune /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Facility Name (If not institution, give street end number) **Examiner** Hapkins 9Himore Johns If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 5. Social Security Number 6 Sex **Funeral** 1₩ 2□F Sept. 10, 1920 Maryland **Director** <u>213-18-1205</u> Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 le marked other than "natural", or itema 23a or 28a-f ehow other traumatic event, the Medical Examiner must be not the all 1 ☐ Yes 2 No Director Maryland Baltimore Parkville Parkville 10g. Citizen of What Country? 10e. Street and Number 10f. Zlp Code 8820 Walther Blvd. Apt. 2009 Funeral 21234 U.S.A. 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. permit. Pages 1 end 2 should be filed within 72 hours after. Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or that any injury or other traumatic event. the 1 V Yes 2 □ No If Yes, Give Yeer or Detes: WW II 1 Never Married 2 Married Specify: White altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) 12 years College (1-4or 5+) Accountant University 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be George Michael Schmidt, Sr. 2 Josephine Kuehne 19a. Informant's Name/Relationship (Type, Pnint) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 21234 Ruth Schmidt (Wife) 8820 Walther Blvd. Apt. 2009 Parkville, Maryland 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, State Date 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 7-2-98 Baltimore, Maryland Oak Lawn Cemetery 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Mitchell-Wiedefeld Home, Inc. Tear 6500 York Road Baltimore, Maryland 21212 terras 23a. Perti. Enter the sease, or complicetions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final 6 neouths ENDORAROTTS. prostytene varie disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequenca of): Physician/Medical that initiated events resulting in death) Last Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown been signed by should be detac p 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy Completed 1 ☐ Yes 200 No 1 TYes certificate Division of Vital Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1) Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury et Work? After 5 Pending investigation Natural 2 Accident 1 ☐ Yes 2 ☐ No death. or Attendential of the office 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 \ Homicide To the Hospital or within 24 hours eff To the Funeral Di completely filled in Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end menner stated. 29a, Certifier Medical 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) JUNE 30, 1998 268.000 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) TOWER 110, SOHNS HOPKINS HAPPING, BANNORE MID 21287 JOHNR. Boy MD.

32. Registrer i Signature

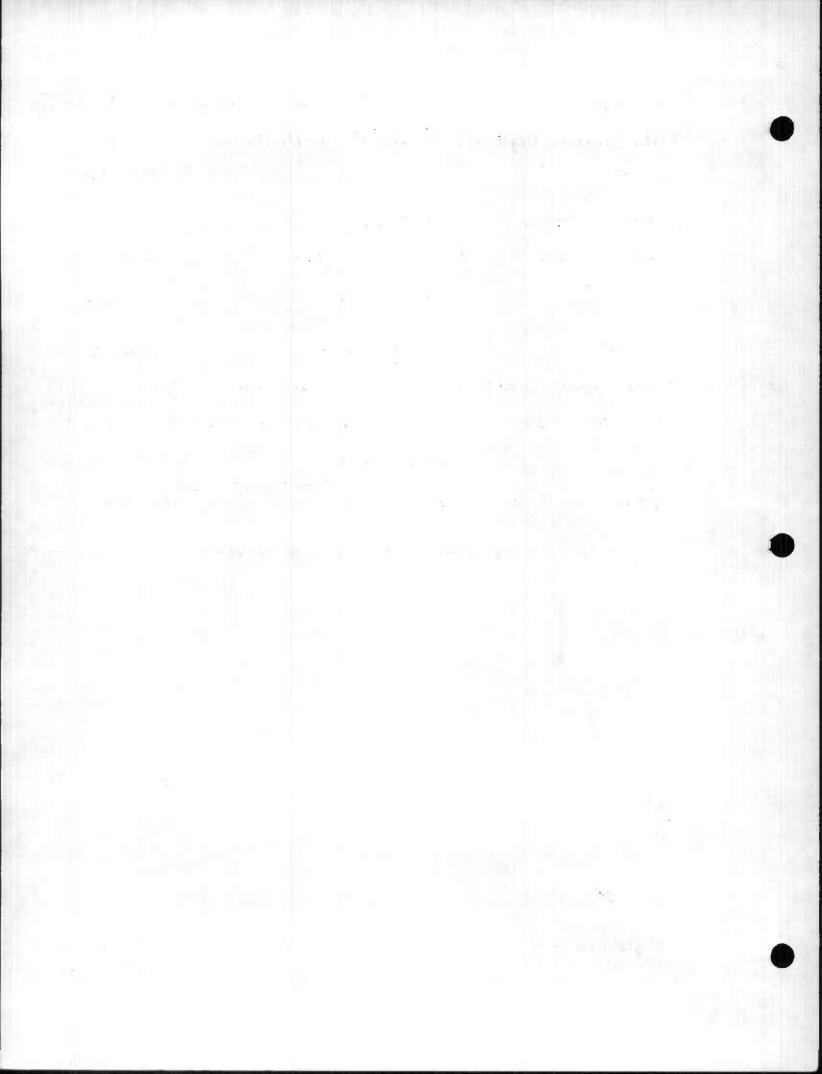
Guna Davidson

DHMH 16 Rev 6/95

Registrar

31. Date tiled (Month, Dey, Year)

JUL 021998



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 20434 Certificate of Death 3. Time of Death 2. Data of Death 1. Decedent's Name (First, Middle, Last) JUNE 28, 1998 10:45AM SCHULMAN 4b. City, Town, or Location of Death 4c. County of Deeth 4a Facility Neme (If not institution, giva straat and number) PIKESVILLE 11 SLADE AVENUE BALTIMORE 6. Sex 1X M 2□ F If Under 1 Year | If Under 24 Hrs. Birthplace (Stata or Foraign Country) 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Dev. Year) Months Days Hours Min Yrs. 76 JULY 19,1921 VA 220-05-4422 Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yes WNo PIKESVILLE BALTIMORE 10g. Citizen of What Country? 10f. Zip Code 11 SLADE AVENUE #112 21208 U.S.A. 14. Race - Amarican Indian, 12. Was Decedant Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 Yes 2 No If Yas, Give Year or Dates: 1 Never Married 2X Married 1 ☐ Yes 2 ☑ No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16e. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Collega (1-4or 5+) Elementary/Secondary (0-12) OWNER DRY CLEANING 18. Mothar's Name (First, Middle, Maiden Surname) 17. Father's Neme (First, Middla, Last) SCHULMAN MARY RICE 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Name/Relationship (Type, Print) #112 EDITH SCHULMAN (WIFE) 11 SLADE AVENUE PIKESVILLE, MD 21208 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20e. Method of Disposition 1X Burial 2 □ Cremation 3 □ Removel from Stata BETH EL MEMORIAL PARK 6/30/98 RANDALLSTOWN, MD 4 □ Donation 5 □ Other (Specify) 22. Nama and Address of Facility 21. Signature of Funeral Service Ligensee SOL LEVINSON & BROS., INC. Ellensill Leumo 8900 REISTERSTOWN ROAD PIKESVILLE, MD 21208 Do not enter the mode of dying, such as cardiac or respiratory arrest 23a. Part1. Enter the disease, or complications that cause of the shock, or heart failure. List only one cause on each line. Approximate intarval Between Onset and Death Immediate Ceuse (Final disease or condition resulting in death) Due to (or as a consequence of) Sequantielly list conditions, if any, laading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or es a consequence of) Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? Dieheter mellitus 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to complation of causa of death? 24a. Wes en eutopsy 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Aesidenca 6 Other (Specify) Hospitel:

Physician /Medical Examiner

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f show trsumstic svent, the Medical Examener must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Haelih and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a any Injury or other treumatic svent, the Medical Examiner must bodge.

altimore, Maryland 21215-0020

with the Maryland

MET.VIN

MD

**TSTDORE** 

10e. Street and Number

11 Marital Stetus

10e. State

Directo

Funeral

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Completed

Be

Physician/Medical Examiner

þ Completed 86 10

page 2 certificate mis after deat Director: ò 24 hours Medical To the P within 2 To the 9 complet

Division of Vital Records, P.O. Box 68760, Certification:

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State Registrar

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of cartifier

28a. Date of Injury (Month, Day Year)

29c. License number

1 Yas 2 No

29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

28d. Dascribe how injury occurred

30. Name and address of person who completed causa of death (Item 23a) (Type, Print) SBENESH 21 (ross royas D)

28c. Injury at Work?

Owings mitts, md 21117

31. Date filed (Month, Day, Year)

1 Yes 2 No

27. Menner of Deeth

2 ☐ Accident

3 ☐ Suicide

29a. Certifier

4 D Homicide

JUL 02 1998

5 Pending invastigation

6 Could not be determined



1 Inpatient 2 ER/Outpatlent 3 DOA

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of

DHMH 16 Rev 6/95

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Day Month PHILIP H SACHS JUNE 28, 1998 1:40pm 4e Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death BLAKEHURST NURSING HOME TOWSON BALTIMORE If Under 1 Yeer | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) Birthplace (Stete or Foreign Country) Days Months 1 3⋅M 2 F Hours 92 216-05-0239 Yrs. OCT 12,1905 MARYLAND Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No MARYLAND BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 7121 PARK HEIGHTS AVE., APT. 101 21215 USA 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No If Yes, Give X Year or Dates: 1 Yes 2 XNo Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) ATTORNEY $5 \pm$ 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) NINA ISAAC SACHS HELLER. 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a, informent's Neme/Reletionship (Type, Print) MRS. BEVERLY SACHS (WIFE) 7121 PARK HEIGHTS AVE, APT. 101 BALTO, MD 21215 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 X Buriel 2 ☐ Cremation 3 ☐ Removal from State 6-30-98 REISTERSTOWN, MD BALTIMORE HEBREW -4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility & BROS., INC. 8900 REISTERSTOWN ROAD BALTIMORE, MD 21208 23a. Partf. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in deeth) condence arrest Due to (or as a consequence ot): delydration Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of): dysphas Due to (or es e consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown melautor, tron 24b. Were eutopsy findings available prior to 24a. Was an autopsy performed? completion of ceuse of deeth? 1 ☐ Yes 2 ☐ No 1 Yes 2 200 25. Was cese referred to medical 26. Plece of Deeth (Check only one) Other: 4 Aursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA

**Physician** /Medical Examiner

Examiner

Physician/Medical

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Completed

Be

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Certification:

edicai

27. Manner of Death

1 Natural

2 Accident

3 Suicide

29a. Certifier

4 Homicide

(Check only one)

**Physician** 

/Medical

Director

Funeral

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Completed

Be

10

Examiner

**Funeral** 

Director

ind Mental Hygiene.

Ind Mental Hygiene.

Inarked other than "naturel", or items 23s or 28s-f show marked other than "naturel", or items 23s or 28s-f show marked other marked of the motified at the marked of the motified at

h end Mentel h 9

nt of Health e if Item 27 le or other tra

permit. Page Department of Important: If any Injury or

Pages 1 and 2 should I

with the Maryland

filed within 72 hours after deeth

Baltimore, Maryland 21215-0020

physician Box 68760. certificate the ettending | that the deeth detached P.0. signed t Records, The lew requires been si his certificate hes b Division of Vital this After this

or Attending Physician: ofter death. Director: / 24 hours eft Funeral Di-letely filled in completely

To the Within 2 To the

Registra

30. Name end

29b. Signeture and the of certif

5 Pending investigation

6 Could not be determined

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and menner stated.

of parson who completed ceuse of deeth (Item 23a) (Type, Print)

28a. Date of Injury (Month, Day Year)

Falls Rol Luterer lle Md 21097

28b. Time of

28e. Place of injury - At home, ferm, street, factory, office building, etc. (Specify)

28c. injury at Work?

29c. License number

019914

Descritifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) and manner es stated.

1 ☐ Yes 2 ☐ No

28d. Describe how Injury occurred

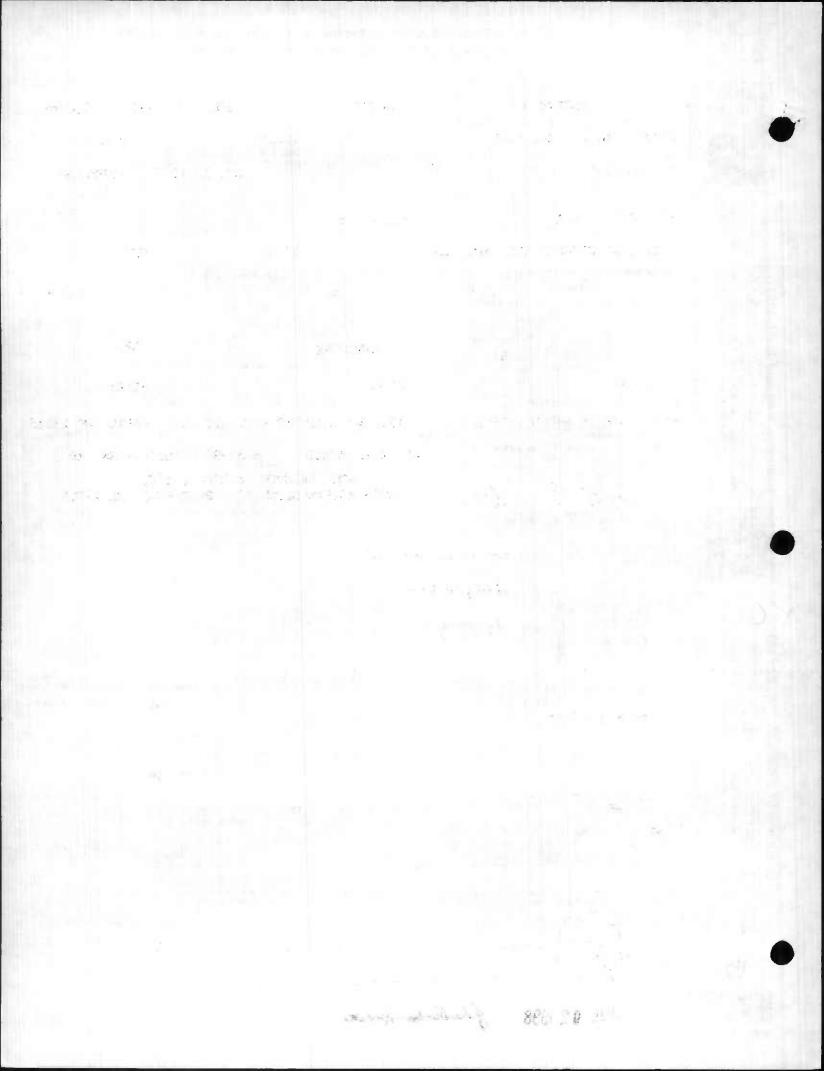
28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

6/29/98

29d. Dete signed (Month, Dey, Year)

I fulia Davida

Fine 10753 31. Date filed (Month, Dey, Year) 32. Registrar's Signeture



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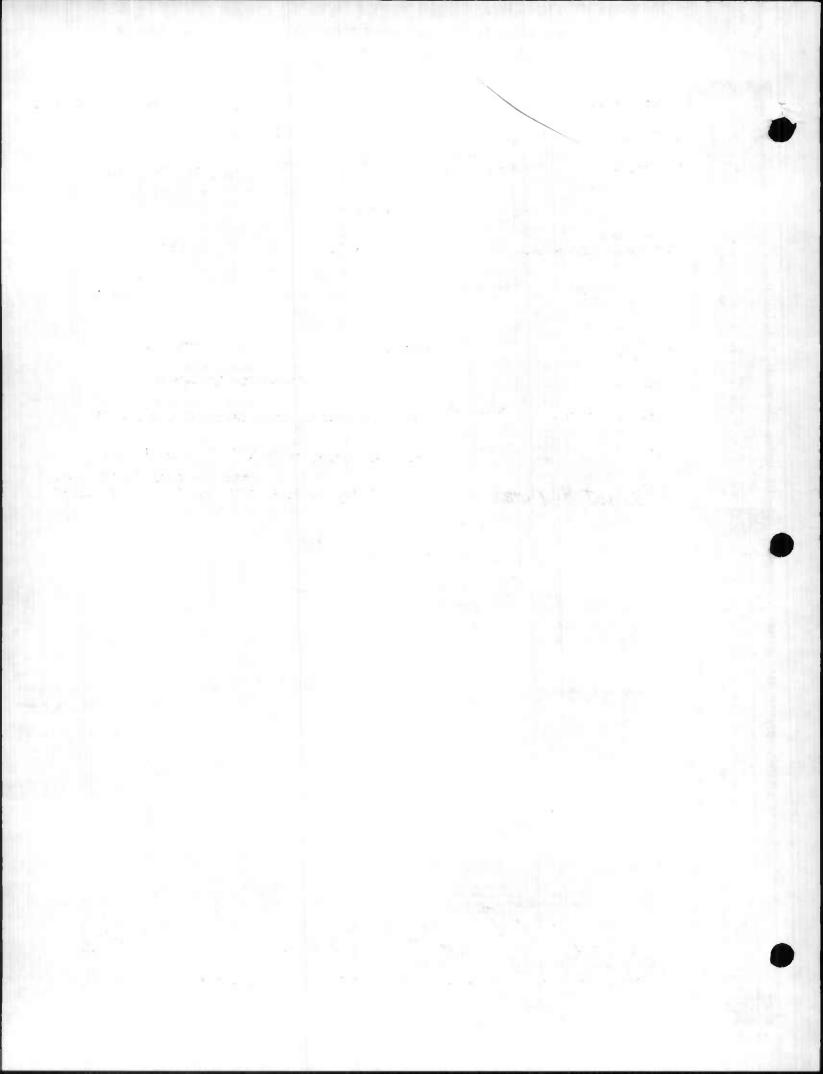
State of Marvland / Department of Health and Mental Hygiene |

Certificate of Death 2. Date of Deeth 3. Time of Death 1. Decedent'e Neme (First, Middle, Last) **Physician** 1998 Elsie Stanton June 22, 8:48p.m. /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 4000 Groveland Avenue Baltimore 5 Social Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Months Days Hours 1 M 2 V 72. 216-36-4592 Yrs. Jan. 24, 1926 Md. Director Usuel Residence of Decedent death with the Marylend 10a Stete 10h County 10c. City, Town or Location 10d Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examiner must be notified at Baltimore Md. n/a XX Yes 2 No Director 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code 21215 USA 4000 Groveland Avenue Funeral 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 11. Marital Status Pages 1 end 2 should be filed within 72 hours effer can bent of Health and Mentel Hygiene.

This if fem 27 is marked other than "natural", or ites iny or other traumatic event, the Modical Examinas iny or other traumatic event, the Modical Examinas 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Specify: Black Baltimore, Maryland 21215-0020 1 Yes 212No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Family 12th Grade 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Neme (First, Middle, Last) Catherine Elizabeth James Ray 19e. Informent's Neme/Reletionship (Type, Pnnt) Husband 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) James J. Stanton 4000 Groveland Avenue Baltimore, Md. 21215 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, State June Burial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) permit. Page Department o Important: If any Injury or Laurel, Md. Md. National Memorial Park 22. Name and Address of Facility Nutter Funeral Homes, Inc. 21. Signature of Funeral Service Licensee 2501 Gwynns Falls PKWY Baltimore, Md. 21216 nutter 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feiture. List only one ceuse on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in deeth) Examiner Examiner creatic. Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest P.O. Box 68760, Physician/Medical Due to (or es e consequence of): 950 23b. Did tobacco use contribute to the cause of death? Pert It. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. signed by the 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Inknown Division of Vital Records, by 24b. Were autopsy findings avelleble prior to completion of cause of deeth? 24a. Wes an eutopsy Completed performed' pege 2 s 2 DANO 1 T Yes 2 No 1 ☐ Yes certificate Hospital or Attending Physician: 24 hours after death. director. 25. Wes cese referred to medical examiner? Be 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 20 No 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this funerel 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Certification: After 1X Netural 5 Pending after death. Director: Aft 1 ☐ Yes 2 ☐ No investigation 2 ☐ Accident 6 Could not be determined 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and place are the countries. 29a, Certifier edical 29d. Date signed (Month, Dey, Year) 6/30/49 29c. License number 29b. Signature and 1856 of certifier 30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) Richard Carey 7141 Security BLVD. Baltimore, Md. 21244 MD. 31. Date filed (Month, Dey, Year) 32. Regist or's Signature who Davidson Randoke State JUL 0 2 1998 Registrar

**DHMH 16 Rev 6/95** 



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Deeth 3. Time of Death 1. Decedent's Name (First, Middle, Last) MONTH 28 1998 Yeer **Physician** TRAKHTVUR 10:45pm SARRA /Medical 4a Fecility Neme (If not institution, give street end number)
CHERRYWOOD MANOR NURSING HOME 4b. City, Town, or Location of Deeth 4c. County of Death Examiner REISTERSTOWN BALTIMORE If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex **Funeral** 1 M 2 F Months Days Hours Yrs. 78 219-21-9754 KIEV, RUSSIA Director NOV. 17, 1919 Usual Residence of Decedent the Marylend 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No BALTIMORE MARYLAND N/A Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? With r than "natural", or items 23s or tre Medical Examiner must be r 5900 PARK HEIGHTS AVE., APT. 405 21215 UKRAINE Funeral deeth 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian Bleck, White, etc. filed within 72 hours after Hygiene. Yes 2 So f Yes, Give Yeer or Detes: 1 Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) BOOKKEEPER GOVERNMENT 18. Mother's Name (First, Middle, Maiden Sumame) permit. Pages 1 end 2 should be file Department of Health and Mentel Hy Important: if item 27 is marked other any Injury or other traumatic event once. 17. Fether's Name (First, Middle, Last) TRAKHTVUR **ABRAHAM** ESTHER SPIVAK 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) MRS. ZHANNA GREGORY (DAUGHTER) 9353 TOWN PLACE DR. OWINGS MILLS, MD 21117 20e, Method of Disposition 20b. Pleca of Disposition (Name of cametery, cremetory or other plece) Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State HAR SINAI 6-30-98 OWINGS MILLS, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD BALTIMORE, MD 21208 roce 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset and Deeth **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical Examiner Due to (or as a consequence of) Physician/Medical Examiner Sequentially list conditions, if eny, teeding to immediate cause. Enter Underlying Ceuse (Disease or Injury Due to (or es a consequenca of) MICharl that initieted events resulting in deeth) Lest Due to (or es a consequenca of): Records, P.O. Box 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Was an autopsy Completed peen certificata has page 1□ Yes 2□No 1 Yes 22 No Division of Vital Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 1 Yes 2 No 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3□ DOA 27. Menner of Death 28e. Date of Injury (Month, Dey Yeer) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Certification: or Attending Patter death.

Director: After t 5 Pending Investigation 1- Naturat de. rector: A. 1 Yes 2 No 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homlcide To the Hospital within 24 hours of To the Funeral Completely filled 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end piece, and due to the cause(s) end menner es stated.

2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) end menner stated. 29a. Certifier edical 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signeture end title of cartifier MD who w 040867 6/29/98 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 3417 JADOVNK 1838 M) 21208 TREE MiGLEL a REEN

State Registrar 31. Dete filed (Month.

Year)

0 2 199

32. Registraris Signature

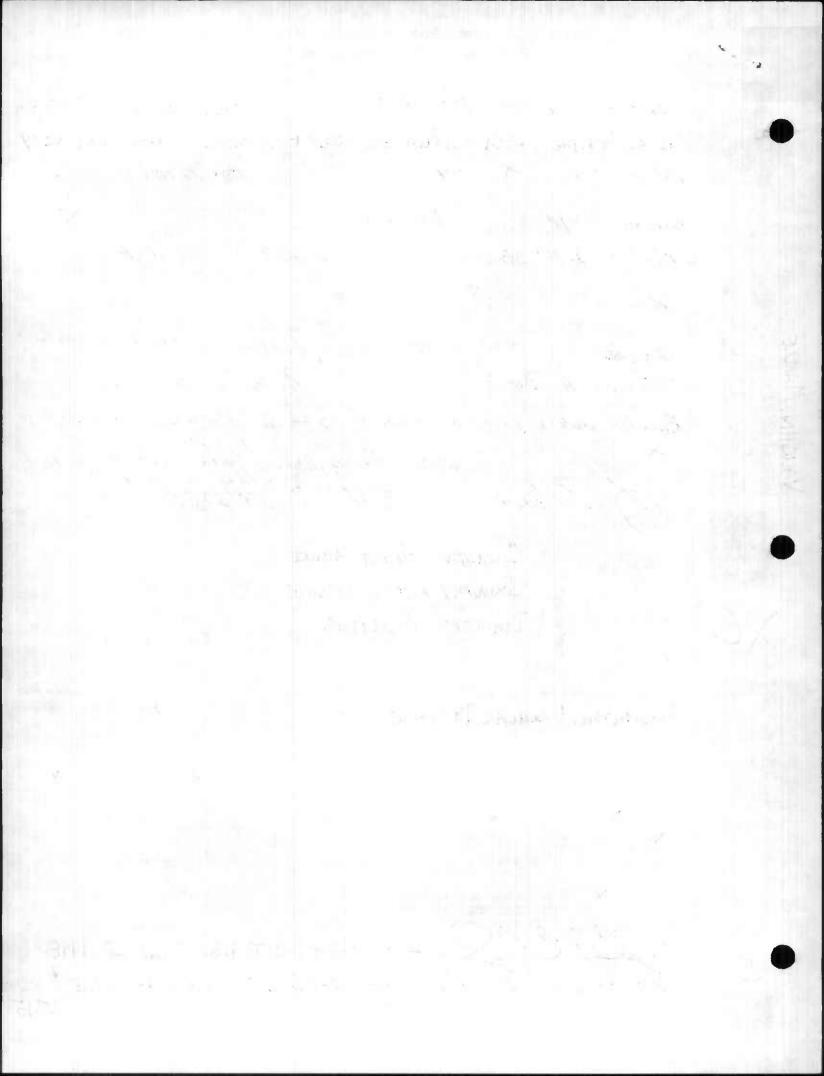
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Deeth 2. Date of Death 1. Decedent's Name (First, Middle, Last) Month VAUghn **Physician** DAUIS MAMIE JUNE /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, giva street end number) Examiner BALTIMORE BALTIMORE 2401 WEST BOLVEDERE AVENUE 8. Date of Birth (Month, Day, Year) If Under 24 Hrs. If Under 1 9. Birthplace (Stete Country) 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** Days 10 M 227F 199-18-7054 Director Usual Residence of Decedent with the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examinar must be notified at 1 Ves 2 □ No BALHAUOIE Directo Marylmo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 921 STYEEL Funeral death 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yas, Give Year or Datas: 14. Race - Amarican Indian, Black, White, etc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 11. Marital Status 1 Nevar Married 2 Married 1 □ Yes 28 No Black Specify. þ 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during life. DO NQT use retired) 16b. Kind of Business/Industry ring most of working AUGHN, MAMIE Private BUSINESS permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any Injury or other traumatic avent, the Medical policies. Elementery/Secondery (0-12) College (1-4or 5+) TOOO SERVICE WORKER 12 4 EARS 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) THOMAS 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) DAVIS ROSEHA SISTER BATIMOSE Date 20c. Location - City or Town, State 20b. Piece of Disposition (Name of cematery, crametory, or other piece) 20e. Method of Disposition Burial 2 Cremation 3 Ramoval from State GNOERS 1, NON IJE 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility CHATALBY - Hams + 21. Signature of Fuperal Servica License 5240 REISTENTONNLOAM Parts. Enter the disease, or complications that causad the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock of heart feiture. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or injury that initiated events resulting in death) Last MABETES Physician/Medical Due to (or as a cor Box 23b. Did tobacco use contribute to the cause of death? P.O. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown ASCULAR Àq Division of Vital Records, 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? cortificate has 1 ☐ Yes 2 No To Be 25. Was casa referred to medicel examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No al or Attending Physics selfer death.
It Director: After this of in by the funeral directors of in by the funeral directors. 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Death Certification: 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 I Homicide To the Hospital within 24 hours e To the Funeral E 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier edical (Check only one) 29b. Signature and title of ceptifie 29c. Licanse number 29d. Date signed (Month, Dey, Year)

WEST BELVEDERE AVENUE, BALTIMORE, MARYLAND

State Registrar 30. Name and eddress of person who complete cause of death (item 23e) (Type, Print)

COOLEY



| Physic  |                | rt Ib, Part II Per DB Fe  | _   |   |                     |   | 2. Data of Deat   | eg. No.<br>h<br>Day            | Yaar o                         | 3. Tima of Daath                                     |  |  |
|---|----------------|---|---|---|---------------------|---|---|--------------------------------|--------------------------------|--|--|--|
| /Medi   |                | WILLIAM   | C. Wic  | K   |                     |   | JUNE  | 23                             | 1998                           | 22:53  |  |  |
| Exami   | ner            |   |   |   |                     |   | cation of Death   | 4c. County                     | of Death                       |  |  |  |
| Funeral   |                | 5. Social Security Number 6. Se   |   | last birthday) If Und                             | ar 1 Yaar           | BALT IMO                                  |   | -                              | A. Birthnia                    | ca (Stata or Foreign                                 |  |  |
| Director  |                |   | XM 2□ F 74  | Yrs. Months                                       | Days                | Hours Min.                                | 8. Date of Birth<br>Month, Day<br>AUG 2   | Yaar) 1923                     | Country                        | MD.  |  |  |
|   |                | 10a. Stata 10b. County  |   | , Town or Location                                | ,                   |   |   |                                | 10d                            | I. Insida City Limits                                |  |  |
| 28a-f show  | Director       |   | MORE +  | ARKVILL   | E                   |   |   |                                |                                | 1 XYas 2 □ No  |  |  |
| 23a or 2<br>UST DB II   | al Dir         | 10e. Street and Number 86/3 QUE   | UTIN AVE.   | 10f. Z  | ip Coda<br>21       | 234                                       | 11  | og. Citizan of N               | What Country                   |  |  |  |
|   | Funeral        | 11. Manital Status  | 12. Was Dacedant Evar in U,<br>Armed Forcas?                                    | S. 13. Was Deci                                   | edant of Hi         | spanic Origin? (Spen, Maxican, Puarto     | ecify Yas or No-<br>Rican, atc.)  |                                | e - Amarican<br>ck, White, etc |  |  |  |
| Ural', or   | by F           | 1 Navar Married 2 Married 3 Widowed 4 Divorced  | 1 X Yas 2 □ No<br>If Yes, Giva<br>Yaar or Datas: WW                             | II 1□ Yas   | 2 No                | Specify:                                  |   | Specify                        | 11)14                          | ITE  |  |  |
| Tathur Co   |                | 15. Dacedant's Ed<br>(Spacify only highast grad   | ucation   | 16e. Decedant's Usi                               | uai Occupa          | ation                                     |   | 16b. Kind of Bi                | usinass/Indus                  | stry   |  |  |
| Pa . F  | Completed      | Elamantery/Secondary (0-12)   | Collega (1-4or 5+)  | life. DO NOT                                      | usa retired         | funing most of work!<br>)                 | 13  | *1.7                           | ,                              | _  |  |  |
| Haging A  | ပိ             | 17. Fathar's Nama (First, Middla, Last)   |   | 120117  | EN                  | 18. Mothar's Nama                         |   |                                |                                | BREW.  |  |  |
| entail entail   | To Be          | JOHN  | 11);ck  |   |                     |   | KNOW  |                                | ia/                            |  |  |  |
| and M   | -              | 19a. Informant's Name/Ralationship (7   | ype, Print)   | 19b. Mailing Addres                               | ss (Straat a        | and Number or Rura                        | I Routa Number,   | City or Town,                  | Stata, Zip C                   | oda)   |  |  |
| - Bie 73  |                | LOUISE Wi   | ck  | 8613QU  | EN7                 | IN AVE                                    | · PARK  | VILLE                          | , MD.                          | 21234  |  |  |
| PASAN<br>BENEGIA<br>DE COLON  |                | 20a. Mathod of Disposition  1 Burial 2 Cramation 3 1  | Ramovai from Stata  | iaca of Disposition (Na<br>amatary, crametory or  | othar place         | 8) / 5                                    | Data 26   | Oc. Location                   |                                | n, Stata   |  |  |
| 를 보통된을 .  |                | 4 Donation 5 Other (Spacify,  |   | ROWNSVII  | UE,                 | VET.                                      | 1998  | A.A.                           | Co.                            | MD.  |  |  |
| Demit<br>Depart<br>Import<br>any in   |                |   | She l. b.   | HoFF  | MAR                 | UN-SKA                                    | ADA .   | 32181                          | 4UDSC                          | DN 57  |  |  |
| Physician<br>/Medical<br>Examiner   |                | 23a. Part1. Entar tha disaase or comp<br>shock, or haart feilura. List only of<br>Immediate Causa (Finel<br>disaasa or condition<br>rasulting in death) | lications that causad tha daath na causa on each line.  CHRONIC                 |   |                     |   | r raspiratory arre  | st,                            | A In                           | pproximata<br>Itarval Between<br>Insat and Death     |  |  |
|   | ē              |   | Dua to (or  | as e consequence of ISCHEMIC H                    |                     | TCEACE                                    |   |                                |                                |  |  |  |
| 58 / 50,<br>cete be executed<br>physician end<br>s the burial-transit   | Examiner       | Sequentially list conditions.   | U   | as a consequence of                               |                     | TSEASE                                    |   |                                |                                |  |  |  |
| bo,<br>be exe   |                | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceusa (Disease or Injury c.  |   |   |                     |   |   |                                |                                |  |  |  |
| ifficete be ex<br>g physician   | edicai         | thet initiated evants resulting in death) Last Dua to (or as a consequence of):   |   |   |                     |   |   |                                |                                |  |  |  |
| - C   |                |   | d   |   |                     |   |   |                                |                                |  |  |  |
| . 0 0 0   | by Physician/M | Part II. Other eignificant conditione co  | ntributing to death but not rasu  | Iting in the undarlying                           | causa give          | on In Part I.                             | 23b. Did to   | Dacco uee co                   | ntribute to th                 | ne cause of death?                                   |  |  |
| requires that the een signed by the hould be deteched   | Phys           | GASTROINTESTI   |   | in  |                     |   | 1 □ Ye  |                                |                                | oly 4 Unknown  |  |  |
| ries that the signed by the detect  | by             | 01101101101111  | ONE ESCEUT  | 100   |                     |   |   |                                |                                |  |  |  |
|   | Completed      | PNEUMONIA   |   |   |                     |   | 24a. Wes er<br>perform  | autopsy<br>ad?                 | availa                         | autopsy findings<br>abia prior to<br>lation of causa |  |  |
| 10 % B CE   | duc            | 150 5-40 40   | 240-440-54  | 40-4  |                     |   |   | ~                              | of das                         | ath?   |  |  |
| VITAL IN INCIDENT THE CONTINUES TO PAGE   |                | 25. Was casa rafarrad to medical  | THROMBOCA   | <del>1130CIJM</del>                               |                     | 26. Pieca of Daath                        | 1 ☐ Ya  | 1                              | 1 U Y                          | ′as 2□ No  |  |  |
| OT VITAL Physician: This certificate and director, pa   | To Be          | axaminer?   | Hospital: 1 ⊠npatiant 2 □ E   | ER/Outpatient 3□ D                                | OA Otha             |   |   |                                | ar (Snecify)                   |  |  |  |
| n OT<br>ng Phys<br>ter this<br>neral di   |                | 27. Mannar of Death 1 ☑Natural 5 ☐ Panding  |   |   | 28c. Injury<br>Work |   | 28d. Dascribe ho  |                                |                                |  |  |  |
| DIVISION  or Attending effer death.  Director: After din by the fune  | catic          | 2 Accident Invastigation 3 Sulcide 8 Could not be   |   | М   | 1 🗆 Y               | ′as 2□No                                  |   |                                |                                |  |  |  |
| effer din by  | Certification: | 4 ☐ Homicida determinad determinad 28a. Pleca of Injury - At homa, farm, straat, factory, offica building, atc. (Spacity)                               |   |   |                     |   | 28f. Location (Streat and Number or Rural Routa Number,<br>City or Town, Steta) |                                |                                |  |  |  |
| To the Hospital or Attending Physician: The Is within 24 bursus after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page | edicai C       | 29a. Cartifier (Check only one) Certifying Physical Exami   | sician: To the best of my knowner: On the basis of examineti and mannar stated. | viadge, deeth occurred<br>on and/or Investigetion | at tha time         | e, data and piaca, a inion, deeth occurre | nd dua to tha ca<br>ed at the time, de  | usa(s) and ma<br>te end piece, | nner as state<br>and dua to th | e cause(s)   |  |  |
| To the To the Comp  | Me             | 29b. Signatura and title of certifier   | 1   | 29  | c. Licensa          |   |   | d. Data signe                  |                                |  |  |  |
|   |                | 1 (1. lanaui/M∆ )0052200  |   |   |                     |   |   | BALTIMORE, MD 21201            |                                |  |  |  |
|   |                |   | /   |   |                     |   |   |                                |                                |  |  |  |
|   | 1              | 30. Nama and address of parson who co   |   | 23a) (Type, Print)<br>Z <i>S GRE</i>              |                     | C   | A   | 1- 1                           | 10 -                           | 30:  |  |  |

K May by The AS BATTIMORE PERKY LLE THE ELEVATIVE ALL STREET 16HD 11114 Committee that Think Advisor to

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Day Month Year Physician Ray Wolford 12:30 pm 30, 1998 4c. County of Death June /Medical 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner Gilchrist Center Baltimore Baltimore If Under 1 Year 5. Sociei Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** 1**⊠** M 2□ F Months Days 219 03 9074 Yrs. Director Aug. 10, 1920 West Virginia Usuei Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shor traumatic event, the Medical Exactions must be notified at 1 Yes 2 No Maryland Baltimore Middle River Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 519 Carrollwood Rd. 21220 U.S.A. Peges 1 end 2 should be filed within 72 hours after death nent of Health and Mentel Hygiene. Int: If Item 27 Is marked other than "natural", or items 23. Funeral 14. Race - American Indien, 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Bieck, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 ☐ Never Merried 2 ☐ Married 1 Yes 2 No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highest grade completed) Elamantary/Secondery (0-12) Coilege (1-4or 5+) Container Mfg. Machinist 10 18. Mother's Nama (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) Be Leslie Wolford Bertie Marker 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Neme/Raiationship (Type, Print) 519 Carrollwood Rd. Baltimore, Md. 21220 Ruth Wolford (Wife) other 20b. Piece of Disposition (Neme of cematary, crametory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State permit. Peges Department of Important: If It any Injury or c 1 Burial 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) Holly Hill Mem. Gardens 7/2/1998 Baltimore, Co. Md. 22, Name end Address of Fecility of/Buneral Service Lie Bruzdzinski Funeral Home P.A. Appropriate the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory errest, appropriately, or heart failure. List only one cause on each line. Approximete Intervel Between Onsat end Death Physician Immediate Cause (Final diseese or condition resulting in deeth) /Medical 6 montes Examiner as a consequanca of) Examiner Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initieted events resulting in death) Lest Dua to (or as a consequence of): Physician/Medical Due to (or as e consequence of): USB 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by t 1 Yes 2 No 3 Probably 4 Unknown p 24b. Wara autopsy findings evailable prior to completion of cause of daath? Completed 24e. Was an autopsy performed? page 2 s hes 1 Yes 2 80No 1 ☐ Yes 2 ☐ No certificate funeral director, 25. Was case referred to medical examiner? Be 26. Pleca of Death (Check only ona) Othar: 4 | Nursing Home 5 | Residance 6 Other (Specify) 1 Yes 2NNo 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To After this 28d. Dascribe how injury occurred 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 1 Natural 2 Accident 5 Pending 2 No Investigation 8 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 4 Homicide

Dolford, Raymond 10/33/63 or Attending Physician: efter death. Director: Aft 24 hours e Hospital Within 2 To the

MOSEL

the Manyland

altimore, Maryland 21215-0020

10

State Registrar

completely

Medical

29a. Certifier

JUL 0 2 1998

Certifying Physician: To the best of my knowledge, death occurred at the time, data and plece, end due to the causa(s) and manner es stated.

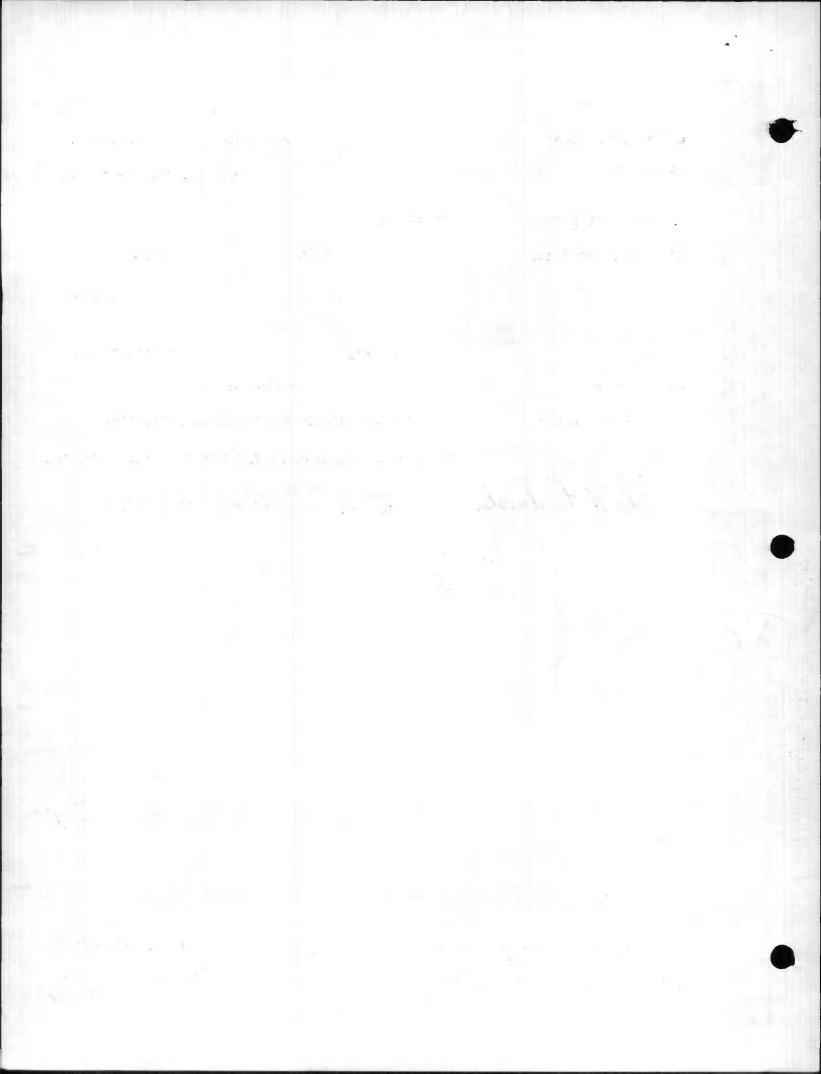
| Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

(Check only one) 29d. Dete signed (Month, Dey, Year) 29c. License number 29b. Signature end title of certifier

June 30, 1998 25205 , wo

32. Registrate gignatue
Gruna Davidson-Randate

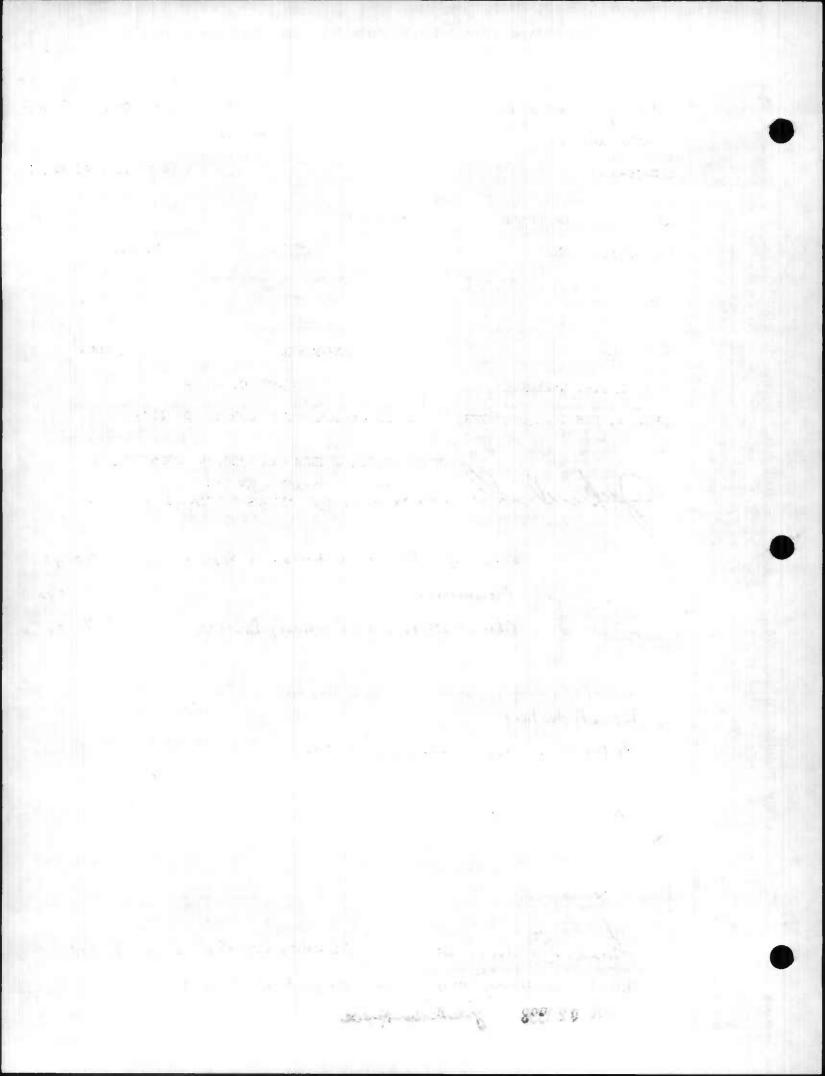
N. Charles St. Balto. ms



|   | Last)  |  |   |   |  |   |  |   |  |  |  |
|---|--|--|---|---|--|---|--|---|--|--|--|
| A A   | Decedent's Name (First, Middla, Last)  |  |   |   |  |   | 2. Data of Death<br>Month Day  |   | 3. Tima of Death   |  |  |
| Mary Wetzel   |  |  |   |   |  | June  |  | Yaar<br>1998  | 1:51 pm  |  |  |
| 4a Facility Name (# not Institution, s  |  |  | TIMORE  | 4c. County  |  |   |  |   |  |  |  |
| 220-16-3662   | . Sex 7.<br>1 □ M 2 점 F  | Age (In yrs. la<br>78  | ast birthday)<br>Yrs.   |   |  | n. 8. Date of Birth<br>(Month, Day<br>MARCH   | , 1920   |   | olace (State or Foreign<br>OLL CO., MD   |  |  |
| 10a. State 10b. County  |  | 10c. City  |   |   |  |   | 5 10   | 1   | Od. Inside City Limits   |  |  |
| MD BA   | LTIMORE  |  | CATO  | NSVILLE   |  |   |  |   | 1 ☐ Yes 2 💢 No   |  |  |
| 10e. Street and Number<br>801 WINTERS LAN   | E  |  |   | 10f. Zip Code   | 21228  |   | -  |   | ntry?  |  |  |
| 11. Marital Status  1 Naver Married 2 Married  3 Widowed 4 Divorced   | Armed Force 1 1 Yes 2 If Yes, Give   | es?<br>⊡XNo  | J.S. 13. Was Decedent of Hispanic Origin? (Sp. If Yes, specify Cuban, Mexican, Puerto  1 ☐ Yes 2 No Specify:  |   |  | (Specify Yes or No-<br>erto Rican, atc.)  | ecify Yes or No-<br>Rican, atc.)  14. Race - Amarica<br>Black, White, e  Specify: WH]  |   |  |  |  |
| (Specify only highast grada completed) (Giva kind of life. DO NOT   |  |  |   | kind of work dor<br>OO NOT use reti   | of work done during most of working OT use retired)      |   |  | 16b. Kind of Business/Industry  |  |  |  |
|   |  |  |   |   |  |   |  |   |  |  |  |
| WILLIAM J.B. GARTRELL   |  |  |   |   |  | E C. SHAN   | E  |   |  |  |  |
|   |  | ER)  |   |   |  |   |  |   | Code)  |  |  |
|   |  | ate  | matary, cran  | atory or other p  |  | Date 6/30/98  |  |   |  |  |  |
| 21. Signature of Funeral Service Licenses 22. Nama and Address of Facility HUBBARD FUNERAL HOME INC   |  |  |   |   |  |   |  |   |  |  |  |
| 23a. Part. Pinter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and or heart failure. List only one cause on each line.  Approximate Interval Between Onset and Death |  |  |   |   |  |   |  |   |  |  |  |
| Immediata Causa (Final disease or condition rasulting in daath)   | a Vanc   | omycil   | n Resis   | tant En   | terococcu  | is Sepsis   |  |   | 9 days   |  |  |
|   | b. Prec  | moni   | a   |   |  |   |  | 1   | 9 days   |  |  |
| if any, leading to Immediate cause. Enter Underlying Causa (Disease or Injury that Initiated events  C. Chroniz Obstructive Pulmonery Disease Years   |  |  |   |   |  |   |  |   |  |  |  |
|   | d  |  |   |   |  |   |  | 1   |  |  |  |
| Part II. Other eignificant condition  | contributing to deal   | th but not resu  | ilting in the ur  | derlying causa  | givan In Part I.   | 23b. Dfd t  | obacco usa co  | ontribute to  | o the cause of death?  |  |  |
| Renal f   | nilure   |  |   |   |  | 120   | /** 2□No   | 3 Pro   | bably 4 Unknow   |  |  |
| Arterios  | clerotie   | Cardi  | 016360  | nlar d  | isease   | 24a. Was<br>perfo   | an autopsy<br>med?   | av  | are autopsy findings<br>vallable prior to<br>emplation of cause<br>death?  |  |  |
| 100   |  |  |   |   |  | 101   | es 2 No  | 1[  | Yes 2 No   |  |  |
| 25. Was case referred to medical  |  |  |   |   | 26. Placa of C   | 26. Placa of Death (Check only one)   |  |   |  |  |  |
| examiner?   |  |  |   |   |  |   |  | her <i>(Specil</i>  | (y)  |  |  |
| Z C / NOOROOM   | tion   | fnjury<br>Day Year)  | 28b. Time of<br>fnjury  |   |  | 28d. Describe h   | now injury occu  | rred  |  |  |  |
| 3 Suicide 4 Homicida  6 Could not be determined  28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)  28f. Location (Street and City or Town, State)   |  |  |   |   |  |   |  | ber or Ruri   | al Route Number,   |  |  |
| 29a. Cartifiar 1 Cartifying (Check only one) 2 Madical Ex   | aminer: On the basi  | is of examinat   | vladga, daath<br>ion and/or Inv   | occurrad at the estigation, in m  | time, date and pla<br>y opinion, daath o                 | ace, and dua to the occurred at the time,   | cause(s) and m<br>data and place   | annar as s<br>, and due to  | stated.<br>o the cause(s)  |  |  |
| 29b. Signature and Itie of certifier  | 0  |  |   | 29c. Lice   | nse number   |   | 29d. Date sign   | ed (Month,  | Day, Year)   |  |  |
| 29c. License number 29d. Date signed (Month, Day, Year)  AS 2402321 - AS9213  June 27 1998  |  |  |   |   |  |   |  |   |  |  |  |
|   | SINAI HOSPITA  5. Social Security Number 220-16-3662  Usual Residence of Decedant 10a. State 10b. County MD BA  10c. Street and Number 801 WINTERS LAN  11. Marital Status 1 Naver Married 2 Married 3 Widowed 4 Divorced  15. Decedent's (Specify only highast of Specify only highast only highast only highast only highast only highast only highast only highast only highast only highast only highast only highast only | SINAI HOSPITAL  5. Social Security Number 220-16-3662  Usual Residence of Decedant  10a. State 10b. County MD BALTIMORE  10e. Street and Number 801 WINTERS LANE  11. Marital Status 12. Was Decedant Armed Forc 1 Never Married 2 Married 3 Windowed 4 Divorced 15. Decedent's Education (Specify only highast grada completed)  Elementary/Secondary (0-12) 7 TH GRADE  17. Father's Name (First, Middle, Last) WILLIAM J. B. GARTRELL  19a. Informant's Name/Ralationship (Type, Print) JOYCE V. EBERSOLE (DAUGHT  20a. Method of Disposition 1 Danation 5 Other (Specify)  21. Signalus of Juneral Service Licensed  23a. Part Finter the disease, or complications that cause or heart failura. List only one cause on accomplishing the print of the pr | SINAT HOSPITAL  5. Social Security Number 220-16-3662  Usual Residence of Decedant 10a. State 10b. County 10c. City MD BALTIMORE  10c. Street and Number 801 WINTERS LANE  11. Marital Status 11. Marital Status 11. Marital Status 12. Was Decedent Ever in U. Armed Forces? 1 Never Married 2 Married 1 Never Married 2 Never Never Married 2 Never | SINAI HOSPITAL  5. Social Security Number 220-16-3662  Usual Residence of Decedant  10a. State 10b. County MD BALTIMORE  10c. City, Town or Loc MD BALTIMORE  11. Marital Status 1 □ Naver Married 2 □ Married 3 □ Windowed 4 □ Divorced  15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12) 7 TH GRADE  17. Father's Name (First, Middle, Last)  WILLIAM J.B. GARTRELL  19a. Informant's Name/Ralationship (Type, Print) JOYCE V. EBERSOLE (DAUGHTER)  20a. Method of Disposition 19a. Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)  21. Signature of Tuneral Service Licenses  1. Signature of Tuneral Service Licenses  22. Part Service Licenses  23a. Part Service Licenses  24. Donation 5 □ Other (Specify)  25a. Part Service Licenses  25. Was case referred to medical examiner? 1 □ Yes 2 No  26. Chronic Christian 1 No pital: 1 □ Yes 2 No  27. Mannar of Death 1 Natural 1 No pital: 1 □ Yes 2 No  28a. Data of figury (Month, Day Year) 1 □ Yes 2 No  29a. Cartiliar (Christ Ron) 29a. Cartiliar (Christ Ron) 29a. Cartiliar (Christ Ron) 29a. Cartiliar (Christ Ron) 29a. Cartiliar (Christ Ron) 29a. Cartiliar (Christ Ron) 29b. Cartiliar (Christ Ron) 29c. Cartiliar (Christ Ron) 29 | SINAI HOSPITAL  5. Social Security Number 220-16-3662  1 | STNAI HOSPITAL  5. Social Security Number 22.0-16-3662  Usual Residence of Decedant 10a. State 10b. County MD BALTIMORE 10c. Clip, Town or Location MD BALTIMORE 10c. Clip, Town or Location 10a. State 10b. County MD BALTIMORE 10c. Clip, Town or Location MD BALTIMORE 10c. Clip, Town or Location 10d. Zip Code 21.228  11. Marital Status 12. Was Decedant Ever in U.S. 13. Was Decedant of Happanic Origin, If Yes, specify Cubars, Mexican, Pur If Yes, Specify | SINAI HOSPITAL  5. Social Security Number  20.0—16—3662  10.0 M 20 F 78  10.0 Clty; Town or Location  MD BALTIMORE  10.0 County  MD BALTIMORE  10.0 Clty; Town or Location  MD BALTIMORE  10.0 Lity; Town or Location  MD BALTIMORE  10.1 Lip Code  80.1 WINTERS LANE  11. Marital Status  12. Was Decedant Ever in U.S.  13. Was Decedant of Heapen's Origin's (Specify Yea or No-11 Vers. Specify Clubar, Macoun, Puerfor Rican, atc.)  11. Marital Status  12. Was Decedant Ever in U.S.  13. Was Decedant of Heapen's Origin's (Specify Yea or No-11 Vers. Specify Clubar, Macoun, Puerfor Rican, atc.)  12. Was Decedant Ever in U.S.  13. Was Decedant of Heapen's Origin's (Specify Yea or No-11 Vers. Specify Clubar, Macoun, Puerfor Rican, atc.)  12. Was Decedant Ever in U.S.  13. Was Decedant of Heapen's Origin's (Specify Yea or No-11 Vers. Specify Clubar, Macoun, Puerfor Rican, atc.)  12. Was Decedant Ever in U.S.  13. Was Decedant of Heapen's Origin's (Specify Yea or No-11 Vers. Specify)  14. Vers. 20 No. Specify:  15. Deceder's Classion or Classics  16. Deceder's Clubar or Macounty (Specify) (Specify Yea or No-11 Vers. Specify)  16. Deceder of word from during most of working (fire. Do NorTus entered)  17. Fabrer's Name (First, Middle, Last)  18. Informant's Name/Relationarily (Type, Pint)  19. Mailing Address (Smaat and Number or Roull River Number 1)  19. Mailing Address (Smaat and Number or Roull River Number 1)  19. Mailing Address (Smaat and Number or Roull River Number 1)  19. Mailing Address (Smaat and Number or Roull River Number 1)  19. Mailing Address (Smaat and Number or Roull River Number 1)  19. Mailing Address (Smaat and Number or Roull River Number 1)  19. 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State Registrar

Sinci Hospital Baltimore Amador Subong, M.D. 32. Ragistrar's Signature



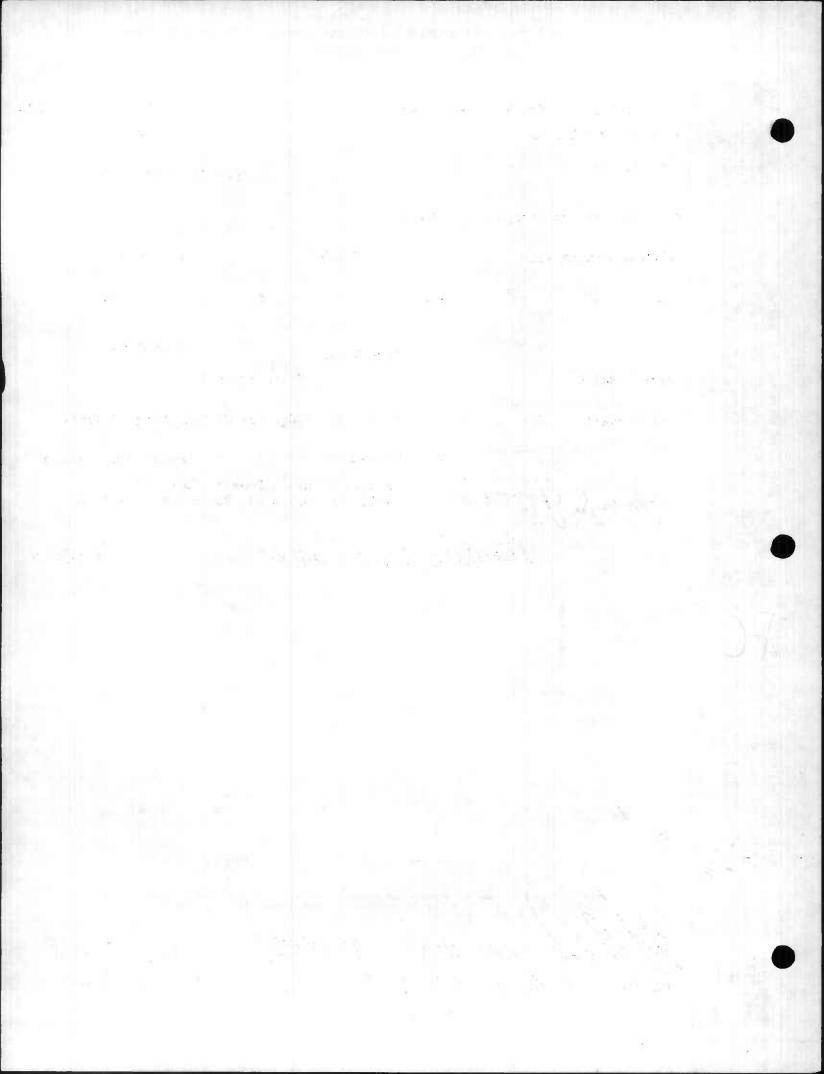
# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey Month Year **Physician** 27 1998 6:45 A.M. Beatrice Smith Winkelman June /Medical 4e Fecility Neme (If not institution, give street and number)
4208 Crosswick Turn 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Prince George's Bowie Hours | Min. | 8. Date of Birth (Month, Dey, Year) If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthpiace (State or Foreign Country) **Funeral** 006 30 0734 1 M METE 63 Months Deys Yrs. Feb. 23, 1935 Director Maine Usuel Residence of Deceden death with the Meryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or frams 23s or 28s-f shot traumatic event, the Medical Examiner must be notified as Prince George's Bowie XX Yes 2 □ No Maryland Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4208 Crosswick Turn 20715 United States Funerai 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental hygiene. Important: If item 27 is marked other than "natural; or item eny injury or other traumatic svent, the Medical Examined page. Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Merried 1 √ Xes 2 □ No If Yes, Give Maryland 21215-0020 54-58 1 ☐ Yes 2 ☑ No Specity: No Specify: White by 3 ₩ Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) Education Office Manager 17. Fether's Neme (First, Middle, Last) 18 Mother's Neme (First Middle Maiden Sumeme) Be Helen Maxwell Archie Smith 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 12606 Granite Ridge Dr. Gaithersburg MD 20878 Rus Maxwell Baltimore, 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete XX Burial 2 Cremetion 3 Removel from Stete Arundel Cemetery July 7,1998 Kennebunkport Maine 4 Donetion 5 Other (Specify) 22. Name end Address of Fecility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Maryland 20715 plications thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Fine) lears diseese or condition resulting in death) Examiner Due to (or es e consequence of) Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Physician/Medicai Due to (or es e consequence of): Division of Vital Records, P.O. Box BSO 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by t Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed 24e. Was en eutopsy performed? page 2 has 1 Yes 27 No 1 Yes 2 No certificate or Attanding Physician: funerel director, Be 25. Was case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 9 1 | Inpatient 2 | ER/Outpetient 3 | DOA this 27. Mepner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury et Work? After 5 Pending efter death. 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) filled in by 4 ☐ Homicide Hospital 24 hours 29a. Certifier is: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) end menner as stated. 12 Cartifying Physicia Medicai completaly On the basis of examinetion and/or Investigation, In my opinion, deeth occurred at the time, dete end place, and due to the cause(s) and menner stated. (Check only 2 Msdlcal Exa To the I within 2 29c. License number 29d. Date signed (Month, Day, Year) d cause of deeth (Item 23a) (Type, Print) and address of person who co 25+ enter 0 2 1998 22. Registrer's Signeture State

lie Davidson

**DHMH 16 Rev 6/95** 

Registrar



### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 0 Q

|  |  |                                 |  |   |   | Certificate of   | of Death                       |   | Reg. No.                     | 0   | . U 4  | 40          |  |
|--|--|---------------------------------|--|---|---|--|--------------------------------|---|------------------------------|---|--|-------------|--|
| Dhue   |  |                                 | 1. Decedent's Neme (First, Middle  |   |   |  |                                | 2. Dete of D<br>Month   | eeth                         | V   | 3. Tim                                       | if Elementh |  |
| 180  | Physic<br>/Medi  |                                 | MAE WI   |   | JUN   | 28 1   | year g                         | 1   | 15PM                         |   |  |             |  |
| }  | Exami  |                                 | 4a. Facility Neme (If not Institution  | 4b. City, Town,   | or Location of Dee  | th 4c. County  | of Death                       |   |                              |   |  |             |  |
| 72 hours after death with the Maryland of Tatural, or items 23s or 28s-f show or 28s-f show or 28s-f sh |  | HOWARD COU                      | WARD   |   |   |  |                                |   |                              |   |  |             |  |
|  | Director   |                                 | 5. Sociel Security Number 107–32–9435 Usuel Residence of Decedent  | 6. Sex<br>1 ☐ M 2 💢 F   | ge (In yrs. last bi   | rthday) If Under 1 Ye Yrs. Months De   | er If Under 24 H<br>ys Hours M | in. (Month, E   | irth<br>Pay, Year)<br>6,1917 | 9. Birthp<br>Coun   | iece (State<br>itry)<br>NY                   | or Foreign  |  |
|  | 8 11   |                                 | 10a. Stete 10b. County   |   | 10c. City, Tov  | n or Location  |                                |   |                              | 1   | Od. fnside C                                 | City Limits |  |
|  | 28a-f sh<br>softflad   | Director                        | MD  10e. Street end Number   | HOWARD  |   | COI  | UMBIA                          |   | 40 000 0 65                  |   | **   | 2 □ No      |  |
|  | 23a or   |                                 | 6336 CEDAR LAN   |   |   |  | 10g. Citizen of V              | U.S   | .A.                          |   |  |             |  |
|  | ral', or item<br>Examiner n  | by Funeral                      | 11. Meritel Stetus 1 ☐ Never Married 2 ☐ Merr 3 ☑ Widowed 4 ☐ Divorced   | 12. Wes Deceden Armed Forces ed 1 Tyes 2 X If Yes, Give Yeer or Detes | ?<br>No   | If Yes, specify Cuben, Mo  |                                | spenic Origin? (Specify Yes or No-<br>n, Mexican, Puerto Rican, etc.)<br>Specify: |                              | 14. Rece - American Ir<br>Bieck, Whita, etc.<br>Specify: WHIT |  |             |  |
| 15-C   | - 8  | Completed                       | 15. Decedent<br>(Specify only highes   | t grade completed)  |   | 6a. Decedent's Usual Occupation<br>(Give kind of work done during most of wo.<br>life. DO NOT use retired) |                                | vorking   | 16b. Kind of B               | usiness/inc   | lustry                                       |             |  |
| 2121<br>d within   | then.  | E                               | Eiementary/Secondery (0-12)  | College (1-4or  |   | LERK   |                                |   | BANKIN                       | C   |  |             |  |
|  | Hygi<br>ont,   | BeC                             | 17. Father's Neme (First, Middle,  | Last)   |   |  |                                | 18. Mother's Neme (First, Middle,   |                              |   |  |             |  |
| Maryland   | Mental<br>arked o  | ToB                             | SAUL   |   | MEYER   | RSON   | DO                             |   | LAZAROFF                     |   |  |             |  |
| aryla  | and Men<br>s marke<br>sumatic  | -                               | 19a. Informent's Neme/Relations  | nlp (Type, Print)   |   | b. Melling Address (Str.   |                                |   | ber, City or Town,           |   |  |             |  |
| M S  | Haalth a<br>em 27 ls<br>other tra  |                                 | MURRIE BURGAN  | (DAUGHTER)  |   | 5524 GARDEN  | WICK ROA                       | D BALT  | IMORE, M                     | D 21  | 209  |             |  |
| Baltimore  | nt of Ha<br>to it from   |                                 | 20e. Method of Disposition   | 3 KN orpoval trpm Stay  | 20b. Piece o  | of Disposition (Name of<br>any, cremetory or other)<br>R PARK  |                                | Dete<br>6/30/98   | 20c. Location -              | City or To  | wn, Stete                                    | CEV         |  |
| Hin Parit  | instruction of   |                                 | 4 Dogation 5 Other (Sy   | 11/   | CEDA  |  | drace of Encility              | 1   |                              |   |  | SEI         |  |
| Ba   | Ba<br>Depa<br>Impo   |                                 | 21. Soprature of Function Service Liberts of Sol LEVINSON & BROS., 8900 REISTERSTOWN ROAD PIKESVILLE   |   |   |  |                                |   |                              |   |  |             |  |
| -  | 4  | 296 Part1 Fotor the disease for | formiliation that cause  | ed the deeth. Do  |   |  |                                |   | SATEL                        | E, MD Approxime   | 2120   |             |  |
|  | nysician   |                                 | 200. If art1. Enter the disease, or<br>shock, or heart failure. List   | only and aduse on each  | line.   | not sitter the thouse of   | dynig, soon as care            | nec or respiretory  | antoot,                      |   | Intervel Be<br>Onset end                     | tween       |  |
|  | Medical  |                                 | Immediate Cause (Final   | ^ -   | - O &   | -0:0:  | O                              | 108   |                              |   | 12 00  | 210         |  |
| E  | xaminer  | П                               | disease or condition resulting in death)  Due to (or as a consequence of):   |   |   |  |                                |   |                              |   |  |             |  |
|  |  | her                             |  | C110 .00  |   |  | 13 Pul 5                       | MAINE   | D.522                        | 2 2   | 3 WE   | 32/5        |  |
| 2/   | - pu   | Examine                         | Sequentially list conditions.  | P b. CHECON   | Due to (or es e   | Consequence of): W   | SITH EX                        | ~ CBRBA   | 7-00-                        | 20  | 7 40 C                                       | 1110        |  |
| 00   | cian a<br>burlar   | 100                             | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury  |   |   |  |                                |   |                              |   |  | Ercs        |  |
| 68760  | physic<br>the b  | edical                          | that initiated events resulting in death) Last Due to (or es a consequence of):  |   |   |  |                                |   |                              |   |  |             |  |
| ~ E  | 20.00  | 2                               |  | d   |   |  |                                |   |                              | i   |  |             |  |
| Box  | lor use  | Physician/                      |  |   |   |  |                                |   |                              |   |  |             |  |
|  | ched   | iysi                            | Part II. Other significant condition   |   | 23b. Did tobacco use contribute to the cause of deat  1 Yes 2 No 3 Probably 4 Unkno |  |                                |   |                              |   |  |             |  |
|  | igned by the a   |                                 | BROW CHIECT  | _ 12  |   |  |                                |   |                              |   |  |             |  |
| of Vital Records,  | hould  | Completed by                    | BROWLENECT<br>CORRAISMYS<br>CORONNEY   | PATHY   |   |  |                                |   | s an autopsy<br>formed?      | COL   | are autopsy<br>ailable prior<br>impletion of | to          |  |
| I Rec  | ata has<br>page 2  | Ę                               | C 20 2242 A  | NA == 80:   | 7 DISE  | 20.0   |                                | 4.5   | V. a Marr                    |   | death?                                       | 24          |  |
| tal  |  |                                 | 25. Wes case referred to medical   | 740 1010  | 1 17050   | 5-1-15-15  |                                |   | Yes 2 P(No                   | 1 ☐ Yes 2 ☐ No  |  | TNO         |  |
| of Vita  | s cartific<br>director,  | To Be                           | examiner? 1 ☐ Yes 2 ☐ No   | Hospitei:   | iont 2 PERIO  | utpatient 3 DOA  | Other                          | Deeth (Check only<br>Home 5 Res   |                              | /0  | 4  |             |  |
| Phy of   | eral d   |                                 | 27. Manner of Deeth  | 28a. Dete of Inj<br>(Month, D   |   | Stpatient 3L DOA   | njury et<br>Work?              |   | how injury occur             |   | "  |             |  |
| Vision   | Afte fun   | ation                           | 1 Natural 5 ☐ Pending 2 ☐ Accident investig  |   | ey Year)  |  | Nork?<br>I□Yes 2□No            |   |                              |   |  |             |  |
| Division<br>or Attending   | aftar death.<br>Director: Aftar<br>I in by tha funa  | Certification:                  | 3 Suicide 6 Could r<br>4 Homicide determine  | ned 286. Pieca of it  | njury - At home, fo   | e, ferm, street, fectory, office   |                                | 28f. Location (Street and Number or<br>City or Town, Stete)                       |                              | per or Rura   | Rural Route Number,                          |             |  |
| Hospital o   | within 24 hours after death.  To the Funeral Director: After the completely filled in by the funeral |                                 | 29e. Certifier 1 Certifying  | Physician: To the besi  | of my knowledge   | e, deeth occurred et the   | time, date end ple             | eca, end due to the   | e ceuse(s) end me            | enner es st   | eted.  |             |  |
| He H   | the F  | ledical                         | one)   | xaminer: On the basis of<br>end menner s                              | teted.  |  |                                | curred at the time  |                              |   |  | 3)          |  |
| 2  | within 2<br>To the<br>comple   | Σ                               | 29b. Signeture and title of certifier  | $\sim$  |   |  | ense number                    |   |                              |   | Day, Year)                                   |             |  |
|  |  |                                 | 197  |   | ("  |  |                                | D 36974   |                              |   | JUN 26, 1998                                 |             |  |
|  | 10   |                                 | 30. Name and address of person of the control of th | who completed cause of  | deeth (Item 23a)  | (Type, Print)<br>+ LI TTLE   | PATUXON                        | TT Park   | NAY, C                       | bun   | 210<br>131A                                  | m0          |  |
|  | Sta<br>Registr   |                                 | 31. Dete filed (Month, Day, Year)  | 32. Regist  | ray's Signeture   | an Bordell   |                                |   |                              |   |  |             |  |
|  | ricgisti   | W1                              | 845 0  | N 1330  |   |  |                                |   |                              |   |  |             |  |

2460 . 6

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Death 3. Time of Deeth 1 Decedent's Neme (First Middle Last) JUNE 23, 1998 **Physician** MARTON WANDERMAN 3:25 PM /Medical 4b. City, Town, or Location of Death 4e Facility Name (If not institution, give street and number) 4c. County of Death **Examiner** BALTIMORE 7233 PARK HEIGHTS AVENUE #B N/A 7. Age (In yrs. last birthday) 80 Yrs. If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number 8. Date of Birth (Month, Day, Year) **Funeral** Days Hours 1 M XXF Director 093-09-9517 JAN.19,1918 NY Usual Residence of Decedent with the Maryland 10a. State 10c. City, Town or Location 10d. Inside City Limits 10b. County r than "naturel", or items 23e or 28a-f ahow the Medical Examiner must be notified at BALTIMORE XX Yes 2 No N/A MD Directo 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 21215 7233 PARK HEIGHTS AVE. U.S.A. death Funeral 12. Was Decedent Ever in U,S Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Bace - American Indian 11. Marital Status Bleck, White, etc. 72 hours efter 1 ☐ Yes 2 XNo If Yes, Give Year or Dates: 1 ☐ Never Merried 2 ☐ Merried Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: WHITE b 3 ☐ Widowed 4 € Divorced Completed permit. Peges 1 and 2 should be filed within 72 t. Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "naturany injury or other traumatic event. 16a. Decedent's Usuel Occupetion (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) ASSOC JEWISH CHARITIES 12 **BOOKKEEPER** 17. Fether's Neme (First, Middla, Last) 18. Mother's Name (First, Middle, Maidan Sumama) IDA VOGEL ABRAHAM BERMAN 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) 19a. Informent's Neme/Relationship (Type, Print) 21208 JUDY TORNER (DAUGHTER) 25 COBBLER COURT PIKESVILLE, MD Baltimore, 20b. Plece of Disposition (Nama of camatary, crematory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State HILLTOP SERVICE CORP. TOWSON, MD 6/26/98 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licen 22. Name end Address of Fecility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD PIKESVILLE, MD 21208 plications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, one cause on eech line. Approximete intervel Between Onset and Death 23a. Pert1. Enter the diser **Physician** /Medical Immediate Ceuse (Findiseese or condition resulting In deeth) Examiner Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events P.O. Box 6876( that the death certificate resulting in death) Last 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not regulting in the underlying cause given in Pert t the the 3 Probably signed by 1 Yes 2 No 4 Unknown Records, à The law requires 24b. Were eutopsy findings aveileble prior to 24e. Wes en eutopsy parformed? Completed Deen completion of cause of death? hes 2 12 No certificete 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Physician: 25. Wes case referred to medical axeminer? Be 26. Piace of Death (Check only ona) Hospitel: Other: 4 Nursing Home A DNo 10 1 Yes 1 Inpatient 2 ER/Outpatient 3 DOA 5 Residence 6 □Other (Specify) this 27. Menne of Deeth 1 DNatural 28d. Describe how Injury occurred 28e. Dete of Injury (Month, Day Year) il Director: After the 28c. Injury at Work? Certification: or Attending 5 Pending investigation 1 Yes 2 No death. 2 Accident 6 Could not be 3 ☐ Suicide 28f. Location (Street and Numbar or Rural Routa Number, City or Town, State) 28e. Piaca of Injury - At home, ferm, street, fectory, office building, etc. (Spacify) efter 4 Homicide To the Hospital within 24 hours of To the Funeral I edicai 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and pleca, end due to the cause(s) end menner es stated. pletely

2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end pleca, end due to the cause(s) end menner stated.

eted cause of death (Item 23a) (Type, Print)

r's Signature

32. Registra

29d. Dete signed (Month, Day, Year)

Registrar

**DHMH 16 Rev 6/95** 

(Check only one) 29b. Signetu

Market Berger

ENGRETH DESIGNATION OF THE STREET

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Date of Death **Physician** Month SHIRLEY WILSON 26 /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SECOUR HOSPITAL BON BALTIMORE If Under 1 Year If Under 24 Hrs. 5. Social Sacurity Number 8. Date of Birth (Month, Day, Year) 1130/1933 6. Sex 7. Age (In yrs. last birthday) 9. Birthplaca (State or Foreign Days 1 M 2 XF Hours 213-30-588 Yrs. CONNECTICUT Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits Director 1 X Xes 2 □ No MARYLAND N/A BALTIMORE CITY 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 501 DOLPHIN STREET Funerai 21217 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 🕅 🔭 0 Completed by Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 2 yrs 12 yrs HOUSEWIFE PRIVATE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) VERNELL SCOTT HAWTHRONE WILLIAM SMITH 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Wilmar Wilson/Husband 2877 Kinsey Avenue, Baltimore Maryland 21223 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ remation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) METRO CREMATORY 6-27-98 BALTIMORE, MARYLAND 22. Name and Address of Facility WILLIAM C. BROWN COMMUNITY F/H 21. Signatural Funeral Servica Licensee 1206 W. NORTH AVENUE 23a. Part1. Enter the disered, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death immediate Cause (Final disease or condition resulting in death) Hepatic encephalopathy scirchos Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in daath) Last Due to (or as a consequence of): Hepatiti C
Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown End stage renal direase 24b. Were autopsy findings available prior to completion of cause of deeth? Idiopatic thrombocytopenia 24a. Was an autopsy performed? 1 ☐ Yes 2 No 1 Yes 2 No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ⅓ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 3 ☐ Sulcida

The lew requires that the death certificate be executed Box 68760, Records, P.O. Division of Vital or Attending Physician: **Funeral** 

Director

filed within 72 hours efter death with the Maryland

Baltimore, Maryland 21215-0020

permit. Pages 1 end 2 should be filed within 72 hours efter death with the Marylan Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.

**Physician** 

Examiner

/Medical

buriel-tran

the t 80

funeral

After

death.

after death

24 hours To the within 2 State Registrar

Physician/Medical Examiner þ Completed Be Certification: To 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 15 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai (Check only one) 29b. Signatura and title of certifian 29c. Licansa number 29d. Date signed (Month, Dey, Year)

3 attimore

06/26/1998

M.D

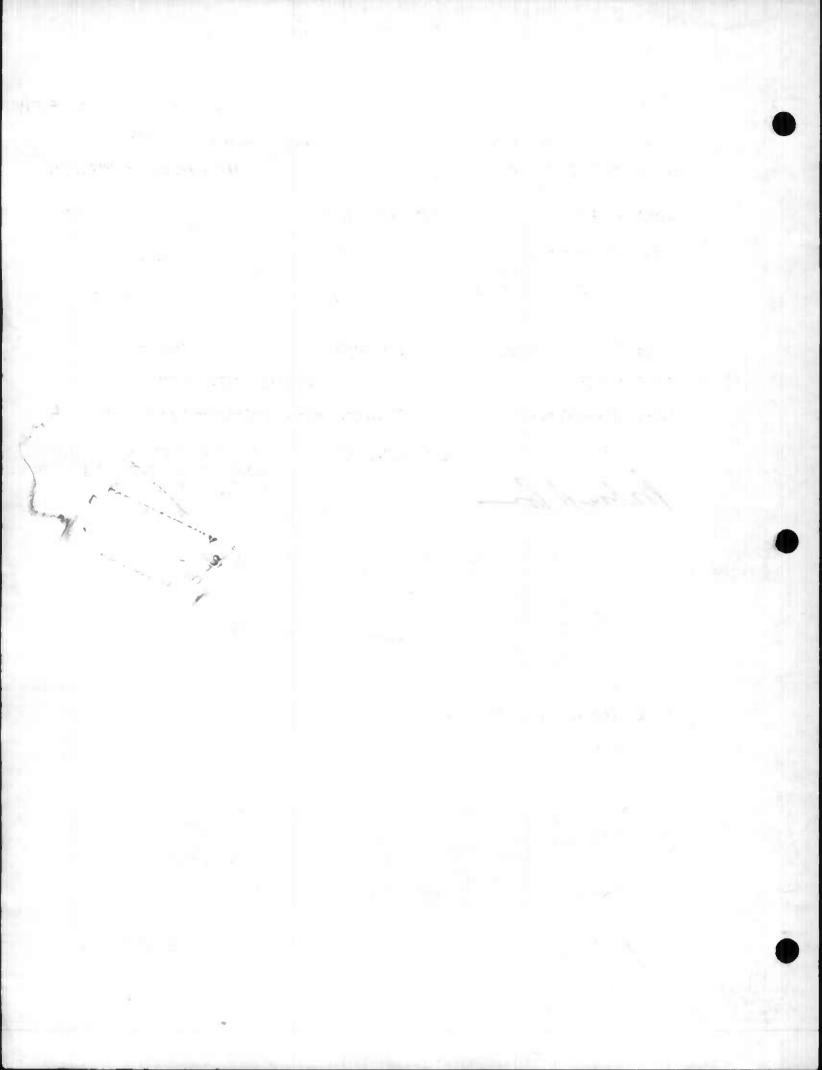
2000

32. Registran Signatura don Randalle

Louiec 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

andrew 31. Date filed (Month, Day, Year) Mrowiec

**DHMH 16 Rev 6/95** 



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Day Month Physician 29, 1998 Rufus A. Washington June 11:30p.m. /Medical 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 81 Winters Lane Catonsville Baltimore If Under 1 Year | If Under 24 Hrs 5. Social Security Number 6 Sex 7. Age (In vrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Days 10 M 20 F Months Hours 212-14-8325 81 Director Feb. 22, 1917 Md. Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits The Marylan herm 23s or 25s-f show ther must be notified at Md. Catonsville Baltimore 1 ☐ Yes XXNo Director 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code WITH USA 81 Winters Lane 21228 Funeral death 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 1,☐Yes 2 ☐ No If Yes, Give Race - American Indian, Black, White, etc. 11. Marital Status the Medical Examiner ahar 1 Never Married 2 Married "natural", or 1 ☐ Yes 25 No Specify: Specify: Black ğ 3 ₩idowed 4 Divorced Year or Dates Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life, DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Health Care filed within then Elementery/Secondary (0-12) College (1-4or 5+) Hygiana. Finance Administration Analyst 12th Grade 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Pages 1 and 2 should be nent of Health and Mental nd Mental marked of William Washington Mary Muir and) 19a. Informant's Neme/Relationship (Type, Print) Daughter 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) epartment of Health an important: If them 27 is in any injury or other 275s. Denise E. Washington 81 Winters Lane Catonsville, Md. 21228 Baltimore, 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20e. Method of Disposition Date Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) July 8 Baltimore, Md. Baltimore National Cem. 22. Name end Address of Facility Nutter Funeral Homes, Inc. 21. Signature of Funerel Servica Licenses 2501 Gwynns Falls PKWY Baltimore, Md. 21216 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** CANCER /Medical Immediate Cause (Final diseese or condition resulting in death) **Examiner** Due to (or as a consequenca of Physician/Medical Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 687 Due to (or as a consequence of): 981 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco use contribute to the cause of death? the been signed by should be detact 1 Yes 2 No 3 Probably 4 Unknown à 24b. Were eutopsy findings avellable prior to 24a. Wes an eutopsy performed? Completed completion of cause of death? The law hes page 2 2 No 1 ☐ Yes 2 ☐ No certificate Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: OL Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: or Attending 5 Pending Investigation 1 Yes 2 No death. Director: A 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of injury - At home, farm, street, factory, offica building, etc. (Specify) efter 4 Homicide 24 hours edical 29a. Certifie 1 Certitying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated. within 2 the 29b. Signeture and title of certifier 29d. Dete signed (Month, Day, Year) 29c. License number

N. EUTAW ST #305 BALT MONE

State Registrar 31. Dete filed (Month, Day, Year)

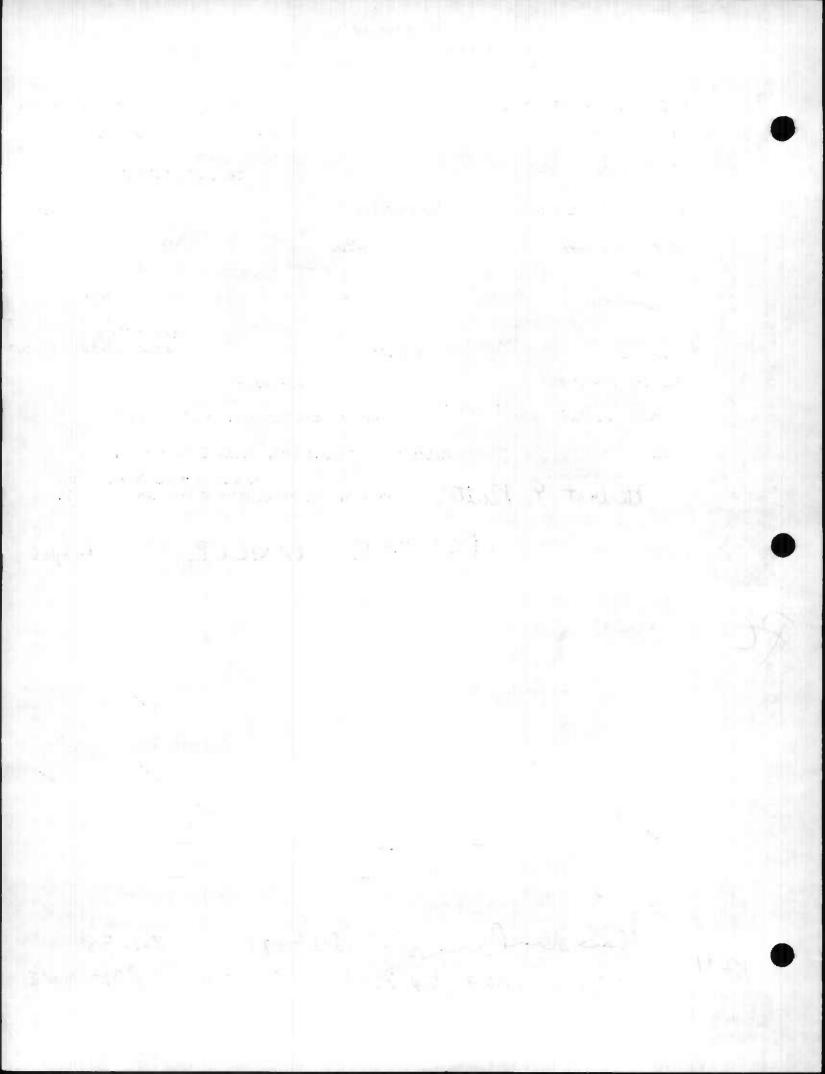
JUL 0 2 1998

30. Name and address of person, who completed cause of death (Item 23a) (Type, Print)

NAN

32. Registration

relia Davidson



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

|                     |  |                          | State of Maryland / Department of Health and Me<br>Certificate of Death  |                                     | gene 98                                | 20                                 | )447  |  |  |  |  |  |  |
|---------------------|--|--------------------------|--|-------------------------------------|--|------------------------------------|---|--|--|--|--|--|--|
| ľ                   | Physici  | an                       |  | Month Day Year 645                  |  |                                    | 3. Tima of Death  |  |  |  |  |  |  |
| 1                   | /Medic<br>Examin   |                          | LUCY WILLIAMS - JUNE · 24 1998 · 6 29 pm  4a. Fecility Nama (If not institution, giva street and number)  4b. City, Town, or Location of Death  4c. County of Death  |                                     |  |                                    |   |  |  |  |  |  |  |
| -                   | Funeral<br>Director  |                          | 212-22-1619  | 8. Data of Birth<br>(Month, Day     | n/a 9. Birthplace (S Country) Va.      |                                    | ce (Stete or Foreign  |  |  |  |  |  |  |
|                     | and ***  |                          | Usual Rasidance of Dacadant  10a. Stata 10b. County 10c. City, Town or Location  |                                     |  | 10d                                | . Inside City Limits  |  |  |  |  |  |  |
|                     | Maryi<br>-f sho  | tor                      | Md. n/a Baltimore  |                                     |  |                                    | 1⊠Xes 2□No  |  |  |  |  |  |  |
| Maryland 21215-0020 | th with the<br>23a or 28   | Funeral Director         | 10e. Street and Number 10f. Ztp Code 2702 Gatehouse Drive 21207  | 1                                   | 0g. Citizen of WI                      | nat Country                        | 7   |  |  |  |  |  |  |
|                     | ours after death with the Marylan<br>raft, or Hems 23s or 28s-f show<br>Examiner must be notified at   | ρ                        | 11. Maritel Status  1 ☐ Navar Memlad 2 ☐ Mamled  3 ☐ Mayored 4 ☐ Divorced  12. Wes Decedant Evar in U,S. Armed Forcas?  1 ☐ Yes 2 ☐ No If Yes, specify Cuban, Mexican, Puarto R  1 ☐ Yas 3 ☐ No Specify:  1 ☐ Yas 2 ☐ No Specify:  | cify Yes or No-<br>lican, atc.)     | Black                                  | - Amarican<br>, White, ato<br>Blac |   |  |  |  |  |  |  |
|                     | J within 72 hours<br>jiena<br>r than "naturai",<br>ne Medical Err  | To Be Completed          | 15. Decedant's Education (Specify only highast grade complated)  Elamantary/Secondary (0-12)  8th Grade  16a. Decedant's Usuel Occupation (Giva kind of work done during most of working life. DO NOT usa retired)  Housekeeper  | g                                   | 16b. Kind of Bus<br>Ends of<br>Evergre |                                    | itry  |  |  |  |  |  |  |
| land 2              | permit. Pages 1 end 2 should be filled with Department of Health end Mentel Hygiena important: If item 27 is marked other than any injury or other traumatic event, in a page. |                          | 8th Grade Housekeeper  17. Fether's Nema (First, Middla, Last) William Fitzgerald 18. Mothar's Nama (Laura J.  |                                     | Malden Sumema                          |                                    |   |  |  |  |  |  |  |
| Baltimore, Mary     | nd 2 shou<br>aith end M<br>27 is mar<br>r traumat  |                          | 19a. Informant's Name/Ralationship (Type, Print) daughter   19b. Mailing Addrass (Street and Number or Rural 2702 Gatehouse Drive Ba   |                                     |  |                                    | ode)  |  |  |  |  |  |  |
|                     | iges 1 e<br>it of Hea<br>if item<br>or othe  |                          | 20e. Method of Disposition  20b. Plece of Disposition (Nama of cematary, cramatory or other place)   |                                     | 20c. Location - C                      |                                    |   |  |  |  |  |  |  |
| H                   | artmer<br>ortant:<br>injury  |                          |  |                                     | Baltimor                               |                                    |   |  |  |  |  |  |  |
| ä                   | Dep<br>imp<br>any<br>any   |                          | 2501 Gwynns Falls PK   |                                     | neral H<br>imore,                      |                                    |   |  |  |  |  |  |  |
| Sun Sile            | Physician<br>/Medical<br>Examiner  |                          | 23a. Part T. Entar tha disease, or complications that caused tha death. Do not antar tha moda of dying, such as cardiac or shock, or heart failure. List only one cause on each line.  Immediate Ceuse (Final disease or condition resulting in death)  Dua to (or as a consequence of):   |                                     |  | fn                                 | pproximata<br>itarvaf Between<br>insat and Death              |  |  |  |  |  |  |
| x 68760             | leath certificate to extract attending physical artending physical artending for use as the furnishment  | /Medical Examiner        | Sequantially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated avants rasulting in deeth) Lest  b. MetuStAtic SubUlblad  Dua to (or as a consequence of):  Dua to (or as a consequence of):  d.  | der                                 | CAnc                                   |                                    |   |  |  |  |  |  |  |
| Box                 | the atter  | Completed by Physician/M | Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   | 23b. Did to                         | obacco use cont                        | ribute to ti                       | he cause of death?  |  |  |  |  |  |  |
| s, P.O              | d by<br>detac  |                          | Renal Failure  | 1 🗆 Y                               | es 2□No                                | 3 Probel                           | bly 4 Unknown   |  |  |  |  |  |  |
| ecord               | e law requiras th<br>has been signe<br>ge 2 should be o  |                          | Septio   | 24a. Was a perfor                   |  | evalla                             | autopsy findings<br>able prior to<br>plation of causa<br>ath? |  |  |  |  |  |  |
| al R                | page 1   |                          | tuyse UII  | 1□ Y                                |  | 1 🗆 Y                              | as 20No   |  |  |  |  |  |  |
| f Vital             |  | o Be                     | 25. Was case referred to produce a xaminar?  1   Yes   2   |                                     |  | (Specify)                          |   |  |  |  |  |  |  |
|                     | Jing<br>After<br>fune  | Certification: T         | 27. Mannar of Death  1 Natural 5 Panding 2 Accidant Invastigation  28e. Data of Injury (Month, Day Yaar)  28b. Tima of Injury Injury  M  28c. Injury at Work?  1 Yas 2 No  |                                     | ow injury occurre                      |                                    |   |  |  |  |  |  |  |
| Division            | F # F C  |                          | 3 Sulcida 4 Homicida 6 Could not be datermined 4 Homicida 6 Could not be datermined 28a. Placa of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 28b. Location (Street and Number or Rural Routa N |                                     |  |                                    |   |  |  |  |  |  |  |
|                     | To the Hospitat or within 24 hours effer To the Funeral Dir completaly filled In   | edical                   | 29a. Certifier  (Check only one)  1 Certifying Physician: To the best of my knowledge, daath occurred at the time, dete end place, end (Check only one)  2 Medical Examinar: On the basis of axemination and/or invastigation, in my opinion, daath occurred and personal stated.  | nd due to the c<br>d at the tima, d | ause(s) end men<br>ata and place, er   | ner as state<br>nd due to th       | ed.<br>ie cause(s)  |  |  |  |  |  |  |
|                     | To the<br>Within<br>To the<br>comple   | Med                      | 29b. Signature and title of pertitier 29c. License number  | . 2                                 | 29d. Data signed                       | (Month, Da                         | y, Year)  |  |  |  |  |  |  |
|                     | 1  | -                        | Mondy 2000 D35470  | 1                                   | Sure?                                  | 26,1                               | 998   |  |  |  |  |  |  |
|                     | 6  |                          | 100. Name and address of person who completed cause of death (Item 23e) (Type, Print)  WAN CLUT Siving School School Siving School Sin School Siving School Siving School Siving School Siving School  | Ser                                 | - Driv                                 | e 8                                | nitet   |  |  |  |  |  |  |
| Ü                   | Sta<br>Registr   |                          | 31. Dete filed (Month, Day, Year)  11 0 2 1998  32. Registar, Signature  Line Day doon - Franciste   |                                     | -                                      | p                                  | werner !  |  |  |  |  |  |  |

Thing tooter

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 8

Amend: #18 Per FH Film G761 7-2-98RC Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death 3. Time of Death **Physician** Month 1657 June /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Dital saltimore mi Mai 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) JAN. 23, 1913 Birthplace (Stete or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 1□M 2XF Hours Yrs RUSSIA Director 85 217-22-4870 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show treumetic event, the Medical Examiner must be notified at Yes 2 No Director MD N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 21215 5715 PARK HEIGHTS AVE. **Нетя** 23а by Funeral 12. Wes Decedent Ever In U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Biack, White, etc. e filed within 72 hours efter of all Hygiene. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1XNever Married 2 Merried 1 ☐ Yes 2 No Specify: WHITE Specify 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Coilage (1-4or 5+) PRACTICAL NURSE MEDICAL Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Peges 1 and 2 should be finent of Health end Mental It inter 27 is marked of CHENKIN 2 ISRAEL ZETTZOFF ANNA CHENKEN 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 19a. Informant's Name/Ratationship (Type, Print) Department of Health e Important: If item 27 is any injury or other tree 2321 MICAROL ROAD BALTIMORE, MD 21209 HARRY ZEITZOFF (BROTHER) 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremetion 3 Removal from State
Donation 5 Other (Specify) 6/30/98 CHERNIGOVER ROSEDALE, MD 21. Signature of Euneral Servica Licensee 22. Nama end Address of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN ROAD PIKESVILLE, MD 21208 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Physician /Medicai Immediate Cause (Finel disease or condition rasulting in death) **Examiner** Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last The law requires that the death certificete be Physician/Medical Due to (or as a consequence of) the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco usa contribute to the cause of death? signed by i 1 Yes 2 No 3 Probably 4 nknown - DECENTIA by - PROBABLE MYELOFIBROSIS WITH ANEMOR 24b. Were autopsy findings aveilable prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? this certificate 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: Be 25. Was case rafarred to medicat examiner? 28. Place of Daath (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 XNo Certification: To 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28a. Date of tnjury (Month, Day Year) 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Pending invastigation After 1 SNaturat death. 1 ☐ Yes 2 ☐ No spital or Attendi cours efter death. heral Director: A 2 Accident 3 Sulcida 6 Could not be dataminad 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Spacify) 281. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homlcida To the Hospital o within 24 hours ef To the Funeral DI completely filled is 1 Cartifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medicat Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a. Certifiar 29b. Signature end title of pertifier 29d. Dete signed (Month, Day, Year) 29c. License number D-22609 JUNE-29-1998. M.D. 30. Nama and address of person who completed causa of death (Item 23a) (Type, Print)

RUBEN REIDER M.D., 7445 FURI H.D. 7445 FURNACE BRANCH P& GLEN BURNIE MÅ 21060 31. Date filed (Month, Day, Year) 32. Registrar's Signature State I Tulie Davidson Randelle Registrar

ECR1 88.103. At the within the se Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month 1998 **Physician** Mary Alice Anstead June 17, 8:25 A.M. /Medical 4b. City, Town, or Location of Deeth 4e. Facility Neme (If not institution, give street end number) 4c. County of Death **Examiner** Takoma Park | Mon r If Under 24 Hrs. | 8. Dete of Birth s | Hours | Min. | Dec. 3, 1923 Washington Adventist Hospital Montgomery If Under 1 Year 9. Birthplace (Stete or Foreign Country) Pennsylvania 5. Sociel Security Number 7. Age (In yrs. last birthday) **Funeral** Months Deys 1 ☐ M 2 🖾 F 194-16-1599 74 Yrs. **Director** Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once. 10c. City, Town or Location 10d. Inside City Limits 1 Nes 2 No Silver Spring Director Maryland Montgomery 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3424 Gleneagles Dr. 20906 USA Funeral Race - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status l ☐ Yes 2☐ No If Yes, Give Year or Detes: 1 ☐ Never Married 2 ☐ Married Specify: White 1 ☐ Yes 2 ☐No þ 3 ☐ Widowed 4 ☐ Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Washington, D.C. Elementary/Secondery (0-12) College (1-4or 5+) Government Librarian 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Burt J. Millard Schneider 2 Mildred 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Roy James Anstead/Husband same as item 10 20e. Method of Disposition
1 △ Buriel 2 □ Cremetion 3 □ Removel from State 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Dete 4 ☐ Donation 5 ☐ Other (Specify) Cedar Hill Cemetery June 19, 98 Suitland, MD unerel Service Licensee 22. Name end Address of Fecility George P. Kalas Funeral Home, P.A. N 6160 Oxon Hill Rd., Oxon Hill, MD 20745 23a. Pant after the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, mock, or heart feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediete Cause (Finel disease or condition resulting in deeth) /Medical **Examiner** Due to (or es e consequence of) Examiner ate hes been signed by the ettending physician and page 2 should be deteched for use es the burial-transit Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Couse (Disease or Injury that initiated events Due to (or as e consequence of) Physician/Medical resulting in deeth) Lest Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings avelleble prior to completion of cause of death? 24e. Wes an eutopsy performed? Completed 2 No 1 ☐ Yes 2 ☐ No director, 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA 2 After this funeral 27. Menner of Deeth 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred Certification: s after deeth.
I Director: After
od in by the funer 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 24 hours Funeral 15 Certifying Physician: For the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end place, and due to the cause(s) 29e. Certifier Medical (Check only one) To the F within 2 29b. Signeture and title of conflict DZZ639 Parkway Smite B Greenbett 30. Name and address of person who comp Shawl

Registrar's Signeture

State Registrar 31. Dete liled (Month, Dey, Year)

JUN 1 9 1998

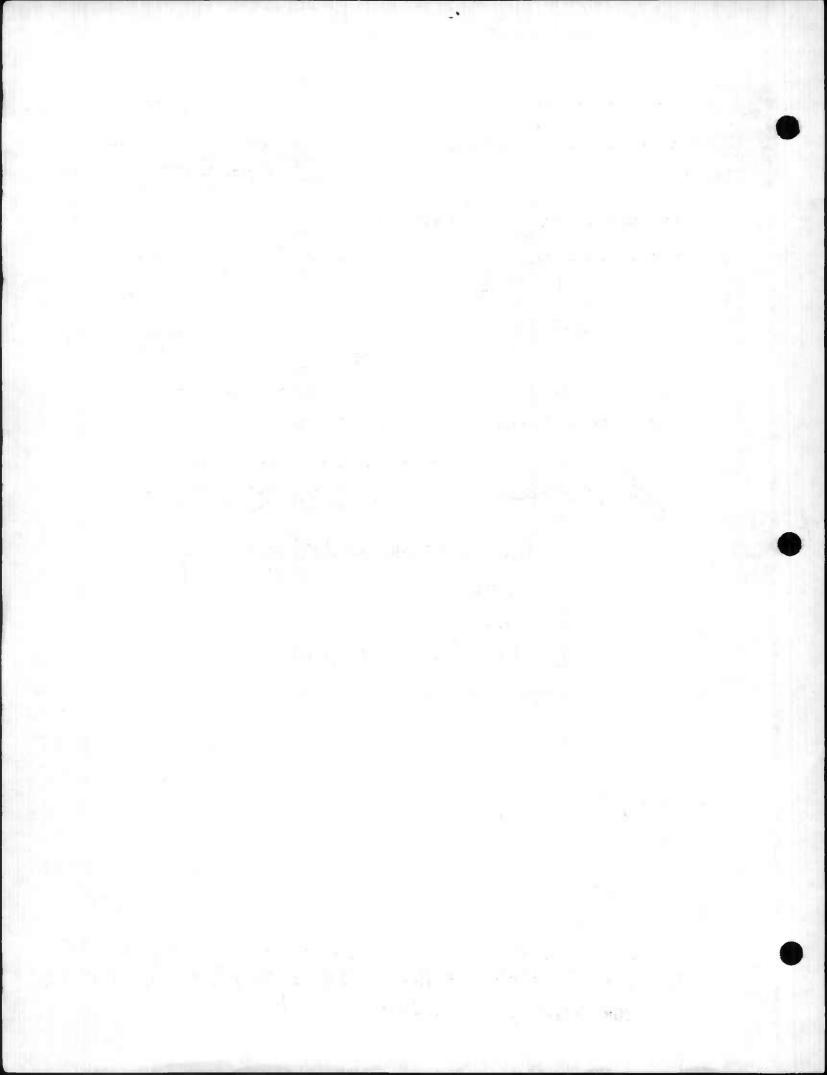
Hospital

death with the Maryland

Baltimore, Maryland 21215-0020

law requires that the deeth certificete be executed

Division of Vital Records, P.O. Box 68760,



Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Maximo Alfaro 6/13/98 12:00 pm /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington Adventist Hospital Takoma Park Montgomery 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 10M 20 F Director Salvadore Usual Residence of Decedent Pages 1 end 2 should be filed within 72 hours after death with the Manyland neat of Heath and Mental Hyglene. Intent 61 terms 23a or 28a-7 show ant: if them 27 is marked other than "naturel", or items 23a or 28a-7 show ant; if them 27 is marked other than "naturel", or filems 23a or 28a-7 show ant; if a Medical Examine must be notified at 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits "naturel", or items 23s or 28s-f show edical Examiner must be notified at MD Prince Georges Bowie 1 Yes ZONo Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12311 Chalford Lane 20715 El Salvadore Funeral 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedenl of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Detes: 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 to Yes 2 No Specify: Specify: White þ 3 ☑ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) Completed 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) Farming Farmer 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Unknown Santiago Garcia 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) M. Alfaro(son) Jose 4507 Tipton La Alex Va 22310 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 12 Surial 2 Cremation 3 Removal from State permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) Mauel 22. Name and Address of Facility 21. Signature of Furnital Service License Sterling Funeral Service 1601 Kenilworth Ave NE Wash DC 20019 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical a Large Cell /4:10 homa
Due to (or as a consequence of): 6 months Examiner Examiner ABdominal Tunue Mass
Due to (or as a consequence of): physician end the buriel-transit Sequentielly list conditions, if any, leading to immediate cause. Enler Underlying Ceuse (Disease or Injury that initiated events resulting in death) Las! P.O. Box 68760, c. Intestinal OBSTRUCTION. ANENIA

Due to (or as a consequence of): Physician/Medicai 48 HOURS HEPATIC ENCEPHALOPATHY USB Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Congestive Heart Failure. HYPERCALCENIA Division of Vital Records, by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? Completed URINARY TRACT INFECTION 1 Yes 212 No 1 Tyes 2 No or Attending Physician: 25. Was case referred to medical exeminer?

1 Yes 2 No 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 Inpatient 2 ER/Outpatient 3 DOA After this 28a. Dete of Injury (Month, Dey Year) funerel 27. Menner of Death 28b. Time of Injury 28d. Describe how Injury occurred Certification: 28c. Injury et Work? 5 Pending Investigation efter death. 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide Place of Injury - Al home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, death occurred el the lime, dele and place, and due to the cause(s) and manner stated. (Check only one) To the I 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D. 16386 JUNE 13, 1998

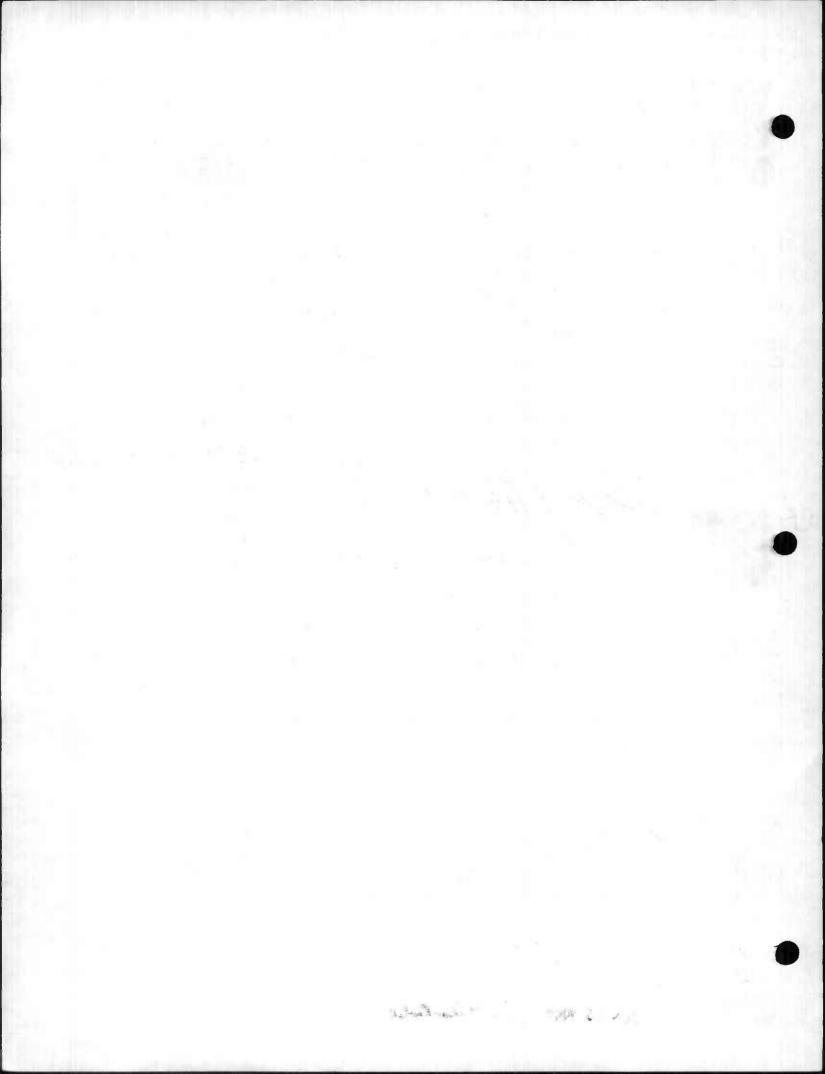
31. Date filed (Month, Dey, Year)

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30. Neme and address of person who completed cause of death (Item 23e) (Type, Print)



Registrar



State of Maryland / Department of Health and Mental Hygiene \ Certificate of Death 2. Data of Daath 3. Time of Death **Physician** 22:1 /Medical 4b. City, Town, or Location of Deeth 4a. Facility Nama (If not Institution, give street and number, 4c. County of Death Examiner iakoma If Under 24 Hrs. 7. Aga (In yrs. last birthday) **Funeral** 1□M 2XF Days 577-42-289) Usual Rasidance of Dacedant Director aRO the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show oriant: if item 27 is marked other than "natural", or items 23a or 28a-f show injury or other traumatic event, the Macinal Examiner must be not that all 1 ☐ Yas 2 No Director 10e. Street end Number 10g. Citizan of What Country? permit. Pages 1 and 2 should be filed within 72 hours aftar death 1 Department of Haaith and Mental Hygiene. Important: If Item 27 Is marked other than "natural", or Items 23 Funeral Was Dacadant Evar in U,S. Armed Forces? 1 Yas 2 No If Yas, Giva 13. Was Decedant of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puarto Rican, atc.) Race - American Black, White, etc. 11. Meritel Status 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: by 3 Widowed 4 □ Divorcad Completed 15. Dacedant's Education (Specify only highest grade completed) 16a. Dacadant's Usual Occupation
(Give kind of work done during most of working life: DO NOT use retired) 16b. Kind of Businass/Industry Collaga (1-4or 5+) Elamantary/Secondary (0-12) 17. Fathar's Name (First, Middle, Last) Mothar's Nama (First, Middle, Malden Surr Be apds 2 19a. Informant's Name/Relationship (Type, Print) 20c. Location - City of Town, Stata 20a. Mathod of Disposition 20b. Place of Disposition (Nama cemetery, crematory or other 1 Burlal 2 Cramation 3 Removal from State (014 4 ☐ Donation 5 ☐ Other (Specify) of Funaral Service ticensas Unera Buy 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset end Deeth **Physician** 6.13.98 /Medical Immediata Causa (Final diseese or condition rasulting in daath) Examiner Dua to (or as a consequence of) 6.13.98 Examiner physician and the bunal-transit Sequantially list conditions, if any, laading to Immadiata cause. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) attending p signed by the at d be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the causa of death? 1 ☐ Yas 2 ☐ No 3⊠Probably 4 Unknown þ vascular accident-24b. Wara eutopsy findings available prior to complation of causa of deeth? Completed 24a. Was an autopsy performed? Der teusian certificata 2X No To the Hospital or Attanding Physician: within 24 hours after daath.

To the Funeral Director: After this certifica 25. Was casa rafarrad to medical axaminar? Be 26. Placa of Death (Chack only one) Hospital: Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 2 1 Yas 2 No 1 Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 27. Mannar of Daath 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 28a. Data of Injury (Month, Day Year) Certification: 5 Panding Investigation 1 Natural 1 Yas 2 No 2 Accident 3 Suicida 6 Could not ba 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 | Homicide 29a. Cartifiar 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29d. Date signed (Month, Day, Year) TULIMO 29c. License number D19609. 29b. Signature and titla of cartifiar

State Registrar

31. Data filed (Month, Day, Yaar)

JUN 1 7

32 Ragistrar's Signatura

30. Name and address of person who completed ceusa of death (Itam 23a) (Type, Print)
RAMAN R. TULI, ND 3503 PERRY STREET, MOUNT RAINIER, MD 20712

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Lest) 2. Data of Death **Physician** Month DONALDWESLEY BROWN JR. 2336 10, /Medical JUNE 1998 4a. Facility Nama (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY If Under 1 Year If Undar 24 Hrs. 8. Deta of Birth Months Deys Hours Min. 1 0 - 8 - 1 9 5 4 5. Sociel Security Number 9. Birthplace (State or Foraign WASH, D.C. 7. Age (In yrs. last birthday) **Funeral** 1**⊠**M 2□ F 578-76-2321 43 Yrs Director Usual Rasidence of Decadant the Maryland 10a State 10b. County 10c. City, Town or Location Show 10d. Inside City Limits "natural", or itams 23s or 28s-f show MONTGOMER Y ROCKVILLE Director Y□ Yas 2□ No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 4700 ARBUTUS AVENUE 20853 USA Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Giva Yaar or Datas: Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. should be filed within 72 hours efter ond Mentel Hygiene. 1 Nevar Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: BLACK þ 3 □ Widowed 4 □ Divorcad Completed The Medical 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collaga (1-4or 5+) TIME LIFE MANAGER 12TH 17. Fethar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Sumama) . Pages 1 and 2 should be filt ment of Health and Mentel Hy lant: If them 27 is marked oth lury or other traumatic event Be DONALD WESLEY BROWN SR. JEAN WEST 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straet and Number or Rurel Routa Number, City or Town, Stata, Zip Coda) 4700 ARBUTUS AVE, ROCKVILLE, MD. 20853 DEBRA BROWN WIFE 20b. Ptace of Disposition (Nama of camatary, cramatory or other place) 20a. Method of Dtsposition Data 20c. Location - City or Town, Steta 1 Buriai 2 □ Cramation 3 □ Removal from Stata 6/17/98 ROCKVILLE, MD. permit. Page Department of Important: If eny Injury or once. GATES OF HEAVEN 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility
AUSTIN ROYSTER FUNERAL HOME 21. Signatura of Fugeral Sarvice Licansee 3821 14TH ST, N.W. WASH, DC. 20011 or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiretory arrast, List only one cause on each line. Approximata **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daeth) Examiner Examiner Sequentially list conditions, if any, laading to immadiate cause. Enter Underlying Causa (Disaasa or Injury that Initiated evants rasulting in daath) Last physician s the burie P.O. Box 68760. Physician/Medical Due to (or as a consequence of). Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causa of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Records, ð 24b. Were autopsy findings availabla prior to completion of cause of death? page 2 should Completed 24a. Was en eutopsy performed? 1 Yas 2 No certificate 1 ☐ Yes 2 ☐ No Vital Hospital or Attending Physician: Be 25. Was casa raferred to medical 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☑ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 2 No Certification: To to this 28a. Deta of Injury (Month, Day Year) 27. Menner of Deeth 28b. Tima of 28c, Injury at Work? 28d. Dascribe how injury occurred Division After 1 Netural
2 Accidant 5 Pending death. 1 ☐ Yas 2 ☐ No tnvastigation efter death 6 Could not be datermined 3 Sulcide 28a. Place of Injury - At homa, farm, streat, fectory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) filled in by 4 Homicida within 24 hours of To the Funeral D 1 Confring Physician: To the bast of my knowledge, deeth occurred at the time, dete and place, and dua to the ceusa(s) and mannar as stated.
2 Medical Examiner: On the basis of exeminetion and/or investigetion, in my opinion, deeth occurred at the time, data and place, and dua to the cause(s) end mannar stated. 29a. Certifier Medical completely To the 29b. Signature and titta of cartifiar 29d. Data signad (Month, Day, Year) address of person who completed causa of daath (Item 23a) (Type, Print) MEDICAL PARK T. SI/VEJS PRING M. BRECHER, M.D. DINE 2101 MEDICAL PARK T. SI/VEJS PRING M. IRA N. BRECHER MD 32. Ragistrer's Signature 31. Date filed (Month, Day, Year) State JUN 15 1998 Registrar

JUNIS 1999 SILVE

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month Day **Physician** 11:36PM MILDRED J. BELT 4c. County of Death JUNE /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not Institution, give street end number) Examiner Prince George's Hospital Center Prince George's Cheverly If Under 24 Hrs. 8. Date of Birth
(Month, Day, Year) If Under 1 Year 6. Sex Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** 1□M 21 F Months Deys 71 Yrs 579-32-8932 Director 9/25/26 Virginia Usuel Residence of Decedent with the Meryland 10d. Inside City Limits r 28a-f ahow 10a. State 10b. County 10c. City, Town or Location 1 ☐ Yes 2 ☐ No Md. P.G. Upper Marlboro Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 end 2 should be filed within 72 hours after death with I Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23s or 2 and injury or other traumatic avent, the Wed cal Example manbe in once. Funeral 11405 Bennington Dr. 20774 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, Whita, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 XNo Specify: by 3 Widowed 4 □ Divorced Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 9th Private Industry Domestic 18. Mother's Name (First, Middle, Malden Sumeme) 17. Fether's Name (First, Middle, Last) Be Junius Hunt Fannie Butts 19b. Meiting Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Retationship (Type, Print) Sheila T. Saxton Same as # 10 above 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Date 20c. Location - City or Town, State Buriel 2 Cremetion 3 Removat from State 7498 Park Maryland Nat'l. Mem'. 4 ☐ Donation 5 ☐ Other (Specify) Laurel, Md. 22. Name end Address of Fecility 21. Signature of Funerat Service Licensee H.S. Washington & Sons Co., Inc. 4925 Burroughs Ave., N.E. Wash., D.C. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 200 Wgsh., Approximate shock, or heart feilure. List only one cause on each tine. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner attending physician end for use as the burial-transit requires that the death certificete be executed Sequentially list conditions, if any, teading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or el a nsequence of): P.O. Box 68760, Physician/Medical Due to (or as a consequence of): signed by the a d be deteched for 23b. Did tobacco use contributa to the cause of death? Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yaa 2 No 3 Probably 4 Unknown Perlouseau Division of Vital Records, by 24b. Were autopsy findings available prior to 24e. Wes en autopsy performed? Completed abeter mellitas. completion of cause of death? We certificate has b lirector, page 2 s 1 ☐ Yes 2 No 1 Yes 20 No al or Attending Physician: The saftar death.

I Director: After this cerificated in by the funeral director, pages. 25. Was case referred to medicat examiner? Be 26. Place of Deeth (Check only one) Hospitat: To 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ☐ ER/Outpattent 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Magner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 5 Pending Investigation Natural 1 ☐ Yes 2 ☐ No 2 Accident n 24 hours after dea ne Funeral Director nietaly filled in by th 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 | Homicide Hospital 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier edical To the Hosp within 24 hou To the Fune completely fi (Check only one) 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certific 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) DADHO CHEVERLY MD 20785 31. Date filed (Month, Day, Year) State JUN 16 1998 Registrar

DHMH 16 Rev 6/95



MARKET SELECTION OF THE

State of Maryland / Department of Health and Mental Hygiene

| sician  | 1. D   | ecedent's Na  |  |  |                             |  |  |  |  |  | 2. Date of De<br>Month  | Day  | Year                                     | 3. Time of Death  |
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| To  |  | Josep   | ph   | Ear  | 1 /                         | Allen  |  |  |  | Katie  | Mae   | Fish   | er                                       |   |
| To  | 19a  | . Informant's   | Name/Rela  | itionship (  | Type, Print)                |  | 19b. N   | Meiling Addre  | ss (Street   | end Number or R  | ural Route Numb   | er, City or Town,  | Stete, Zip                               | Code)   |
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| 5   |  | Method of D   |  | tion 3 🗆   | Removal fro                 | om State   | b. Place of D<br>cemetery,   | cremetory of   | r other pla  | ∞) June 1  | ).1998  | 20c. Location -  | City or To                               | own, State  |
|   |  | 4 Donation  | 5 Othe   | er (Specif   | (y)                         |  |  | n Memo   | rial   | Cemeter  | 7   |  |  | laryland  |
| 20058.  | 21.  | Signature of 1  | Funeral Ser  | Viga Licer   | 1.15                        | #  |  |  |  |  |   |  |  | al Home, Inc. 20020   |
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| ledical Examiner                              | Seq<br>if an<br>ceu<br>Cau   | nediate Caus<br>ase or condi<br>ulting in death<br>uentially list of<br>the condition of the<br>uentially list of<br>the condition of the<br>uentially list of the<br>the condition of the<br>uentially list of the<br>the condition of the condition of the<br>uentially list of the<br>uentially list of the<br>the condition of the condition of the<br>uentially list of the condition of the<br>uentially list of the condition of the<br>uentially list of the condition of the condition of the<br>uentially list of the condition of the condition of the<br>uentially list of the condition of the condition of the condition of the<br>uentially list of the condition o | e (Final<br>tion<br>1)<br>conditions,<br>immediate<br>derlying<br>or injury  |  | a                           | Due  | no (or as a con  | nsequence o  | don.   |  | /   | ,  |  | Interval Between  |
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**Funeral** Director

with the Marylend 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Medical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours effer death a Department of Health and Mental Hygiene. Important: if item 27 is merked other than "natural", or items 23a any injury or other traumatic event, it is Mental and Dece.

**Physician** /Medical Examiner

ettending physicien end for use es the buriel-transit The law requires that the death certificete be executed Box 68760. by the e P.O. signed Division of Vital Records. peen certificate hes page 2 or Attending Physician: director this funeral Aftert death. I Director: A efter To the Hospital within 24 hours e To the Funeral E

3. Time of Death 1. Decedant's Name (First, Middle, Last) 12, 1998 6:30 AM TARZINNA June 4b. City, Town, or Location of Death 4a Facility Nama (If not Institution, give street and number) 4c. County of Death 808 Maury Place, #209
5. Social Security Number 6. Sex Oxon Hill r If Undar 24 Hrs. Prince Georges If Under 1 Yaar 7. Age (In yrs. last birthday) Birthplace (State or Foraign Country) 8. Data of Birth (Month, Day, Year) Months Days Hours Min 1 M 2 F Yrs. 52 579-62-0032 Dec. 16,1945 South Carolina Usual Rasidence of Dacedant 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits Yes 2□No Directo Maryland Prince Georges Oxon Hill 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Coda 808 Maury Place, #209 20745 U.S.A. Funeral 12. Was Decedant Evar In U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Give Year or Datas: 14. Raca - Amarican Indian, Black, White, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 Never Married 2 Married Specify: Black 1 Yas 2 No Specify: þ 3 ☐ Widowed 4 X Divorced Completed 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada complated) 16a, Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) Elementery/Secondery (0-12) Collega (1-4or 5+) Dietician Veterans Hospital 12th 18. Mothar's Nama (First, Middle, Maiden Sumama) 17. Fethar's Nama (First, Middle, Last) Mary Bell Hancock Haywood Burch 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Armelia Davis - Sister 4117 56th Ave., Bladensburg, MD 20710 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cremation 3 ☐ Removal from Stata 6 - 17Fort Lincoln Cemetery Brentwood, MD 4 Donation 5 Othar (Specify) 22. Name and Address of Facility
Marshall's Funeral Home, Inc. 21, Signatura of Funaral Sarvice Licanses 23a. Peru Enter na diseasa, of complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest,

Approximately and the complex of the death. Do not antar the mode of dying, such as cardiac or respiratory errest, Approximata Intarval Batween Onset and Death Immediata Causa (Final diseesa or condition rasulting in daath) Metastatic breast cancer Dua to (or as a consequance of): Examine Respiratory Arrest Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disaasa or Injury Dua to (or as a consaquance of). Metatases to Lungs Physician/Medical that initiated evants Due to (or as a consequence of): rasulting in deeth) Lest 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 XUnknown þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy complation of causa of deeth? 1 Yas 2 No 1 Yas 2 No Be lical

| 25. Was case referre | ed to medical |
|----------------------|---------------|
| 1 ☐ Yes 2 ☐ X        | No            |
| 27. Mannar of Death  |               |
| 1X Natural           | 5 Pending     |
| 2 Accident           | invastige     |
| 3 ☐ Suicide          | 6 Could no    |

4 ☐ Homicide

26. Place of Death (Chack only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA 28d. Dascribe how Injury occurred 28b. Tima of 28c. Injury at Work? 28a. Data of Injury (Month, Day Year) astigetion 1 Yas 2 No 6 Could not ba 28f. Location (Straet and Number or Rural Route Number, City or Town, Stata) 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify)

|                                       | ,   |   |                                     |
|---------------------------------------|---|---|-------------------------------------|
| 29e. Certifier<br>(Check only<br>one) | 1 ☐ Certifying Physician: To the best of my knowle 2 ☐ Medical Examinar: On the basis of axaminetion and mannar statad. | dge, daath occurred at tha tima, date end plece, and<br>a and/or Investigation, in my opinion, daath occurred a |                                     |
| 29b. Signature an                     | d fitla of certifier  | 29c. License number   | 29d. Data signed (Month, Day, Year) |

Vaima mp

June 17, 1998

30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

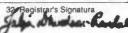
Varma, M.D. 5100 Auth Way, Suitland, Maryland 20746 31. Data filed (Month, Day, Year)

Registrar

10

Certification:

edicai



|  | 1. Decedent's Nam   | ne (First, Middle  | , Last)   |  |  | ertificate of  |  | 2. Date of D  | Reg. No.   |  | 3. Time of Deatl  |
|--|---|--|---|--|--|--|--|---|--|--|---|
| ian  |   |  |   |  |  |  |  | Month   | Day  | Yeer   | 12:37   |
| cal  |   | Lter W.  |   |  |  |  |  | June  | 14, 199  |  | 12:37   |
| ner  | 4a. Facility Name (   |  |   |  |  |  | 4b. City, Town, or   | Location of Dea   | th 4c. County  | of Death   |   |
|  |   |  | St. #30   | )2   |  |  | Oxon Hi  |   |  | e Geor   | ge's  |
|  | 5. Social Security N  |  | 6. Sex<br>1 □ XM 2 □  |  | rs. last birthday  | Months Deys  | If Under 24 Hrs<br>Hours Min.  | 8. Date of B  | irth<br>Pay, Year)   | 9. Birthplac   | ce (State or For  |
|  | 579-34-4  |  | ILAM ZU   | 6  | 9 Yrs.   |  |  |   | 23, 1928   |  | ington,   |
|  | Usual Residence o   |  |   | 40-  | O'r Town and   |  |  |   |  |  |   |
| _  |   | 10b. County  |   |  | City, Town or L  |  |  |   |  | 10d  | I. inside City Lir  |
| cto  | Maryland  | Prince   | e George  | S  | Oxon H   | 1111   |  |   |  |  | 1 □XYes 2□  |
| Directo  | 10e. Street and Nu  | ımber  |   |  |  | 10f. Zip Code  |  |   | 10g. Citizen of  | What Country   | y?  |
|  | 721 Irv   | ington   | St. #30   | 2  |  | 2074   | 4.5  |   | United   | d Stat   | es  |
| Funeral  | 11. Maritel Stetus  |  | 12. Was [   | Decedent Ever in   | U,S. 13.   | Was Decedent of H  |  | pecify Yes or N   |  | ca - American  | Indian,   |
|  | 1 Never Marr  | ried 25 Marri  | ed 1 To Yo  | Forces?  | /1/./51  | 75.77  |  | o Hican, etc.)  | Ble  | ck, White, etc   | C.  |
| þ  | 3 Widowed   | 4 Divorced   | 11 105  |  | 25/53  | 1□Yes 2⊠No   | Specify:   |   | Specif   | Black  | k   |
|  |   | 15. Decedent   | 's Education  |  |  | edent's Usual Occur  | petion   |   | 16b. Kind of B   | usiness/Indus  | stry  |
| Completed  |   | cify only highes   | t grade complete  |  | (Give  | edent's Usual Occup<br>e kind of work done<br>DO NOT use retire  | during most of word)   | rking   |  |  |   |
| E C  | Elementary/Seco   |  | Colleg  | e (1-4or 5+)   | Dep  | t. of Pub  | lic Work   | gerviso:  | Gove   | rnment   |   |
| ŭ  | 17. Father's Name   |  | ast)  |  |  | 4  |  |   | e, Maiden Suman  | ne)  |   |
| Be   | Walter  |  | · ·   |  |  |  |  | Stone   | o, marden dunian   |  |   |
| 9  |   |  |   |  |  |  |  |   |  |  |   |
|  | 19a. Informant's N  |  |   |  |  | ing Address (Street  |  |   |  |  |   |
|  |   | 1 Brace  | y/ Wife   |  |  | Irvington  |  |   | Hill, M  |  |   |
|  | 20a. Method of Dis  |  | 2 Dameurit  | 20b  | <ul> <li>Placa of Disposers, cre</li> </ul>  | osition (Name of<br>matory or other pla  | ce)  | Date  | 20c. Location  | •  | •   |
|  |   | ☐ Cremetion 5 ☐ Other (Sp  | 3 □Removai fr<br>ecify)   | om State   |  | n Memoria  | 14   | 5/19/98   | Suitlan  | d, Mar   | yland   |
|  | 21. Signature of Fu   | uneral Servica L   | icensee   |  | 2  | 2. Name and Addre  | ss of Facility   |   |  |  |   |
|  | W_  | 10   | 0   |  | 1005   | Alexander  | S. Pope  | Funera  | 1 Homes  |  |   |
|  | Leit  | thu.   | Swe,  |  |  | 5538 Mar1  |  |   |  | Maryla   | and 207   |
| Jer  | Immediate Cause<br>diseese or condition<br>resulting in deeth)  | on   | a. LU   | NG CAN   | CER<br>(or as a conse  |  |  | c or respiretory  |  | Ö  | nerval between  |
|  | disease or condition resulting in deeth)  Sequentially list to if any, leading to in cause. Enter Under Cause (Disease or that initiated events   | onditions,<br>nmediete<br>erlying<br>Injury<br>s   | b   | Due to   |  | quence of):  |  |   |  | Ö  | nset and Deal   |
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| o Be Completed by Physician/Medical                        | disease or condition resulting in deeth)  Sequentially list confidency is any, leading to in cause. Enter Under Cause (Disease or that initiated events resulting in death).  Part ii. Other eignifications.  | onditions, namediate arrying rinjury si Last   | b. c. d. d. Hospital:   | Due to  Due to   | o (or as a conse   | quence of):  quence of):  quenca of):  underlying cause give   | /en in Part I.   | 23b. Did 1 □ 24a. We perf   | i tobacco use co<br>I Yee 2□ No<br>s en eutopsy<br>formed?<br>I Yes 2☒ No<br>one)                  | ontribute to the savelie comport of determined t | he cause of de biy 45 Unk   |
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| edical Certification: To Be Completed by Physician/M       | disease or condition resulting in deeth)  Sequentially list confidency in any, leading to in cause. Enter Under Cause (Disease or that initiated events resulting in death)  Part ii. Other eigniff  25. Was case referexaminer? 112 Yes 2  27. Manner of Deet 12 Naturat 2 Accident 3 Suicide  | onditions, mediate entying injury s Last  floant condition  floant condition  floant condition  floant condition  floant condition  floant condition  floant condition  floant condition  floant condition  floant condition   | b   | Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to         | o (or as a consection of conse | quence of):  quence of):  quence of):  quenca of):  underlying cause give  nt 3 DOA Other  of 28c. Injur  Mo  1  | zen in Part I.  26. Plece of Dearer: 4□ Nursing H Ty at K? Yes 2□ No | 23b. Did 1 24a. We- perl 1 28th (Check only lome 5 Res 28d. Describe 28f. Location City or To | I tobacco use co   | ontribute to the several sever | he cause of de bly 45 Unk a autopsy finding able prior to pletion of cause ath?  Yes 2 No                                 |
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Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

JUNE 1999 JAN THE STATE OF THE

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Pages 1, 2, 3

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DIRECTOR: A hours after d item 28 is

FUNERAL I within 72 h HOSPITAL

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GREGORIOM. BELL

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

is marked,

MINNIE BRITTINGHAM

1. DECEDENT'S NAME (First, Middle, Last)

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH 3. TIME OF DEATH 4:40 PM MINNIE -- BRITTINGHAM 7. DATE OF BIRTH (Month, Day, Year)

June 29, 1912 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) 85 MONTHS DAYS HOURS 218-34-9490 1 - M 2 X F Maryland 9a. FACILITY NAME (If not institution, give str 96. CITY, TOJAN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MANOKIN RINCESS DIRECTOR MARIOR OMERSE 7 RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Maryland Somerset Marion Station 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5820 Harry Burton Road 21838 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Bleck, White, etc. 1 Never Merried 2 Married FORCES? 1 YES Z IF YES, GIVE WAR OR DATES Specify White BY 3X Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION

16a. DECEDENT'S USUAL OCCUPATION

Work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Poultry Farm Co-owner 0 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Levin Brittingham Olla Pusey BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Patricia G. Palmer (daughter) 5820 Harry Burton Road - Marion Station, MD 21838 20s. METHOD OF DISPOSITION
1 N Burlel 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Sunnyridge Memorial Park 6/22/98 Crisfield, MD 21. SIGNATURE OF TONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Bradshaw & Sons Funeral Home Kanal Thurch lies Robert H. Bradshaw 306 W. Main St. - Crisfield, MD 23. PART I. Entar tha diseases, or complications that caused tha death. Do not entar tha mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** disease or condition arterioscleratio Cardiovasculas Diseasa reaulting in dasth) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS Chronic Obstructive Pulmonare, AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? once Renal Cecatial 1 | YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗵 UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 🔲 Homicide 29a. CERTIFIER
(Chack anil)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE P29505 elgorio

OSO, M. D., 530Z CHINABERRY DRIVE, SALISBURY

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

The ATTENDING PHYSICIAN: 98 21817

Approximata

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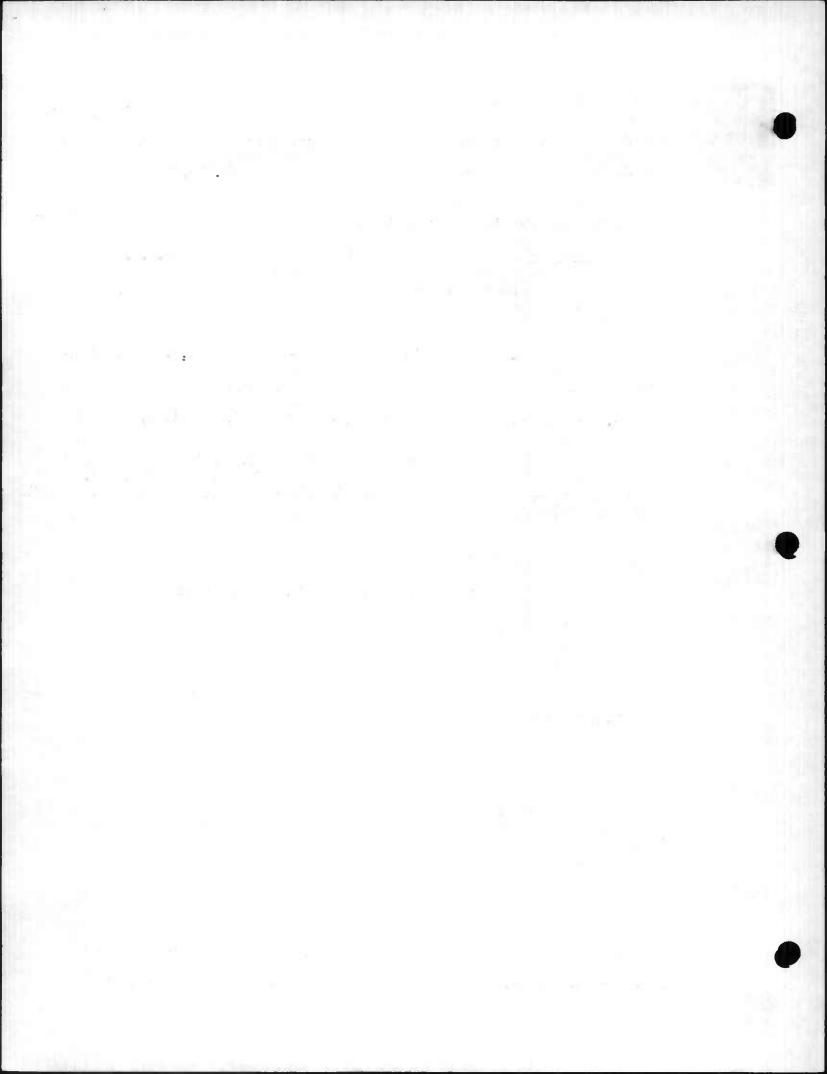
State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Year Edward Paul **Beam** JUNE 1998 3:25 A.M. 17 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** PRINCE GEORGE'S MALCOLM GROW MEDICAL CENTER 5. Social Security Number 8. Sex Birthpleca (Stete or Foreign AK 7. Age (In yrs. lest birthday) **Funeral** X M 2□ F Yrs. 039-24-2490 80 Director Usuel Residence of Decedent with the Meryland 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Magical Examinar must be notified at 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director Maryland Prince George's Temple Hills 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5621 Lansing Drive 20748 U.S.A. Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bieck, White, etc. 72 hours efter NOXyes 2□No 1950— If Yes, Give Year or Detes: 1955 1 ☐ Never Merried 2 X Merried Specify: White Baltimore, Maryland 21215-0020 1□ Yes 2□No by 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done duning most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within 7 Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) U.S. Dept. of Navy 12th N/A Logistics Engineer permit. Peges 1 and 2 should be file Department of Health end Mentel Hy, Important: If feen 27 is marked othe any Injury or other traumatic event, once. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surneme) Be Darity Elizabeth Edward Beam 19a. Intorment's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 5621 Lansing Drive Temple Hills, MD 20748 Jane J. Beam (wife) 20b. Pleca of Disposition (Neme of cametery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel trom Stete 4 ☐ Donetion 5 ☐ Other (Specify) Resurrection Cemetery June 19,1998 Clinton, MD 21. Signeture of Funerel Service Licensee Lee Funeral Home, Inc. 22. Name end Address of Fecility 6633 Old Alexandria Ferry Rd Clinton, MD 20735 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or heart teilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) RESPIRATORY ARREST IMMEDIATELY Examiner Due to (or es e consequence ot): Examiner b. END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE The law requires that the death certificate be executed physician and s the buriel-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting In death) Lest Due to (or es e consequenca ot) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): 88 950 Por signed by the a Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown CONGESTIVE HEART FAILURE þ been sig 24b. Were eutopsy findings eveileble prior to completion of cause ot deeth? Completed 24e. Wes en eutopsy s certificate has b director, page 2 s 1 Yes 2 No 1 Yes 30X No Attending Physician: director, Be 25. Wes case reterred to medical exeminer? 26. Place of Deeth (Check only one) To Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1X Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this funeral Certification: 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending investigation 1 Neturel death. 1 Yes 2 No 2 Accident or Attendation of the deat n 24 hours after des ve Funeral Director bietely filled in by th 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 - Homicide 157 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete end pleca, and due to the cause(s) end menner steted. edical 29a. Certifier To the Hosp within 24 hor To the Fune compietely fi (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dav. Year) CaptusAFIC Hatt Physician for frec MD 056853-L JUNE 17, 1998

State Registrar

JENNIFER MAHER, CAPT, USAF, MC 32. Registrer's Signature 89 MDG 1050 W. PERIMETER ROAD

ANDREWS AFB, MD 20762-6600

30. Neme and andress of person who completed cause ot death (Item 23e) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene 98 201,59

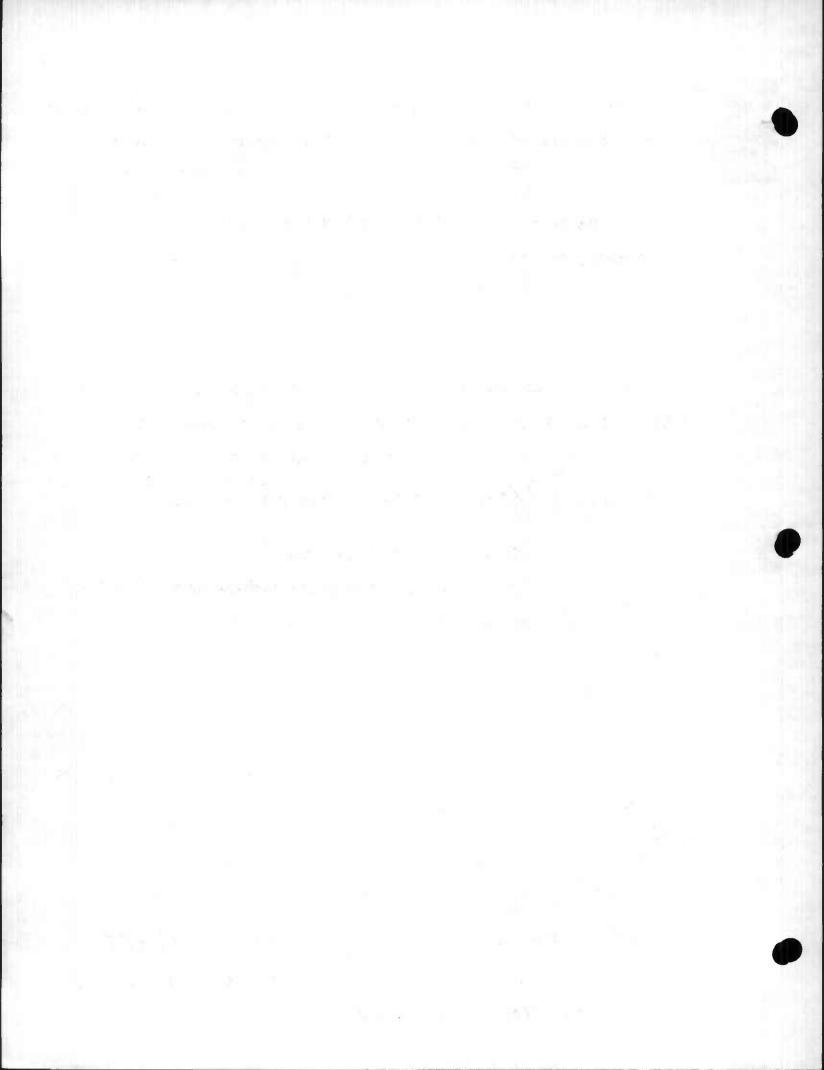
| _                          |   |                |   |   |  |                                       | Cei                                   | tificate o                           | f Death  | R                                   | eg. No.        | 0 (                       | .0403                                      |
|----------------------------|---|----------------|---|---|--|---------------------------------------|---------------------------------------|--------------------------------------|--|-------------------------------------|----------------|---------------------------|--|
| П                          | Dhusia  | ia             | Decedent's Nam  | ne (First, Middle,  | Last)                                  |                                       |                                       |                                      |  | 2. Date of Deal<br>Month            | th<br>Day      | Year                      | 3. Time of Death                           |
| J                          | Physic<br>/Medi   |                | DANEIS  | SHA   | RACHELLE                               | BI                                    | RDINE                                 |                                      |  | JUNE                                |                | 998                       | 18:30                                      |
|                            | Exami   |                | 4a. Facility Name (   | If not institution,   | giva straat and nur                    | m <i>bar</i> )                        |                                       |                                      | 4b. City, Town, or I                           |                                     | 4c. County     |                           | 10100                                      |
| 1                          |   |                | Calvert   | Memor   | ial Hos                                | pita1                                 |                                       |                                      | Pr. Fred                                       | derick                              | Calv           | ert                       |  |
|                            | Funeral<br>Director   |                | 5. Social Sacurity N  |   |  | 7. Age (In yrs. le                    | as <i>t birthday)</i><br>Yrs.         | If Under 1 Ya<br>Months Day          |  | 8. Date of Birth<br>(Month, Day)    | Year)          | 9. Birthp<br>Cour         | elace (Stata or Foraign<br>etry)<br>v land |
|                            | and   |                | Usual Residence o   | f Dacedant<br>10b. County   |  | 10c. City                             | , Town or Lo                          | cation                               |  |                                     | 2.0            | -                         | 0d. Inside City Limits                     |
|                            | a-f sh  | ctor           | MD  | Calv  | ert.                                   | 650                                   | Runr                                  | una Fo                               | x Road,  | Lusby                               |                |                           | Y☐ Yes 2☐ No                               |
|                            | hours efter death with the Meryland<br>lural; or flems 23a or 28a-f show<br>at Examiner must be notified at                                 | Director       | 10e. Street and Nu  | mber  |  |                                       |                                       | 10f. Zip Code                        | В  |                                     | 0g. Citizan of | What Cour                 | ntry?                                      |
|                            | sath w  | Funeral        |   | nning F   | ox Road                                | edent Evar in U.S                     | 101                                   | 2065                                 |  |                                     | USA            | a America                 | and the state of                           |
|                            | Hems<br>Hems  | n n            | 11. Marital Status  | ded OF Member   | Armed Fo                               | rces?                                 | s. 13. 1                              | Yes, specify C                       | of Hispanic Origin? (S<br>uban, Mexicen, Puert | o Rican, atc.)                      |                | ce - Americ<br>ck, White, |  |
| 020                        | urs efter dez<br>al', or items<br>Examiner m  | by             | 3 Widowed   | riad 2 ☐ Married<br>4 ☐ Divorced  | d 1 ☐ Yes<br>If Yas, Giv<br>Yaar or D  | /e                                    |                                       | ☐ Yes 200 N                          | lo Specify:                                    |                                     | Specif         | y: B1                     | ack  |
| 2-0                        | "natural",  | ted            | (Cno.   | 15. Decedant's  |  |                                       | 16a. Deced                            | lent's Usual Occ                     | cupation                                       | tring                               | 16b. Kind of B | usiness/in                | dustry                                     |
| 21215-0020                 |   | Completed      | Elementary/Seco   |   | grada complated)<br>College (1         | -4or 5+)                              | life. L                               | OO NOT use rat                       | na during most of wor<br>ired)                 | king                                |                |                           |  |
|                            | Hyg<br>ther<br>ont,   | Be Co          | 17. Father's Name   | (First, Middla, La  | st)                                    |                                       |                                       |                                      | 18. Mother's Nan                               | ne (First, Middla, I                | Maidan Sumen   | na)                       |  |
| Maryland                   | D 20 0  | ToB            | John P  | hillip  | Birdin                                 | e, Jr.                                |                                       |                                      | Patric   | e La Sh                             | awn B          | urne                      | ++0  |
| lan                        | d 2 should<br>th end Mer<br>7 is marke<br>traumatic   |                | 19a. Informant's N  | ame/Relationship  | (Type, Print)                          |                                       | 19b. Mailir                           | g Address (Stre                      | et end Numbar or Ru                            |                                     |                |                           |  |
|                            | C m N L   |                | John Bi   |   | Jr./fa                                 | ther                                  | 650                                   | Runnin                               | g Fox Ro                                       | ad, Lus                             | by, M          | D 20                      | 657  |
| Baltimore,                 | (A O  |                | 20a. Mathod of Dis  | Production of the contract of | ☐Removal from                          | State 20b. Pla                        | ace of Dispo<br>m <i>etery, cre</i> n | sition (Nama of<br>netory or othar p | o/aca)   | Date                                | 20c. Location  | - City or To              | wn, State                                  |
| E m                        | tant:   |                | 4 Donation  | 5 ☐ Other (Spa  | cify)                                  | Bro                                   | ooks                                  | U.M.C.                               | Cemeter  | y 6/23                              | St. L          | eona                      | rd, MD                                     |
| Bal                        | permit. Page: Depertment of Important: if i any injury or once.   |                | 21. Signature of Fu   | uneral Service Lic  | ensee                                  |                                       | 22                                    | . Name and Add                       | dress of Facility P.                           | O. Box                              | 121 D          | unki                      | rk, MD                                     |
|                            | 40260   |                | M   | eftel   | Offa                                   | your                                  | R                                     | aymond                               | Funeral  | Home,                               | P.A.           |                           |  |
|                            |   |                | 23a. Part1. Entar t<br>shock, or hea  | the disease, or co<br>art failure. List or  | emplications that colly one cause on e | adsed the death.<br>ach line.         | Do not ente                           | er the mode of o                     | lying, such as cardiac                         | or respiratory arm                  | est,           |                           | Approximata<br>Interval Between            |
| ı                          | Physician<br>/Medical   |                | Immediate Cause   | /Einal  |  |                                       | -                                     |                                      |  |                                     |                | i                         | Onset and Death                            |
| ı                          | Examiner  |                | diseasa or condition resulting in death)  | on  | a. Pre                                 | MATU.                                 | re/                                   | REIL                                 | ozay.  |                                     |                |                           |  |
|                            | اصلحت   | ē              |   |   | CD.                                    | Due to (or                            | as a conseq                           | uance of):                           | 11   | Banera                              | 1001           | 071                       | Bruse                                      |
|                            | icete be executed<br>physician end<br>s the burial-transit  | Examiner       | Sequentially list co  | anditions (   | b. 8701                                | Due to (or                            | as a consen                           | uence of):                           | E OF 14  | 2MISIUM                             | N25 (          | 20                        | ·WZS,                                      |
| ó                          | certificate be executed ording physician and use as the burial-transit  |                | Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that hillisted events |   |  |                                       |                                       |                                      | lan alandi                                     | ne.                                 |                |                           |  |
| 68760,                     | ste be<br>hysici  | edical         | Cause (Disease or<br>that Initiated events<br>resulting in death)   | Injury  | C                                      | Due to (or                            | as a conseq                           | uence of):                           |  | , 0                                 |                | <u> </u>                  |  |
|                            | no o o  | Σ.             | roodking in doding  | Lust  |  |                                       |                                       |                                      |  |                                     |                | 1                         |  |
| Box                        | death cer<br>le attendin<br>ed for use  | Physician/     |   |   | d                                      |                                       |                                       |                                      |  |                                     |                |                           |  |
| P.O.                       | 0 0 0   | yslc           | Part II. Other algnif   | ficent conditions   | contributing to de                     | ath but not rasul                     | lting in the ur                       | derlying ceuse                       | given In Part I.                               | 23b. Did to                         | becco use co   | ntribute to               | the cause of death?                        |
|                            | that the de<br>led by the<br>detached   |                |   |   |  |                                       |                                       |                                      |  | 1 □ Y                               | es 2 No        | 3 Prol                    | bably 4 Unknown                            |
| ds                         | w requires that<br>been signed I<br>should be det   | d by           |   |   |  |                                       |                                       |                                      |  | 24a. Was a                          | n autopsy      | 24b. W                    | ere autopsy findings                       |
| 00                         | peer y  | iete           |   |   |  |                                       |                                       |                                      |  | perform                             | med?           | av.                       | allable prior to<br>mpletion of cause      |
| Re                         | has<br>Je 2   | Completed      |   |   |  |                                       |                                       |                                      |  | 400                                 | do             |                           | death?                                     |
| a                          | ician: The<br>certificate<br>rector, pag  |                | 25. Was case refer  | red to medical  |  |                                       |                                       |                                      | Of Disease Deep                                | 1 Ye                                | /              | 11                        | Yas 20 No                                  |
| >                          | Physician:<br>this certific<br>ral director,  | To Be          | examiner?   | <b>4</b> 6  | Hospital:                              | npatient 2                            | R/Outpatien                           | 3□ DOA                               | Othor:   | th (Check only on<br>ome 5 ☐ Reside |                | ner (Snecif               | v)   |
| 10                         | Phy<br>er this<br>eral o  |                | 27. Manner of Deat  |   | 28a. Date of                           | of Injury 2                           | 28b. Time of                          | 28c. In                              |  | 28d. Describe ho                    |                |                           | //   |
| io                         | Attanding or death.   | atio           | 1 □ Natural<br>2 □ Accident   | 5 Pending<br>Investigat   |  | h, Day Year)                          | Injury                                |                                      | ☐ Yes 2 ☐ No                                   |                                     |                |                           |  |
| Division of Vital Records, | or Attanding letter death.  Director: After lin by the fune   | Certification: | 3 ☐ Suicida<br>4 ☐ Homicide   | 6 Could not determine   | 28e. Place                             | of Injury - At honing, etc. (Spacify) | me, farm, str                         | et, factory, offic                   | ce   | 28f. Location (St<br>City or Town   |                | bar or Rura               | I Route Number,                            |
|                            | To the Hospital or Attanding Ph<br>within 24 hours efter death.<br>To the Funeral Director: After th<br>completely filled in by the funeral |                | 29a. Certifier  | 12 Certifying   | Phyalcian: To the                      | best of my know                       | ledge, death                          | occurred at the                      | time, date and place                           | , and due to the ca                 | ause(s) and m  | anner as s                | tated.                                     |
|                            | Me Ho   | edicai         | (Check only one)  | 2 ☐ Medicat Ex  | aminer: On the ba<br>and mann          | isis of examination                   | on and/or inv                         | estigation, in m                     | y opinion, death occu                          | rred at the time, d                 | ate end place, | end due to                | the ceuse(s)                               |
|                            | To the within 2 To the comple   | ž              | 29b. Signature and  | title of certifier  | 211                                    |                                       |                                       | 29c. Lice                            | ense number                                    | 2                                   | 9d. Date signe |                           |  |
|                            |   |                | 1/2   | -//   | 1 pce                                  |                                       |                                       | T                                    | 11263  | 8                                   | 6/20           | 198                       |  |
|                            |   |                | 30. Name and addr   | ess of person wh  | o completed caus                       | e of death (Item :                    | 23a) (Type,                           | Print)                               |  |                                     |                |                           |  |

State Registrar

RICHARD J. GHATTAS, M.D. 31. Date filed (Month, Day, Year)

JUN 2 2 1998 Julia Standard

PRINCE FREDERICK, M.D.



|            |   |                   | State of Maryland / I  | Department of F<br>Certificate of  | Health and Mer<br><i>Death</i>                                    | ntal Hygiene 9  | 8 20460  |
|------------|---|-------------------|--|--|---|---|--|
|            | Physici   |                   | 1. Decedent's Name (First, Middle, Last)  Clara Viola Binger   |  |   | Data of Deeth Month Une 20, 19  | year 98 8:30 am  |
|            | /Medi<br>Examir   |                   | 4a. Facility Nama (If not institution, giva street and number)   |  | 4b. City, Town, or Location                                       |   | y of Death   |
|            |   |                   | Calvert Memorial Hospital  |  | Prince Fred   |   | alvert   |
|            | Funeral<br>Director   |                   | Z17 12 4233 A 11   | thday) If Under 1 Year<br>Months Days  | Hours Min. Ja   | Date of Birth<br>(Month, Day, Year)<br>an 28, 1921  | Birthpiaca (Stata or Foraign Country)     MD           |
|            | Maryland -1 show  | tor               | Usual Residence of Decedent  |  |   |   | 10d. inside City Limits 1 ☐ Yes 2 ☑ No                 |
|            | n with the Me<br>3a or 28a-f  | Funeral Director  | 10e. Street and Number 3135 Ferry Landing Rd.  | 10f. Zlp Code 207  | '54   | 10g. Citizen of USA   | What Country?  |
| 020        | 72 hours after death with the Manyand<br>natural, or items 23s or 28s-f show<br>orest Exercise must be notified at  | by                | 3 ☑ Widowed 4 □ Divorced Year or Dates:  | 13. Was Dacedant of Fif Yes, specify Cubi  | Hispanto Origin? (Specify<br>an, Mexican, Puarto Rica<br>Specify: | Yas or No-<br>an, atc.) 14. Ra<br>Bis<br>Specia   | ce - American indian,<br>lok, White, atc.<br>ly: White |
| 21215-0020 | E 2   | Completed         | 15. Decedent's Education (Specify only highest grada completed)  Elementary/Secondary (0-12) College (1-4or 5+)  | Decedent's Usuat Occup<br>(Give kind of work dona<br>life. DO NOT use retired<br>housewife | pation<br>during most of working<br>d)                            |   | home   |
| land ;     | should be filled with<br>nd Mental Hygiene.<br>marked other than<br>umatic event, the M   | To Be C           | 17. Father's Name (First, Middle, Last)  |  |   | rst, Middle, Maiden Sumai<br>Rebecca Grie   | ma)  |
| Σ          | and 2 shousaith and M<br>n 27 is mari<br>er traumati  | F                 |  |  |   | oute Number, City or Town   |  |
| Baltimore, | permit. Pages 1 and 3<br>Department of Health<br>Important: If Itam 27 I<br>any Injury or other tra<br>pncs.  |                   | DOSBuriai 2 Cremation 3 Ramoval from State   | Disposition (Name of y, crematory or other place ille UMC Ce                               | ce)   | Pata 20c. Location<br>23-98 Dunkin  | - City or Town, State                                  |
| Balti      | permit. Page<br>Department of<br>Important: If<br>any Injury or<br>once.  |                   | 21. Signature of Funefal Service Decreee   | 22. Name and Addra   | ss of Facility  | Owings, MD  | 20736  |
|            | Physician<br>/Medical<br>Examiner   | ı,                | 25a Part1. Enter the disease, or complications live used the death. Do nahock, or heert fallure. List only one cause of each tine.  immediate Cause (Finat disease or condition resulting in death)  Dua to (or as a condition resulting in death)   |  |   |   | Approximate interval Between Onset and Death           |
| ox 68760,  | The law requires that the death certificate be assouted atte has been signed by the attending physician and page 2 should be detached for use as the buriat-transit | √Medical Examiner | Sequentialty tist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last  b. Due to (or as a conditional | consequence of):   |   |   |  |
| P.O. Box   | that the death<br>ed by the atter<br>detached for u   | Physician/Me      | Part ti. Other significant conditions contributing to death but not resulting in   | /  |   | 23b. Dtd tobacco use co   | ontribute to the cause of death?                       |
| ds, P.     | signed by   | by                | Congestre treet For  | da'no  |   | 1 Yes 2 No 24a. Wes an autopsy  | 3 Probably 4 Unknown  24b. Were autopsy findings       |
| Records,   | ne law requir   | Completed         |  |  |   | performed?  | available prior to<br>completion of cause<br>of death? |
| Vital      |   | Be                | 25. Was case referred to medical examiner?   |  | 26. Place of Death (C   | 1 ☐ Yes 2 No  | 1 Yes 2 No   |
| of         | lending Physical.   | Certification: To |  | ime of 28c. Injury Wor 1   | y at k? Yes 2 No  | 5 Rasidence 8 Otto Describe how tnjury occu Location (Street and Num City or Town, State) |  |
|            | To the Hospital or Att<br>within 24 hours after of<br>To the Funeral Direct<br>completely filled in by  | edicai C          | 29a. Certifier (Check only one)  Certifying Physician: To the best of my knowledge (Check only one)  Medicat Examiner: On the basis of examination and manner stated.  | , death occurred at the tir<br>t/or tnvestigetlon, in my o                                 | me, dete and placa, and optnion, death occurred a                 | due to the cause(s) and m<br>t the time, dete and pleca,                                  | anner as stated.<br>end due to the cause(s)            |
|            | To the within To the comp   | Me                | 29b. Signature and title of cartifier  | 29c. Licens  | 25435   | 29d. Date signe   | ed (Month, Day, Year)                                  |
| _          | 10  |                   |  | Type, Print)<br>ederick, MD  | 20678   |   |  |
|            | Sta<br>Registr  |                   | 31. Date filed (Month, Day, Year)  "32. Registrar's Signature  JUN 2 4 1998   Jahr Sauch   | w. Randall   |   |   |  |

1213 · · ·

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle Lest) 2. Date of Death **Physician** Month Pear1 Lucille Brown June 14, 1998

4b. City, Town, or Location of Death 4c. County of Death /Medicai 6:15pm 4a. Facility Name (If not institution, give street and number) Examiner Lanham
ar If Under 24 Hrs. 8. Date of Birth
(Month, Day, Year)
Sept. 17,1932 Doctors Community Hospital Prince George's Co. If Under 1 Year 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country)
 Maryland 5. Social Security Number 1□M 20 F Days 213-30-5552 65 Yrs Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Anne Arundel Tracy's Landing Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6261 Franklin Gibson Road 20779 USA Funeral 12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 1 No If Yes, Give Yaar or Datas: 14. Race - American Indian, Black, Whita, atc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 1 Naver Married 2 Married 1 ☐ Yes 2 No Specify: Specify: Black by 3 Widowed 4 X Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Section Chief Federal Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Wilfred Hawkins Welzetta Estep 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 799 Bayard Road Lothian, MD 20711 Warren Brown/Son 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 6/20/98 Lothian, MD 4 ☐ Donation 5 ☐ Other (Specify) Moses Cemetery 21. Signature of Funeral Sarvica Licanses 22. Nama and Addrass of Facility Sewell Funeral Home Moders a. 1451, Dares Beach Rd. Prince Frederick, MD 20678 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death Immediate Cause (Final diseese or condition resulting In death) Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Physician/Medical Due to (or as a consequence of): Other significant conditions contributing to death but not resulting lig the underlying cause given the Part i. 23b. Did tobecco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Completed by 24b. Were autopsy findings avellable prior to completion of ceusa of death? 24a. Was an autopsy performed? 2 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 1 (Invatural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 | Homicide 11 L Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as steted.
2 Medical Examinat: On the basis of automorphism of investigation, in my opinion, death occurred at the time, date and place, and due to tha cause(s) 29a. Certifier Medical (Check only one) On the basis of ava-and manner stated. 2 ☐ Medical Examine 29c. Licensa number 29d. Data signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) DR. IFEOMA OKEKE, 9801 GREENBELT ROAD, SUITE 210, LANHAM MD 32. Registrar's Signature.

R July Stavelor Randall

State Registrar

**JUN 19** 

**Funeral** 

Director

28a-f show

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Department of Health end Mentel Hygiene. Important: If Item 27 Is marked other than "natural", or i

Injury or

**Physician** 

/Medical **Examiner** 

> pue physicien er s the buriel-t

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the

page 2

To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifica completely filled in by the funeral director;

The law requires that the death certificate be executed

Box 68760

Division of Vital Records, P.O.

other traumatic event, the Medical Examiner must be notified at

AD TOOLS THEORY STATE OF THE A STATE OF

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death 3. Time of Death 1 Decedent's Neme (First, Middle Last) Month **Physician** 1998 7:50PM June 12 Mable G. Calloway /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, giva street and number) Examiner Prince George's 9421 Bluefield Road Springdale If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Year 7. Aga (In yrs. last birthday)
55 yrs. 5. Social Security Number Birthplace (State or Foreign Country) Months Days 1 □ M 2 🖾 F Yrs 1943 229-58-6019 Mar. 3 Powhatan, Usuai Rasidenca of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Springdale 1X Yes 2 No Prince George's Maryland Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20774 United States 9421 Bluefield Road Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, 1 Never Married 2 Married 1 ☐ Yas 2 No If Yes, Give Yaar or Dates: African 1 ☐ Yas 2 ☐ No Specify: g 3 ☐ Widowed 4 ☐ Divorced American Completed 16a. Decedant's Usual Occupation
(Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) Data Technician Government 18. Mother's Nama (First, Middle, Maiden Sumame) 17. Father'a Nama (First, Middle, Last) Be Sadie Mae Morris William A. Batchelor 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 19a. Informant's Name/Ralationship (Typa, Print) 618 Suffolk Ave., Capitol Heights, MD 20743 Eric Calloway 20b. Place of Disposition (Name of cematery, cramatory or other place) 20c. Location - City or Town, State 20a. Method of Disposition f Burial 2 □ Cramation 3 □ Removal from State Zion Bapt. Ch. Cem. 6/19/98 4 ☐ Donation 5 ☐ Other (Specify) Powhatan, VA 21. Signature of Funeral Service License 22. Name and Address of Facility Stewart Funeral Home 4001 Benning Rd., N.E. Wash., D.C. 20019 Park, Enter the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximate Intarval Between Onset and Death Immediata Cause (Final disease or condition rasulting in death) years Examiner Sequantially list conditions, if any, leading to immediate cause. Entar Undarfying Cause (Disease or injury that initiated avants resulting in death) Last Due to (or as a consequence of): Physician/Medical Dua to (or as a consequance of): 23b. Did tobacco use contribute to the cause of death? Parl II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yae 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to 24a. Was an autopsy Completed complation of causa of death? 1 ☐ Yas 2X No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Placa of Death (Check only ona) Hospital: Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1 ☐ Yes 2 ☑ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Describe how injury occurred 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) Certification: 1 X Naturai 5 Panding 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be datermined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 1 Cartifying Physician: To the bast of my knowledga, daath occurred at the time, date and place, and dua to the causa(s) and mannar as stated.

2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signatura and titla of certifiar 29c. License number 30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print)

Suite 707

To the Hospital or A within 24 hours after To the Funeral Direcompletaly filled in b

**Funeral** 

Director

permit. Pagas 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mantel Hygiena. Important: If tem 27 is merked other than "natures", or items 23a or 28a-f show eny injury or other traumatic event, the Marice.

Physician

/Medical

physician and s tha burial-transit

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signed by the a d be detached f

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al or Attending Physician: T s after death. I Director: After this carificat of in by the funeral director, p

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Examiner

Baltimore, Maryland 21215-0020

31. Date filed (Month, Day, Year)

JUN 1 9 1998

Kenneth Goldstein - 2141 K St., N.W. Washington, D.C. 32 Registrar's Signature

Registrar

the Property of the Property o

#### Please Type or Print In Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death :25 Am JUNE ElVA Location of Death 4s. Facility Name (If not institution, give street and number) 4b. City. Theen LORC Birthplece (State or Foreign Country) 5. Social Security Number 1 M 2 XF Days Hours Min Yns. 579-48-9468A 87 Jan. 12, 1911 Louisa, VA Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☑ Yes 2 ☐ No District of Columbia Washington 10e Sfreet and Number 10f. Zip Code 10g. Citizen of Whet Country? 4819 B St., S.E. 20019 United States 12. Wes Decedenf Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, Whife, etc. 11. Marital Status 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Defes: 1 □ Never Married 2 □ Married 1 Yes 2 No Specify: Specify. Black 3 ₩ Widowed 4 Divorced 18e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Bustness/Industry Elementery/Secondery (0-12) College (1-4or 5+) 9th Housewife Private 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Edward Cash Mildred Baker 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Virginia C. Burnette/Daughter 1201 Quick Fox Lane, Bowie, MD 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Cem. 20c. Location - City or Town, Stete 20e. Method of Disposition Buriel 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) First Baptist Church 6/15/98 22. Neme end Address of Fecility Stewart Funeral Home 21. Signature of Funeral Service License 4001 Benning Rd., N.E. Wash., D.C. 20019 lucon nter the disease, or complications that caused the death r heart failure. List only one cause on each line. Approximete Intervet Between Onset end Deeth Do not enter the mode of dying, such es cardiec or respiretory errest, Immediate Cause (Finel Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequenca of): 23b. Did tobacco use contribute to the cause of death? Part II. Other stanificant conditions confributing to death but not resulting in the underlying cause given In Pert I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to 24a. Wes en eutopsy performed? completion of cause of deeth? 2 No 1 Yes 1 ☐ Yes 2 ☐ No

**Physician** /Medical Examiner

attending physician and for use as the bunal-transit

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The Funeral Director: After pletely filled in by the fur

To the F the

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The law requires that the death certificate be executed

P.O. Box 68760,

Division of Vital Records,

or Attending Physician:

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Physician/Medical Examiner

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Completed

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Certification: To

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**Physician** 

/Medical

Examiner

**Funeral** 

Director

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Director

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r is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Medical Exeminer must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiene. Important: If frem 27 is marked other than "naturel", or itema 29a and hijury or other traumatic event, to Medical Experimental Process.

Baltimore, Maryland 21215-0020

with the Maryland

25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospital: 26 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 1 Yes 2 ER/Outpatient 3 DOA 27. Mariner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident 6 Could not be 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide

29a. Certifier (Check only

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s)

29b. Signature and title of certify

29d. Defe signed (Month, Dey, Year)

10 JUKE, 1998 Are. C-101

ompleted cause of death (Item 23a) (Type, Print) 30. Name end eddress of person wh

31. Dete filed (Month, Day, Year)

JUN 15 1998

32. Registrer's Signeture

State Registrar

which a medicine of the delay

| CIVIK        |  | 111 1    |
|--------------|--|----------|
| ANTONIO COOK | State of Maryland / Department of Health and Ment  | al Hygie |
|              | 1 27 non MEO G 761 7/6/09 noh Certificate of Death |          |

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|                                |   | Ite                                 | ems: 2   |
|--------------------------------|---|-------------------------------------|--|
|                                | Physici<br>/Medic<br>Examin<br>Funeral<br>Director  | al                                  | 1. Dece<br>A<br>4a Faci<br>PRI<br>5. Socie<br>Un                               |
| Baltimore, Maryland 21215-0020 | permit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Heath end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examine must be notified at ODEs. | To Be Completed by Funeral Director | Usuel R 10e. Ste MD 10e. Ste 404 11. Mari 3 □ 17. Feth 19e. Inf Bet1 20e. Me 1 |
|                                | Physician<br>/Medical<br>Examiner   | liner                               | 23a. Post  |

Reg. No. 3. Time of Death dent's Name (First, Middle, Last) 2 Date of Death JUNE 21, 1998 COOK 2017PM OINOTNA ility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death NCE GEORGES HOSPITAL CENTER If Under 1 Yeer If Under 24 Hrs. PRINCE GEORGES 8. Dete of Birth (Month, Dey, Year)
Jan. 2, 19 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) Sex M 2□ F Months Deys Hours Min. Yrs 1954 Concord, N.C. 44 known lesidence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits tv Yes 2 No PG Capitol Heights 10g. Citizen of Whet Country? reet and Number 10f. Zip Code U.S.A. 20743 Larchmont Avenue 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien. Bleck, White, etc. 1 Yes 2 No If Yes, Give X Yeer or Detes: Never Married 2 ☐ Married 1□ Yes 2□ No Specify: Specify: Widowed 4 ☐ Divorced Black. 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry entary/Secondary (0-12) College (1-4or 5+) N/A Unemployed 18. Mother's Neme (First, Middle, Meiden Sumame) ner's Neme (First, Middle, Last) Betty L. Cook Unknown 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 28075 formant's Neme/Reletionship (Type, Print) 8906 McMillian Drive, Harrisburg, North Carolina ty Cook - Mother 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State thod of Disposition Buriel 2 Cremetion 3 Removal from State 6-27 Concord, North Carolina Rutherford Mem. Park Donetion 5 Other (Specify) 22. Name and Address of Facility
Marshall's Funeral Home, Inc. lars 4217 9th Street N.W. Washington, DC 20011 art. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, nock, or heart fellure. List only one cause on each line. Approximete Intervet Between Onset and Deeth iate Ceuse (Finel e or condition ng in death) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE Due to (or es e consequence of): Exam Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequença of): Physician/Medical Due to (or es e consequence of) 23h. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Onknown þ 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evelleble prior to Completed completion of cause of deeth? 12 Yes 2 □ No 19 Yes 2□ No 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitat: 1 ☐ Inpatient 2 🖾 ER/Outpetlent 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) To 1⊠Yes 2□ No 28d. Describe how Injury occurred 27. Menner of Death 28b. Time of 28c. Injury at Work? 28e. Dete of Injury (Month, Dev Year) Certification: 5 Pending 1 XX Netural 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 ☐ Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29e. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as stated. edicai 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signeture end title of cartifier 29c. License number

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

JUNE 24, 1998

physician and s the bunal-trans certificate be execute 80 2 signed t certificate hes this After 8

USB P.0. Division of Vital Records. 90 page 2 luneral after death. 3 Hospital 24 hours

> State Registrar

Javill 31. Dete filed (Month, Dey, Year)

JUN 26 1998

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

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32, Registrer's Signeture the Newsborkarlait

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distance for the part of the contract of the c

|  |  | Please -324-3910  1. Decedent's Name (First, Middle, Las   |   |   | Certific   | ate of                                      | Death   | 1  | Reg. No.  | 0   | 2046   |
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| Physici  | an   |  | 1   | ola   |  |   |   | 2. Dete of D   | Dey   | Yeer  | 3. Time of Dea   |
| /Medi  |  | 4a. Fecility Neme (If not Institution, give  | street and number)  | INE   |  |   | 4b. City, Town, o                                 | Jun 6  |   | 1998  |  |
| Examir   | ner  | 1 1 1  | URSING.   | Hom   | 6  | 1   | m + 1 -   | 1 1  | -   |   | ^  |
| Funeral  |  | 5. Sociei Security Number 6. So  |   | (In yrs. lest b   | oirthday) If Un  | der 1 Year                                  | If Under 24 Hr                                    |  | Prin  | 9. Birti  | hplace (Stelle or Fountry)   |
| Director   | н  | 577-24-0945  | □ M 2 <b>V</b> F  | 93  | Yrs. Mont  | ns Deys                                     | Hours Mi  | 06-2°  |   |   | ginia  |
| pu k   |  | Usuel Residence of Decedent  10a. Stete 10b. County  |   | 10c City To   | wn or Location   |   |   |  |   |   |  |
| Aaryla<br>Pu st  | 20   |  |   |   |  |   |   |  |   |   | 10d. Inside City Li  |
| 28a-   | Director   | D.C. None  10e. Street and Number  |   | Wash:   | ington   | Zip Code                                    |   |  | 10g. Citizen of   | What Co   |  |
| 72 hours after death with the Maryland<br>natural", or items 23a or 28a-f show<br>deal Examine Fruit be notified at  |  | 2512 Perry St.   | , N.E.  |   |  |   | 018   |  | USA   | VIII01 00   | anti y :   |
| death  | Funeral  | 11. Maritel Status   | 12. Was Decedent Ev   | ver in U,S.   | 13. Was De   | cedent of h                                 | ispanic Origin?                                   | Specify Yes or N   | lo- 14. Rac   | ce - Ame  | rican Indien,  |
| or its   | F  | 1 Never Married 2 Married  | Armed Forces? 1 ☐ Yes 2 💆 No If Yes, Give   |   |  | pecity Cub                                  | en, Mexican, Pue<br>Specify:                      | irto Hican, etc.)  |   | ock, White  |  |
| iral',   | d by   | 3 Widowed 4 □ Divorced   | Yeer or Detes:  |   | I L Yes  | SUPT INO                                    | Specify:  |  | Specif  | y: DI   | ack  |
| netu<br>Mica   | ete  | 15. Decedent's Ed<br>(Specify only highest gree  | ucation<br>de <i>completed)</i>   | 16  | a. Decedent's U<br>(Give kind of   | work done                                   | during most of w                                  | orking   | 16b. Kind of B  | lusiness/l  | Industry   |
| within<br>ene.<br>than   | Completed  | Elementery/Secondery (0-12)  | College (1-4or 5+)  |   | Housew   |   | 0)  |  | Home  | 9   |  |
| filed with<br>Hygiene.<br>other than   | B Cc   | 8th<br>17. Fether's Neme (First, Middle, Last)   |   |   | .iousew  | 116   | 18. Mother's No                                   | eme (First, Middl  | le, Maiden Sumen  |   |  |
| and 2 should be filed within talth and Mental Hygiene.  1.27 is marked other than " or traumatic event, tra Me   | o Be   | Walter Jackson   | 1   |   |  |   |   | beth Po  |   | ,   |  |
| s 1 and 2 should be filed within 72 hours after death with the Manylan f Health and Mental Hygiens. I them 23 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Manglal Examinet must be notified at               | -  | 19e. Informent's Neme/Reletionship (7  | ype, Print)   | 19  | b. Meiling Addr  | ess (Street                                 |   |  | ber, City or Town,  | , Stete, Z  | Zip Code)  |
| end 2<br>saith i<br>127 is   |  | Lucille Tippett  | - Friend  |   | 028 Que  | ebec  | P1., N  | .W. Wa   | sh., DC   | 20  | 010  |
| of He  |  | 20e. Method of Disposition  1  ☐ Buriat 2 ☐ Cremetion 3 ☐  | Removal from State  | 20b. Placa<br>cemet   | of Disposition (i  | Verne of<br>or other plea                   | ce)   | Dete   | 20c. Location   |   |  |
| ment<br>ant: I   |  | 4 Donetion 5 Other (Specify  |   |   | oln Me   |   |   | 5-16-98  | Suitla  | ind,  | MD   |
| permit. Peges 1 and 2:<br>Department of Health at<br>Important: If Itam 27 is<br>any injury or other trau-<br>once.  |  | 21. Signature of Funerel Service Licent  | 100/  |   | 22. Name<br>Ralin  | and Addre                                   | ss of Fecility                                    | Funera   | al Serv   | ico   |  |
| 005.60   |  | 1 (acple)  | Melia   | -   | 51/  | lith  | St., S  | S.E., W  | Vash.,  | D.C   | . 20003  |
|  |  | shock, or heert failure. List only of  | lications thet caused the<br>one ceuse on each line   | ne deeth. Do  | not enter the n  | ode of dyir                                 | ng, such es cardi                                 | ec or respiretory  | arrest,   |   | Approximete<br>Intervet Between  |
| Physician<br>/Medical  |  | Immediete Cause (Finel   | <b>A</b>  |   |  | P 1   |   |  |   |   | Onset end Deet   |
| Examiner   |  |  | · Ynyoc   | ardia   | L Ju-  | onct  | in  |  |   | 1   | minutes  |
| -xammer  |  |  | , Di  | ue to (or es e  | consequence  | of):  |   |  |   |   |  |
| 15.  | ē  |  |   |   |  |   |   |  |   | i   |  |
|  | aminer   | Sequentially list conditions   | b   | ue to (or es e  |  |   |   |  |   | 1   |  |
| executed<br>in and<br>ial-transit  | Examiner   | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying   | bDı   | ue to (or es e  | consequence d  |   |   | -  | ·   |   | 3.18   |
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| requires that the death certificate be executed been signed by the ettending physician and should be detached for use as the bunal-transit   | by Physician/Medical I                                       | if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in deeth) Lest   | CDu   | ue to (or es e  | consequence o  | of):  | en in Pert I.                                     | 1 = 24e. We  | Yes 2No   | 3 □ Pr  | Nere autopsy findin  |
| e law requires that the death certificate be executed has been signed by the ettending physician and ge 2 should be detached for use as the bunal-transit  | by Physician/Medical I                                       | if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in deeth) Lest   | C   | ue to (or es e  | consequence o  | of):  | en in Pert I.                                     | 1 24e. We per  | S an eutopsy formed?  | 3 Pr  | Nere autopsy findin  |
| The law requires that the death certificate be executed ate has been signed by the ettending physician and page 2 should be detached for use es the burial-transit   | Completed by Physician/Medical I                             | if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that Initieted events resulting in deeth) Lest  Pert II. Other significant conditions co   | CDu   | ue to (or es e  | consequence o  | of):  |   | 1 24e. We per  | s an eutopsy formed?  | 3 Pr  | Were autopsy finding everlebie prior to completion of cause of death?  |
| The law requires that the death certificate be executed ate has been signed by the ettending physician and page 2 should be detached for use as the burial-transit   | To Be Completed by Physician/Medical I                       | if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that Initieted events resulting in deeth) Lest  Pert II. Other significant conditions co  25. Wes case referred to medical exeminer?  1 Yes 2 No   | c   | not resulting   | consequence of consequence of the consequence of th | d):  g cause giv                            | 26. Place of De<br>er: 4∑ Nursing                 | 24e. We per 1  | s an eutopsy formed?  | 3 Pr 24b. V   | completion of cause of death?  |
| Physician: The law requires that the death certificate be executed this certificate has been signed by the ettending physician and ral director, page 2 should be detached for use as the burial-transit   | To Be Completed by Physician/Medical I                       | if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in deeth) Lest  Pert II. Other significant conditions co  25. Wes case referred to medical exeminer?  1 ☐ Yes 2 ☑ No  27. Menner of Deeth  1 ☑ Neturel 5 ☐ Pending   | d   | not resulting   | consequence of conseq | f): g cause giv                             | 26. Place of Deer: 4 ☑ Nursing                    | 24e. We per 1 Deeth (Check only)   | s an eutopsy formed?  Yes 2 No  | 3 Pr 24b. V   | Nere autopsy findin everileble prior to completion of cause of death?  |
| ending Physician: The law requires that the death certificate be executed leath.  Jean, The fundate that been signed by the ettending physician and the funeral director, page 2 should be detached for use as the burial-transit.                     | To Be Completed by Physician/Medical I                       | if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in deeth) Lest  Pert II. Other significant conditions co  25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Menner of Deeth  1 Neturel 5 Pending investigation  2 Accident Sulcide 6 Could not be  | d   | not resulting  2 □ ER/O  (ear)   28b.                                       | consequence of conseq | of):  g cause giv  DOA Oth  28c. Injur  Wor | 26. Place of De<br>er: 4∑ Nursing                 | 24e. We period of the period o | yes 2 No s an eutopsy formed?  I Yes 2 No one) sidence 6 □Oth how Injury occur  | 3 Pr  | Nere autopsy findin aveileble prior to completion of cause of death?   |
| ttending physician: The law requires that the death certificate be executed death.  death.  Care After this certificate has been signed by the ettending physician and y the funeral director, page 2 should be detached for use as the bunial-transit | To Be Completed by Physician/Medical I                       | if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in deeth) Lest  Pert II. Other significant conditions co  25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Menner of Deeth 1 Neturel 5 Pending investigation  | c   | not resulting  2 □ ER/O  (ear)   28b.                                       | consequence of conseq | of):  g cause giv  DOA Oth  28c. Injur  Wor | 26. Place of Deer: 4 ☑ Nursing                    | 24e. We per 1 Deeth (Check only Home 5 Res 28d. Describe   | yes 2 No s an eutopsy formed?  I Yes 2 No one) sidence 6 □Oth how Injury occur  | 3 Pr  | Nere autopsy findin everileble prior to completion of cause of death?  |
| ttending physician: The law requires that the death certificate be executed death.  death.  Care After this certificate has been signed by the ettending physician and y the funeral director, page 2 should be detached for use as the bunial-transit | Certification: To Be Completed by Physician/Medical I        | 25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Menner of Deeth  28. Menner of Deeth  29. Accident  3 Suicide  4 Homloide  29a. Certifier (Check only  Cause, Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest  25. Wes case referred to medical exeminer?  2 No  27. Menner of Deeth  1 Neturel  2 Accident  3 Suicide  4 Homloide  29a. Certifier (Check only  2 Medical Exami | d   | 2 ER/O  28b.  At home, 1  (Specify)   | consequence of conseq | DOA Oth  28c. Injur  Wor  Tory, office      | 26. Place of Deer: 4. Nursing yet k? Yes 2 □ No   | 24e. We peril 1 Deeth (Check only Home 5 Describe 28d. Describe 28f. Location City or To   | Yes 2 No s an eutopsy formed?  Yes 2 No one) sidence 6 □Oth how Injury occur  (Street and Numb own, Stete)  | 3 Pr  24b. V e c c c c c c c c c c c c c c c c c c                      | Nere autopsy findin aveileble prior to completion of cause of death?  Yes 2 No   |
| ttending physician: The law requires that the death certificate be executed death.  death.  Care After this certificate has been signed by the ettending physician and y the funeral director, page 2 should be detached for use as the bunial-transit | edical Certification: To Be Completed by Physician/Medical I | 25. Wes case referred to medical exeminer?  1   Yes   No    27. Menner of Deeth  | d   | 2 ER/O  /ear) 28b.  / At home, f  | consequence of conseq | DOA Oth DOA 28c. Injur Wor 1 Dory, office   | 26. Place of Deer: 4 № Nursing y et k? Yes 2 □ No | 24e. We peril 1 Deeth (Check only Home 5 Describe 28d. Describe 28f. Location City or To   | Yes 2 No s an eutopsy formed?  Yes 2 No one) sidence 6 □Othe how Injury occur  (Street and Numb own, Stete)  e cause(s) end me h, date and plece, | 3 Pr  24b. V  6 C  7 C  11  Der (Spectred)  ber or Ru  enner as and due | Nere autopsy findin aveileble prior to completion of cause of death?  Yes 2 No  and Route Number,  steted. to the cause(s) |
| thending Physician: The law requires that the death certificate be executed death.  death. After this certificate has been signed by the ettending physician and the funeral director, page 2 should be detached for use as the bunal-transit.         | Certification: To Be Completed by Physician/Medical I        | 25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Menner of Deeth  28. Menner of Deeth  29. Accident  3 Suicide  4 Homloide  29a. Certifier (Check only  Cause, Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest  25. Wes case referred to medical exeminer?  2 No  27. Menner of Deeth  1 Neturel  2 Accident  3 Suicide  4 Homloide  29a. Certifier (Check only  2 Medical Exami | d   | 2 ER/O  /ear) 28b.  / At home, f  | consequence of conseq | DOA Oth  28c. Injur  Wor  Tory, office      | 26. Place of Deer: 4 № Nursing y et k? Yes 2 □ No | 24e. We peril 1 Deeth (Check only Home 5 Describe 28d. Describe 28f. Location City or To   | Yes 2 No s an eutopsy formed?  Yes 2 No one) sidence 6 □Oth how Injury occur  (Street and Numb own, Stete)  | 3 Pr  24b. V  6 C  7 C  11  Der (Spectred)  ber or Ru  enner as and due | Nere autopsy findin aveileble prior to completion of cause of death?  Yes 2 No  and Route Number,  steted. to the cause(s) |
| ttending physician: The law requires that the death certificate be executed death.  death.  Care After this certificate has been signed by the ettending physician and y the funeral director, page 2 should be detached for use as the bunial-transit | edical Certification: To Be Completed by Physician/Medical I | 25. Wes case referred to medical exeminer?  1   Yes   No    27. Menner of Deeth  | d.  Hospitet: 1 Inpatient  28e. Dete of Injury (Month, Dey Y)  28e. Pleca of Injury building, etc. ( sician: To the best of mar: On the basis of event manner steles. | 2 ER/O  2 ER/O  28b.  - At home, f  (Specify)  my knowledge caminetion end. | consequence of conseq | DOA Oth DOA 28c. Injur Wor 1 Dory, office   | 26. Place of Deer: 4 № Nursing y et k? Yes 2 □ No | 24e. We peril 1 Deeth (Check only Home 5 Describe 28d. Describe 28f. Location City or To   | Yes 2 No s an eutopsy formed?  Yes 2 No one) sidence 6 □Othe how Injury occur  (Street and Numb own, Stete)  e cause(s) end me h, date and plece, | 3 Pr  24b. V  6 C  7 C  11  Der (Spectred)  ber or Ru  enner as and due | Nere autopsy findin aveileble prior to completion of cause of death?  Yes 2 No  and Route Number,  steted. to the cause(s) |

A BURN OF RESPONDENCE

DHMH 16 Ray 6/95

State

Registrar

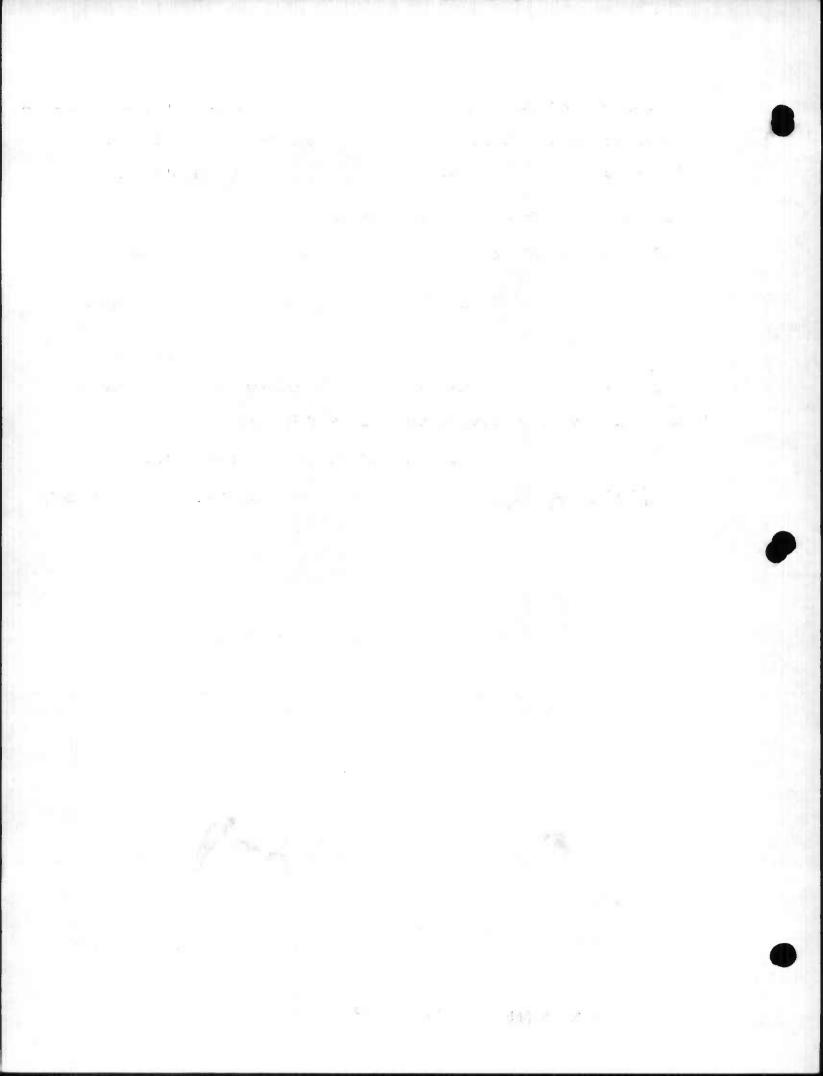
31. Date filed (Month, Day, Year)

JUN 15 1998

3. Registrar's Signature

ALC: NO PERSON

|  |                  | 4 December 1 and 1 | -41   |                                       | Cert                               | ificate of  | Death  | I a a little                            | Reg. No.                            | ) (                          | 0465  |
|--|------------------|--|---|---------------------------------------|------------------------------------|---|--|---|-------------------------------------|------------------------------|---|
| Physici  |                  | Decedent'e Neme (First, Middle, La:  LAWRENCE KEI  | ,   | HANEY                                 |                                    |   |  | 2. Date of D<br>Month<br>June           | Day                                 | Year                         | 3. Time of Death 6:00 an  |
| /Medio<br>Examir   |                  | 4a. Facility Name (If not institution, give  |   |                                       |                                    |   | 4b. City, Town, o                                  |   |                                     | 998<br>v of Death            | 0.00 a  |
| LAGIIII  | ici              | Solomons Nursi   |   |                                       |                                    |   | Solomon  | s                                       |                                     | vert                         |   |
| uneral<br>rector   |                  | 219 07 2000  | ax 7. Ag<br>M 2□ F  | ga (In yrs. lest<br>84                |                                    | If Undar 1 Yaar<br>Months Days                    | if Undar 24 Hr<br>Hours Mir                        | . (Month, D                             | irth<br>Pey, Year)<br>5, 1914       | 9. Birthpl<br>Count<br>Mary  | ace (State or Foreigny)<br>Land                                       |
| *_   |                  | Usual Residence of Decedent  10a. Stata 10b. County  |   | 10c. City, To                         | own or Loca                        | ation   |  |   |                                     | 10                           | Od. Inside City Limit   |
| notified at  | 10.              | Maryland   | Calvert   |                                       |                                    | eonard  |  |   |                                     | "                            | 1 ☐ Yes 2 💥 N   |
| 23a or 28a-4<br>unt be notivis   | Funeral Directo  | 10e. Street and Number<br>4744 St. Leona   | ard Road  |                                       |                                    | 10f. Zip Code                                     | 20685  |   | 10g. Citizen of                     | What Count                   | try?  |
| or flama<br>aminer m   | by               | 11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced   | 12. Was Decedant<br>Armed Forces?<br>1 X Yas 2 If Yes, Give<br>Yaar or Datas: | No                                    | 4.5                                | as Decedent of H<br>Yes, specify Cuba             | lispanic Origin? (<br>an, Mexican, Pue<br>Specify: | Specify Yas or N<br>nto Rican, etc.)    | 14. Ra<br>Bla<br>Specif             | ce - America<br>ck, Whita, a | itc.  |
| r than "natural",<br>the Medical Exe   | Completed        | 15. Decedent's Ed<br>(Specify only highest gre<br>Elementary/Secondary (0-12)  | lucation<br>da com <i>pleted)</i><br>Coilege (1-4or                           | 5+)                                   | 6a. Decede<br>(Give ki<br>life. Do |   | eation<br>during most of wi<br>d)                  | orking                                  | 16b. Kind of B                      | cultu:                       |   |
| -  | Be Co            | 17. Father'a Name (First, Middle, Last)  |   |                                       | Latine                             | -L  | 18. Mother'a No                                    | ame (First, Middle                      | e, Meiden Sumer                     |                              | re  |
| tem 27 is marked other than<br>other traumatic event, the Ma   | To B             | Lee T  |   | Chaney                                | 7                                  |   | Lilli  | an M                                    |                                     | Ноо                          | fur   |
| E TIE  |                  | 19a. informant's Neme/Relationship (7  | Type, Print)  |                                       |                                    | Address (Street                                   | and Number or F                                    | Rural Route Num                         | ber, City or Town                   | , State, Zip                 | Code)   |
| em 27 i<br>other tra   |                  | Angela L. Grover   | gr.grand  | ddaught                               | er                                 | same as   | # 10 ab  | ove                                     |                                     |                              |   |
| = 8  |                  | 20a. Method of Disposition  1 💆 Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specify   |   | ceme                                  | itery, crema                       | tion (Neme of<br>atory or other piece<br>ial Gard | _ ^  | Date 6-22-98                            | 20c. Location Dunki                 |                              |   |
| Important:<br>any injury<br>once.  |                  | 21. Signature of Funeral Sarvice Licen   | see 9   |                                       |                                    | Nama and Addre                                    | es of Facility<br>neral Ho                         | me, P.A                                 | ., Owin                             | gs, M                        | D 20736   |
| sician<br>edical<br>miner  | her              | Immediate Cause (Final disease or condition resulting in deeth)  | a. C./  | Due to (or as                         |                                    |   | 1 6  | FT                                      | Cyr                                 | 5                            | Onset and Death   |
| ng physician and<br>s es the burial-transit  | Medical Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last   | c   | Due to (or as                         |                                    |   |  |   |                                     |                              |   |
| attending<br>I for use es  | lan              |  | I d   |                                       |                                    |   |  |   |                                     |                              |   |
| igned by the attendir<br>be detached for use   | / Physician/M    | Part if. Other significant conditions co   | entributing to death b  | ut not rasulting                      | n the und                          | larlying cause giv                                | ren in Part I.                                     |   | tobacco use co                      | ontributs to<br>3 □ Prob     | the cause of death<br>ably 412 Unknow                                 |
| should   | Completed by     |  |   |                                       |                                    |   |  |   | s an autopsy<br>formed?             | con                          | re autopsy findings<br>llable prior to<br>appletion of cause<br>eath? |
| 2 8  | E O              |  |   |                                       |                                    |   |  | 1□                                      | Yas 20 No                           | 1 🗆                          | Yes 20 No   |
| director, pag  | Be (             | 25. Was case referred to medicai examiner?   |   |                                       |                                    |   | 26. Place of De                                    | eath (Check only                        | one)                                |                              | - 1   |
| 0 0  | မ                | 1 ☐ Yes 22 No  | Hospital:<br>1 ☐ inpatie  |                                       | Outpatient<br>o. Time of           | 3□ DOA Oth  | 4 Nursing  |   | idence 8 □Ott                       |                              | )   |
| or: After<br>the funer   | Certification:   | 27. Meaner of Death    Display   State   State   Pending   | 28c. injur<br>Wor<br>M 1 □  | yat<br>k?<br>Yes 2 □ No               | 28d. Describe                      | how injury occur                                  | rred   |   |                                     |                              |   |
| af Direct<br>ed in by  | Certifi          | 3 Sulcide 6 Could not be determined  | 28e. Placa of Inj<br>building, et   | ury - At homa,<br>c. <i>(Specify)</i> | farm, atree                        | et, factory, office                               |  |   | (Street end Numi<br>own, State)     | ber or Rural                 | Route Number,   |
| To the Funeral Director: After thi completely filled in by the funeral   | edicai           | 29a. Certifying Phyone) 2 Medical Exam   | rsician: To the best of<br>iner: On the beals of<br>and manner at             | axamination                           | lge, death o<br>and/or inve        | occurred at the tin<br>stigation, in my o         | ne, date and place<br>plnion, death occ            | e, and due to the<br>curred at the time | cause(s) and m<br>, date and placa, | enner as ate<br>and due to   | ated.<br>the cause(s)   |
| To the complete of the complet | M                | 29b. Signature and titla of cartiflar  | nother  | -15                                   | D                                  | 29c. Licens                                       | e number<br>25 9                                   | 35                                      | 29d. Date algne                     | Month, E                     | Day, Year)  |
| - 1  |                  |  |   |                                       |                                    |   |  |   |                                     |                              |   |
| ,  |                  | 30. Nama and address of person who o   | ompleted cause of d   | leath (item 23s                       | a) (Type, Pr<br>Fruite)            | . 1 .   | 16 20  | 170                                     |                                     |                              |   |



| 1 . S | OR<br>TATE<br>EGISTRAR |
|-------|------------------------|
|-------|------------------------|

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

|               | REGISTRAR   |   | CERTIFIC   | ATE OF                  | DEATH  |                  | REG. NO                           |                 |   |                                      |
|---------------|---|---|--|-------------------------|--|------------------|-----------------------------------|-----------------|---|--------------------------------------|
| 1             | HAUMOND   |   | anes   |                         |  | 2. DATE          | E OF DEATH                        | * LO            | 3. 1  | IME OF DEATH                         |
| ĺ             | 4. SOCIAL SECURITY NUMBER   |   | 7  | UNDER 1 YEAR            | IF UNDER 24 HRS.   | 7. DATE          | OF BIFTIN                         | A 44            | BIRTHPLAC   | E (State or Foreign                  |
|               | 221-18-3607   | 1 🔀 M 2 🗆 F   | 92 YRS. MO   | HTHS DAYS               | HOURS MIN,   |                  | Rch (                             | 904             | Country)  | YD                                   |
| TOR           | 98. FACILITY NAME (If not institution, give street and number)  99. CTY, TOWN OR LOCATION OF DEATH  90. COUNTY OF |   |  |                         |  |                  |                                   |                 |   |                                      |
| DIRECTOR      | 10a. STATE 10b. CO  | Someiset  |  | OWN OR LOC              |  |                  |                                   |                 | 757   | INSIDE CITY<br>LIMITS?<br>YES 2 1 NO |
| FUNERAL       | 29231 Hudson  |   | RD   |                         | of ZIP CODE  | 20               |                                   | 10g. CITIZE     | N OF WHAT   | COUNTRY?                             |
| B             | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced   | 12. WAS DECEDENT EVER I<br>FORCES? 1 YES  | 2 NO   | If yes, s               | CENDENT OF NISPA<br>pecify Cuben, Mexico<br>S 2 XNO Specific | in, Puerto       | N? (Specify Yes<br>Rican, etc.)   | or No 14        | Black, Wh   | merican Indian,<br>ita, etc.         |
| COMPLETED     | 15. DECEDENT'S (Specify only highest g  | EDUCATION<br>prade completed)<br>College (1-4 or 5 +)   | 16a. DECEDENT'S USE<br>(Give kind of work<br>life. Do NOT use re                                   | done during n           | tost of working  | 164              | b. KIND OF BUS                    | SINESS/INDUS    |   |                                      |
| BE CON        | 17. FATHER'S NAME (First, Middle, Last,   | Doanes  |  |                         | 16. MOTHER'S NA  | ME (First,       |                                   | Sumpmo)<br>Milc | S   |                                      |
| 5             |   | and   | 2923   | Huds                    | and Number or Rural  | Route Num        |                                   |                 |   | 0 2183                               |
|               | 20a. METHOD OF DISPOSITION 1 Dispuriel 2 Cremation 3 F 4 Donation 5 Other (Specify)   | Removal from State  | PLACE AND DATE OF D<br>TOTAL CREMENTON OF OTHER  | dace)                   | Lemetry  | 6/2              |                                   | CATION - CH     | y or Town, S  |                                      |
|               | 21. SIGNATURE OF CONERAL SERVICE  | 7 S. Clare  | )  | 301 3                   | hony E   | Vard             |                                   | 21 10           | me<br>Ange  | MDOIS                                |
| CERTIFICATION | iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST   | b. DUE TO (OR AS A  | CONSEQUENCE OF:  | tatony<br>thros<br>Heav | Arroli<br>elkorni<br>Faulure                                 |                  |                                   |                 |   | Onset and D                          |
| MEDICAL       | PART II. Other significant condi  | d.  |  |                         |  |                  |                                   | COM<br>OF D     | E AUTOPSY FINDI<br>ABLE PRIOR TO<br>PLETION OF CAUSE<br>EATH?<br>YES 2 NO |                                      |
| CIAN:         | 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER  |   |  |                         |  |                  |                                   |                 |   |                                      |
|               |   | 1 YES 2 NO 1 inpetient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify)   |  |                         |  |                  |                                   |                 |   |                                      |
| HYS           | 1 TES 2 NO  | 28a. DATE OF INJURY   | 28b. TIME OF   |                         |  |                  | SCRIBE HOW II                     | FILIDA OCCIN    | ED  |                                      |
| PHYS          | 1 TES 2 NO  | 28s. DATE OF INJURY<br>(Morth, Day, Near)   |  | 28c. IN                 |  |                  | SCRIBE HOW IF                     | JURY OCCUR      | ED  |                                      |
| ED BY PHYS    | 1 VES 2 NO  27. MANNER OF DEATH  1 Netural S Pending  | 28a. DATE OF INJURY<br>(Moviti, Day, Year)<br>on<br>28a. PLACE OF INJURY<br>building, etc. (2006)   | 26b. TIME OF DEFUNY  | 28c. IN<br>W            | JURY AT ORK? YES 2 NO  | 28d. DES         | SCRIBE HOW IF                     | /               |   | lumber,                              |
| ETED BY PHYS  | 1 VES 2 NO  27. MANUER OF DEATH  1 Netural 2 Accident 3 Suicide 6 Could not determined  20e. CERTIFIER (Check only)   | 28a. DATE OF INJURY (Month, Deg. Near)  28a. PLACE OF INJURY be dutiding, etc. (2006)  HYSICIAN: To the best of my know                                       | 29b. TIME OF DETURY At home, term, street (%)  | 28c. IN W 1             | JURY AT ORK? YES 2 NO  | 28f. LOC<br>City | CATION (Street<br>or Your, State) | nd Number or I  | Rural Route I   |                                      |
| TED BY PHYS   | 1 VES 2 NO  27. MANUER OF DEATH  1 Netural 2 Accident 3 Suicide 6 Could not determined  20e. CERTIFIER (Check only)   | 28a. DATE OF INJURY (Month, Deg Near)  28a. PLACE OF INJURY Institution, etc. 1856  4YSICIAN: To the best of my know  #INER: On the best of examination  FIER | 29b. TIME or BETURY At home, farm, street (%)  ledge, death occurred at n and/or investigation, in | 28c. iN W 1             | JURY AT ORK? YES 2 NO  | 28d. DES         | CATION (Street<br>or Your, State) | nd Number or I  | Rural Route i   | manner sa state                      |

BALTIMORE, MARYLAND 21215-0020

and the second second

#### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day Month 98 11:39 A.M JAMES J. DARROW 6 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, giva straat and number) ATLANTIC GENERAL HOSPITAL BERLIN WORCESTER Birthplace (Stata or Foreign Country) 5. Social Sacurity Number If Under 1 Yaar If Undar 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Sex 12 M 2□ F Days Min. Months Hours NEW YORK 63 09-01-1934 097-28-7624 Usual Residence of Decedent 10c. City. Town or Location 10d. Insida Çity Limits 10a State 10b. County 1 Yas 2 No MARYLAND WORCESTER SNOW HILL 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number U.S. 310 PURNELL STREET 21863 12. Was Decedant Ever in U,S. Armed Forces? 1 № Yes 2 No If Yes, Give Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: 3 Widowed 4 Divorced WHITE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade complated) Elementary/Secondary (0-12) College (1-4or 5+) FUNERAL SERVICE 12 FUNERAL DIRECTOR 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) JOSEPH J. DARROW, PAULINE MAHONEY 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 3 GREENTREE DRIVE, HYDE PARK, NEW YORK 12538 JOHN DARROW/ BROTHER 20b. Place of Disposition (Name of cemetary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 6/23/98 POUGHKEEPSIE, N.Y. CALAVARY CEMETERY 4 Donation 5 Other (Specify) 22. Name and Address of Facility Hinman Funeral Home Part1. Enter the disease, or d'implications that caused the death. Do not enter the mode of dying, such as cardiac of respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) 2 weeks Due to (or as a consequence of): Due to (or as a consequence of): 23b. Did tobecco use contributa to the cause of death? Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 1 Yes 2 No 3 Probably 4 Unknown encepholo gethy

Physician /Medical Examiner

Physician/Medical Examine

Completed

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certificate

2

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within 24 hours a To the Funeral I

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Division

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16/6/01

**Physician** 

/Medical

Examiner

Directo

Funeral

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**Funeral** 

Director

raf, or items 23a or Examiner must be

Sequentially list conditions, if any, teading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting in death) Last

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death? 1 ☐ Yes 2 ☐ No 1 Yes 2 No

25. Was case referred to medical 1 Yes 2 No

26. Place of Death (Check only one) Hospital: 1 ☐Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred

27. Manner of Death 1 Matural 2 ☐ Accident 3 ☐ Suicide

4 Homicide

5 Pending investigation 6 Could not be 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 No

29a, Certifier (Check only one)

1 Cortifying Phyaicien: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated.

29b. Signatura and title of certifier physicil29c. License number H44283

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Robert Dorking 9733 He2/Thw27

State Registrar

31. Date filed (Month, Day, Year)

JUN 2 2 1998 Signature

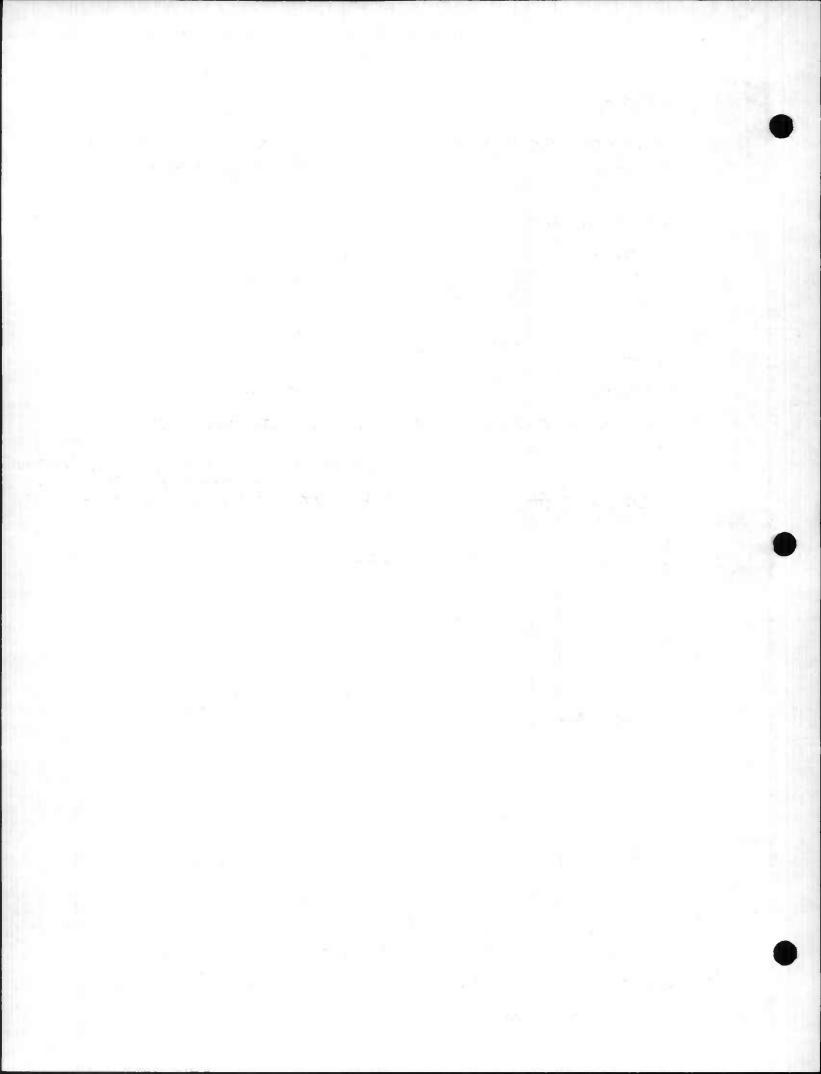
er in production of Street

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Date of Death Day **Physician** Month Ada Winifred Davy 2:10 A.M. JUNE 1998 /Medical 4a. Fecility Name (If not Institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** MALCOLM GROW MEDICAL CENTER CAMP SPRINGS PRINCE GEORGE'S If Undar 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, May 29, 5. Social Security Number 9. Birthplaca (State or Foreign Country) New York 7. Age (In yrs. last birthday) **Funeral** 1□M 2√2 F Days 064-14-6434 75 Yrs. Director Usual Residence of Decadan 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 25a-f show traumatic event, the Medical Examinar must be notified at 1 ☐ Yes 2 ☑ No Director Maryland Anne Arundel Deale 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 626 Irvin Ave. 20751 U.S.A. Funeral 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritai Status 14. Race - American Indian, Black White, etc. 1 ☐ Yes 2 ☐ No if Yes, Give Year or Dates: 1 Never Married 2 → Married 1 ☐ Yes 2 No Maryland 21215-0020 þ Specify: 3 ☐ Widowed 4 ☐ Divorced 1945 White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation
(Give kind of work done during most of working
life. DO NOT use ratirad) 16b. Kind of Businass/Industry and 2 should be filed within salth end Mental Hygiene. n 27 le merked other than " Elamentary/Secondary (0-12) College (1-4or 5+) Housewife Homemaker 12th grade 17. Father's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maidan Surnama) Be Fred Strobel Florence Harvey 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Straat and Number or Rural Route Number, City or Town, State, Zlp Code) Peges 1 and 2 nent of Health e int: If item 27 le Richard W. Davy (husband) 626 Irvin Ave., Deale, Maryland 20751 other Baltimore, 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20c. Location - City or Town, Stete 1 X Burlal 2 ☐ Cremation 3 ☐ Removal from State 0 4 ☐ Donation 5 ☐ Other (Specify) MD Veterans Cemetery June 22, 1998 Cheltenham, Maryland 22. Name and Address of Facility Lee Funeral Home, Calvert, P.A. 21. Signeture of Funeral Service Licensee 8125 Southern MD Blvd., Owings, Maryland 20736 uth 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Onsel and Death **Physician** /Medical Immediata Causa (Final disease or condition RESPIRATORY FAILURE 26 DAYS Examiner Dua to (or as a consaquanca of). that the death certificate be executed the buriel-transit end Sequentially list conditions, if any, laading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events reaulting in death) Last Due to (or as a consequence of): P.O. Box 68760, physician Physician/Medical Due to (or as a consaquance of): 88 ettending i ed by the e Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? signed by t 1¥ Yes 2 No 3 Probably 4 ☐ Unknown RENAL FAILURE Records, Š 24b. Ware autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? peeu hes page 2 certificate 1X Yes 2 □ No 1 ☐ Yas X No Division of Vital 25. Was case raferred to medical Be 26. Placa of Daath (Check only one) Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 20 1

Inpatiant 2 □ ER/Outpatient 3 □ DOA this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: After 5 Panding Invastigation 1 Natural 2 Accident death. 1 ☐ Yas 2 ☐ No i or Attend after death Director: filled in by the 3 Suicide 6 ☐ Could not be datermined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Spacify) 4 Homicida To the Hospital or within 24 hours aft To the Funeral DI completely filled in TX Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical caref 29b. Signature and title of contill 29c. License number 29d. Date signed (Month, Day, Year) 35058979-OH JUNE 17, 1998 10+1 30. Nama and address of parson who complated cause of death (Itam 23a) (Type, Print) 89 MDG 1050 W. PERIMETER ROAD gratis KIMBERLY P. MAY, MAJOR USAF, MC ANDREWS AFB, MD 20762-6600 31. Date filed (Month, Day, Year) 32. Registrar's Signatura The Shudson Rardall Registrar

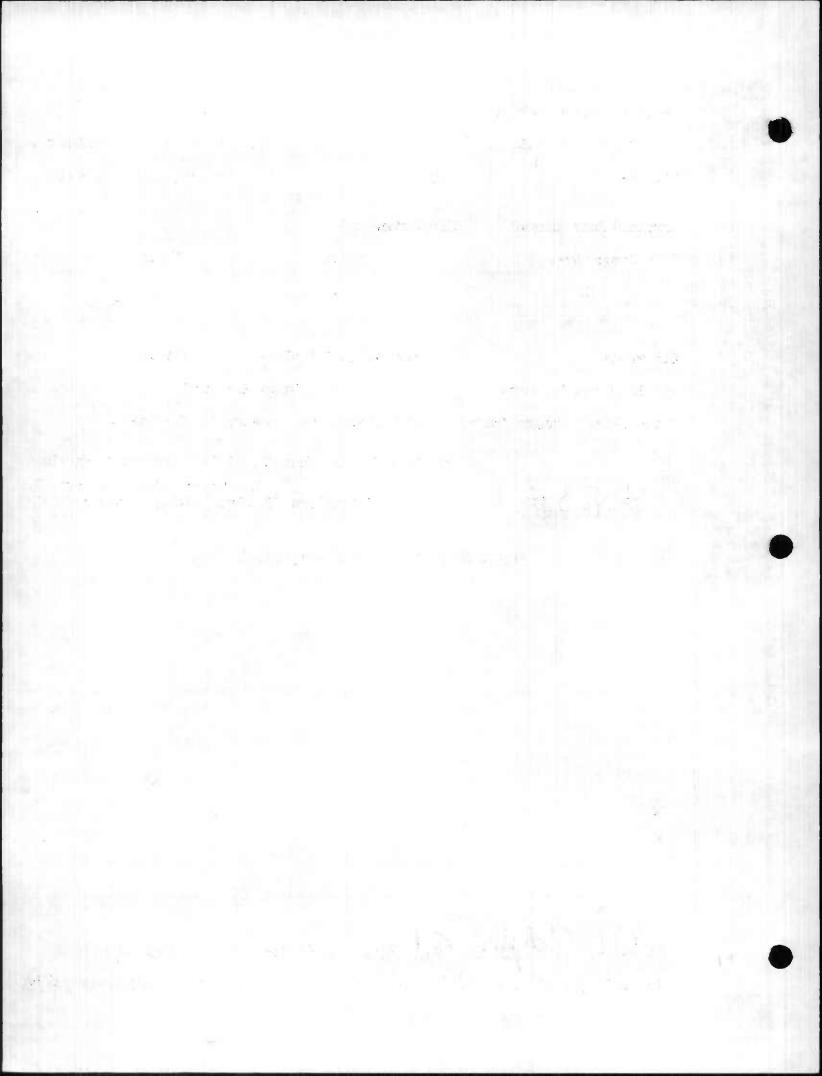
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.



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State of Maryland / Department of Health and Mental Hygiene

|                   |   |           |   |   | Olalo e  | i wai yia                           |                    |                          |                           | Death  | ······································ | Reg. No.         | 3 2                     | 0471   |
|-------------------|---|-----------|---|---|--|-------------------------------------|--------------------|--------------------------|---------------------------|--|--|------------------|-------------------------|--|
|                   | Physiciar   | _         | 1. Decedent's Name  | (First, Middle, La                                    | st)  |                                     |                    |                          |                           |  | 2. Date of Do                          | Dav              | Year                    | 3. Time of Deeth                                   |
|                   | /Medica   | 1         | Robert M  |   |  |                                     |                    |                          |                           | 4h Cihi Taum as  | JUNE                                   |                  | 998                     | 12,12[   |
| A                 | Examine   | r         | 4a Facility Name (If  | 111111111111111111111111111111111111111               |  | TURN                                |                    |                          |                           | 4b. City, Town, or                                     | ARLBOR                                 |                  |                         | EORGES   |
| H                 | Funeral   |           | 5. Social Security Nu   | mber 6. S   | өх   | 7. Age (In yr                       | s. last birti      |                          | Jnder 1 Yea               | r If Under 24 Hrs                                      | 8. Dete of Bi                          |                  |                         | place (State or Foreign                            |
|                   | Director  |           | 212-66-36<br>Usual Residence of I   | 46  | M 2□ F   | 8                                   | 33 )               | rs. Mo                   | nths Day                  | s Hours Min  | Jan.                                   | 16, 1915         | Mar                     | yland  |
|                   | ahow  |           | 10a. Stete  | 10b. County   |  | 10c. C                              | City, Town         | or Location              | n                         |  |  |                  | 1                       | 0d. Inside City Limits                             |
|                   | ath with the Maryle<br>23s or 28s-f sho   | Director  | Maryland  | Anne Art  | indel  | Sha                                 | adysi              |                          | 170                       |  |  |                  |                         | 1 □ Yes 2X No                                      |
|                   | or 2  |           | 10e. Street and Num   |   |  |                                     |                    |                          | of. Zip Code              |  |  | 10g. Citizen of  |                         | ntry?  |
|                   | ns 23   | runeral   | 1179 Spru   | ce Ave.   | 12. Wes Dec                                    | edent Ever in                       | U.S.               |                          | 20764                     |  | Specify Yes or N                       | U.S.A.           |                         | can Indian,  |
| 21215-0020        | urs e   | 2         | 1 Never Marrie  |   | Armed Fo<br>1 ☐ Yes<br>If Yes, Gi<br>Year or D | orces?<br>2 XNo<br>ve               |                    |                          | specify Cu                | Hispenic Origin? (:<br>ben, Mexican, Pue<br>o Specify: | rto Rican, etc.)                       | Specif.          | ck, White,<br>y:<br>Whi |  |
| 5-0               | natural'  | Completed |   | 15. Decedent's Ed<br>by only highest gre              |  |                                     | 16a.               | Decedent's<br>(Give kind | Usuel Occi<br>of work don | upetion<br>e during most of wo<br>red)                 | orking                                 | 16b. Kind of B   | usiness/in              | dustry   |
| 121               | withir than   | du        | Elementary/Secon  |   | College (                                      | 1-4or 5+)                           |                    |                          |                           |  |  | Farming          | *                       |  |
| d 2               | 平工会员  |           | 6th grade<br>17. Father's Name (/   |   | )  |                                     | га                 | mer/                     | Self                      |  |  | e, Maiden Sumar  |                         |  |
| Maryland          |   | 0         | William F   | lenry DeV   | aughn  |                                     |                    |                          |                           | Laura  | May Boe                                | tler             |                         |  |
| lan               | 2 should<br>end Men<br>is marke<br>sumatic  |           | 19a. Informent's Ner  |   |  |                                     |                    | _                        |                           | et and Number or F                                     |  |                  |                         |  |
|                   | f Heeith<br>frem 27<br>other tr   | -         | Grace Ell   |   | ighn (w  |                                     |                    | _                        |                           | Ave., Sha  | adyside,                               | Mary Lar         |                         |  |
| Baltimore,        | Page<br>ent o<br>nt: If<br>ny or  |           |   | osition<br>]Cremation 3 ☐<br>5 ☐ Other <i>(Specif</i> |  | State                               |                    |                          | (Name of y or other p     | June 23  |  |                  |                         | Maryland   |
| alti              | in production   | ı         | 21. Signature of Fun  | eral Service Lice                                     | nsee   |                                     |                    |                          |                           | roce of Espility                                       |  |                  |                         | lvert, P.A.  |
| 00                | Dep any   |           | St  | 8.5   | **   |                                     |                    | 8125                     | Sout                      | hern MD.   | Blvd.,                                 | Owings,          |                         | land 20736   |
|                   |   |           | 23a. Pert1. Enter the shock, or heer  | e disease, or com<br>failure. List only               | plications that one cause on                   | caused the de<br>each line.         | eth. Do n          | ot enter the             | mode of d                 | ying, such as cardle                                   | ac or respiratory                      | arrest,          | 1                       | Approximate<br>Interval Between<br>Onset and Death |
|                   | Physician /Medical  |           | Immediate Cause (F  | inal  | 4-0  |                                     |                    |                          |                           | 11 C441  | 0101                                   | 30:-             |                         | Crist and Count                                    |
|                   | Examiner  | 1         | disease or condition resulting in death)  |   | . AKTE   |                                     |                    | onsequenc                |                           | OVASCUL  | LIC VISE                               | ASE              | i                       |  |
| Ť                 |   |           |   |   |  | 508 (0                              | (01 93 & 0         | orisadaaric              | a orj.                    |  |  |                  |                         |  |
|                   | cate be executed physician end s the burial-transit   | Cxaminer  | Sequentially list con   | ditions,  | b  | Due to                              | (or es e c         | onsequenc                | a of):                    |  |  |                  |                         |  |
| 60,               | cian cian burial  | Û         | Sequentially list con<br>if any, leading to im-<br>cause. Enter Under<br>Cause (Disease or le | hediate<br>lying<br>njury                             | c  |                                     |                    |                          |                           |  |  |                  |                         |  |
| 68760,            | ificate be executed<br>g physician end<br>es the burial-transit   | 200       | thet initieted events<br>resulting in death) L  |   |  | Due to                              | (or as a c         | onsequenc                | a of):                    |  |  |                  | į                       |  |
| Box               | attending   |           |   |   | d  |                                     |                    |                          |                           |  |  |                  |                         |  |
|                   | at the death cert<br>d by the attending<br>etached for use  | 200       | Part II. Other signific   | cant conditions                                       | contributing to d                              | leath but not re                    | esulting In        | the underly              | ying cause                | given in Part I.                                       | 23b. Die                               | d tobacco uae co | ontribute t             | o the cause of death?                              |
| P.0               | that the de<br>ed by the a<br>detached t  | Lux       |   |   |  |                                     |                    |                          |                           |  | 10                                     | Yes 2□ No        | 3 ☐ Pro                 | bably 4 Unknown                                    |
|                   | 8 6 8   | 2         |   |   |  |                                     |                    |                          |                           |  | 240 Wo                                 | s an autopsy     | 24h W                   | ere eutopsy findings                               |
| Sor               | redu  | ale       |   |   |  |                                     |                    |                          |                           |  |  | formed?          | av                      | reilable prior to ompletion of cause deeth?        |
| Rei               | has<br>has  | Completed |   |   |  |                                     |                    |                          |                           |  | 10                                     | Yes 2 No         |                         | ☐Yes 2☐No  |
| of Vital Records, | certificate<br>rector, pag  |           | 25. Was case referre  | ed to medical   |  |                                     |                    |                          |                           | 26. Place of D   | eath (Check only                       |                  |                         | 2100 2210  |
| f Vi              |   | 0         | examiner?   | 10  | Hospital: 1 🗆                                  | Inpatient 2                         | ☐ ER/Out           | tpatient 3               | DOA C                     | Whor:  | 1.0                                    | sidenca 6 □Ot    | her (Speci              | (h)  |
|                   | th.<br>After this<br>funeral di   |           | 27. Menner of Death  1 Natural  2 Accident  | 5 Pending investigatio                                |  | of Injury<br>oth, Day Year)         | 28b. T             | ime of<br>njury          | 28c. In<br>W              | jury at<br>/ork?<br>□ Yes 2 □ No                       | 28d. Describe                          | how Injury occu  | rred                    |  |
| Division          | tal or Attending Pris after death.  al Director: After to the in by the funera                              | E LICE    | 3 Sulcide 4 Homicide  | 6 Could not b   | e 28e. Place                                   | e of Injury - At<br>ling, etc. (Spe | home, fai<br>cify) | m, street, f             | actory, offic             | 00   |  | (Street and Num  | ber or Run              | al Route Number,                                   |
| Ω                 | pital o   |           | 29a. Certifier  | 1 Codificien Di                                       | velsion. To the                                | n to not of many le                 | -oudedee           | death acc                | umad at the               | time, dete end pled                                    | o and due to th                        | a cauca(c) and m | 20001 25                | etatod   |
|                   | To the Mospital or Atta<br>within 24 hours after de<br>To the Funeral Directo<br>completely filled in by th | edica     |   |   | miner: On the b                                |                                     |                    |                          |                           | opinion, death occ                                     |  |                  |                         |  |
|                   | Withir To the comp  | Me        | 29b. Signature and I  | itie of certifier                                     | A 21   | 16                                  | 7 1                |                          | 29c. Lice                 | nse number   |  | 29d. Date sign   | ed (Month,              | Day, Year)   |
|                   | 1   |           | esall   | un  | My Sol   | U)                                  | Lul                | PME                      | - 0                       | 733954   |  | JUNE             | 20,0                    | 198  |
|                   | '/  |           | 30. Name and addre  | ss of person who                                      | completed cau                                  | se of daugh (I)                     |                    | Type, Print              | -0-                       | 0411/2   | - 11 :                                 | 9                | 000                     | 198<br>IND 20785                                   |
|                   | -   |           | 31. Date filed (Monti   | - GOLU  | F JR   | Registrar's Sig                     | 300                | 1 40:                    | SPITAI                    | - VRIVE  | CHEVER                                 | LY MA            | KYU                     | 7ND -0182  |
|                   | State<br>Registra   | -         | J. Date med (MONI)  | JUN 2   |  |                                     |                    | wor Ran                  | dall                      |  |  |                  |                         |  |



#### Piease Type or Print in Biack Indelible Ink. Assure All Copies Are Legibie.

| Physician  |        | Decedent's Nema (First, Middle, Las   | at)   | Cer  | incate  | of Death  | 2. Dete of De  | Reg. No.   | 5 204  | e of Deeth   |
|--|--------|---|---|--|---|---|--|--|--|--------------|
|  | _      | CHARLES   | •/  | FN   | NARDS   |   | Month  | Day  | Year   | BOPI         |
| /Medical   |        | Ia. Facility Nama (If not Institution, giva   | a street end number)  |  | WINDS   |   | or Location of Deal  | h 4c. County   |  | 1300         |
| CXAIIIIIei   |        | MARINER / BE  |   |  |   | Ber   | KESDA  |  | ONT.   |              |
| uneral   |        | 5. Social Security Number 6. Se   | ex 7. Age   | a (In yrs. last birthday)  | If Under 1 Y  | eer If Under 24   | Hrs. 8. Date of Bi   |  | 9. Birthplaca (Sta<br>Country)   | ate or Forei |
| irector  | - [    | 248-32-4052   | ØM 2□F  | 71 Yrs.  | Months Da   | lys Hours 1   | Min. (Month, Di<br>2/13  |  | South C  |              |
| 2  | -      | Usuel Residence of Decedent  10a. Stata 10b. County   |   | 10c. City, Town or Loc   | antion  |   |  |  |  |              |
| oho pa   |        | Prince G  | eorges  | OXON HI  |   |   |  |  |  | le City Limi |
| be notified at   | 5      | 10e, Street and Number  | corges  | CYON HI  | 10f. Zip Coo  | do.   |  | 10g. Citizen of V  |  |              |
| 23   C   | 5      | 303 CORLA   | 700.15  |  |   | 20745   | _  |  |  |              |
| r Reme 23a<br>siner must   | 9      | 11. Marital Status  | 12. Was Decedent 8<br>Armed Forcas?   | Everin U.S. 13. V  |   |   | ? (Specify Yes or No<br>uarto Rican, atc.)                               | United   | States  - Amarican India   | n,           |
|  |        | 1 Never Merried 2 Merried   | Armed Forcas?<br>1 ☑ Yas 2 ☐ N<br>If Yes, Give  | 1944 to #  | _   |   | uarto Rican, atc.)   | Bled   | ck, Whita, atc.  |              |
| - E  |        | 3 ☑ Widowed 4 □ Divorced  | If Yes, Give<br>Yeer or Detes:  | Navy   | □Yas 2⊠   | No Specify:   |  | Specify  | Black  |              |
| nt, tre Medical  | 36     | 15. Decedent's Edi<br>(Specify only highest grad  |   | 16a. Deced   | ent's Usual Ockind of work do   | cupetion<br>ona during most of  | workina  | 16b. Kind of Bu  | usiness/Industry   |              |
| han a  | Ē      | Elementery/Secondary (0-12)   | Collega (1-4or 5  | +) life. D   | OO NOT use re   | etired)   |  |  |  |              |
|  | 3      | 10th<br>17. Fether's Neme (First, Middle, Last)   |   | Delive   | ery Tru   | ick Drive   | Y<br>Name (First, Middle   | Priv   |  |              |
| P 2  | Ď      | Charlie Edwards   |   |  |   |   | oria Mann  | 1  |  |              |
| 2 E E  |        | 19a. tnformant's Name/Reletionship (T   | 'ype, Print)  | 19b. Mailin  | a Address (St   |   | r Rural Route Numb   |  |  |              |
| N b  |        | Elford Edwards /  | Brother   |  |   |   | Washingt   |  |  |              |
| r other  | 2      | 20e. Method of Disposition  |   | 20b. Place of Dispos<br>cematary, cram   | sition (Neme o  | f   | Date   | 20c. Location  | City or Town, Stat   | a            |
|  |        | 1 ☑ Burial 2 ☐ Cramation 3 ☐ I<br>4 ☐ Donatjón 5 ☐ Other (Specify,  |   | Quantico   |   |   | 6/18/98  | Virgin   |  |              |
| Important: h<br>any injury o<br>once.  |        | 21. Signeture of Fooeral Service  | 100 W/201   | 22.  | Name and Ad   | drass of Fecility   |  | 111811   | 11.4   |              |
| ESS  |        | Edward M. D   | mol by  |  |   | uneral H  | ome<br>d Ave., M   | A Daini  | ier. MD 2  | 0712         |
| buriel-transit  Examiner   |        |   | b. Ca   | Due to (or as a consequence of the consequence of t | uence of):  | slarzn  | x  |  | y  | ens          |
| physicla<br>is the bur<br>edical   | colcal | Sequantielly list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disaasa or injury that initiated events resulting in deeth) Last  | с   | Due to (or es a consequ  | uance of):  |   |  |  | 1  |              |
| of for use as  | 8      |   | d   |  |   |   |  |  |  |              |
| ed by the etter<br>detached for<br>Physicia  | 100    | Part II. Other significant conditions co  | intributing to death bu   | it not resulting in the un   | derlying cause  | givan in Part I.  | 23b. Dld   | tobacco use co   | ntribute to the ceu  | se of dea    |
| > > -  |        | inamilion   |   | prios s  | tropo   |   | 10   | Yee 2 No   | 3 Probably   | 4 Unkno      |
| detac  | 2      | hypertense  | ,   | /  |   |   | 24e. Wes   | an eutopsy   | 24b. Were autog  | osy finding  |
| id be detailed by  | 2      | hyperlense  | n   |  |   |   |  | ormed?   | available pi<br>completion<br>of death?  | of causa     |
| should be deta   |        |   |   |  |   |   |  |  | 1 🗆 Yes  |              |
| e hes been signed by<br>age 2 should be deta   | 3      | V   |   |  |   |   | 1 1  | Vas 2PINA  | 1 - 103  | 20110        |
| page 2 should be   |        | 25. Was case referred to medical  |   |  |   | 26 Place of   |  | Yes 2 No   |  |              |
| certific<br>inactor  | 2      | exeminer?   | Hospitei:<br>1 ☐ Inpatiei   | nt 2□ ER/Outpatient  | 3□ DOA  | Othor   | Death (Check only  | one)   | er (Specify)   |              |
| al director.   | 200    | exeminer? 1   Yes 2   No 27. Menner of Death  | 1 LI Inpatie  |  |   | Other: 4 Nursi  | Death (Check only  | one)   |  |              |
| al director.   | 200    | exeminer? 1   Yes   2   No 27. Menner of Death 1   Retural   5   Pending   2   Accident   investigation   | 28a. Date of tnjur<br>(Month, Dey   |  | 28c. I  | Othor   | Death (Check only  | one)   |  |              |
| al director.   | 200    | exeminer? 1   | 28a. Date of tnjur<br>(Month, Dey   | 28b. Time of Injury  | 28c. I  | Other: 4 Nursi  | Death (Check only ng Home 5 Res 28d. Describe                            | one) idence 8 □Oth how injury occur  |  | Number,      |
| al director.   | 200    | exeminer? 1   Yes 2   No  27. Menner of Death 1   Natural 5   Pending Investigation 3   Suicide 4   Homicida   Homicida   | 28a, Date of Injur<br>(Month, Dey<br>28e, Piece of Injur<br>building, etc   | y 28b. Time of Injury 1997. At home, ferm, stree (Specify)   | M 28c.  | Other: 4 Vursi<br>injury at<br>Work?<br>1 Yes 2 No<br>ice                                       | Death (Check only) ng Home 5 Res 28d. Describe 28f. Location (City or To | one)  Idence 8 Oth how injury occur  Street and Numb wn, Stete)                            | red<br>per or Rural Route i  | Number,      |
| al director.   | 200    | exeminer?  1  | 28a. Date of Injur (Month, Dey  28e. Piece of Injur building, etc   | y Year) 28b. Time of Injury  iny - At home, ferm, stre. (Specify)  of my knowledge, deeth examination and/or invo  | M 28c. I  | Other: 4 1 Nursi  | Death (Check only ng Home 5 Res 28d. Describe 28f. Location City or To   | one)  idence 8 Oth how injury occur  Street and Numb wn, Stete)                            | per or Rural Route i   |              |
| al director.   |        | exeminer? 1   Yes 2   No  27. Menner of Death 1   Naturai   5   Pending investigation   3   Suicide   6   Could not be determined  29a. Certifier   1   Certifying Phy  | 28a. Date of Injur (Month, Dey  28e. Piece of Injur building, etc.  | y Year) 28b. Time of Injury  iny - At home, ferm, stre. (Specify)  of my knowledge, deeth examination and/or invo  | 28c. M  eet, fectory, off  occurred et the estigetion, in n           | Other: 4 1 Nursi  | Death (Check only ng Home 5 Res 28d. Describe 28f. Location City or To   | idence 8 Oth how injury occur (Street and Numb wn, Stete)  ceuse(s) and ma dete end place, | per or Rural Route I<br>anner as stated,<br>and due to the cau                       | se(s)        |
| ne Funeral Director: After this certific pletely filled in by the funeral director edical Certification: To Be |        | exeminer?  1   Yes   2   No  27. Mennar of Death  1   Actival   5   Pending investigation  3   Suicide   6   Could not be determined  29a. Certifier (Check only one)  1   Yes   2   No  5   Pending investigation determined | 28a. Date of Injur (Month, Dey  28e. Piece of Injur building, etc   | y Year) 28b. Time of Injury  iny - At home, ferm, stre. (Specify)  of my knowledge, deeth examination and/or invited.  | M 28c. M  set, fectory, off occurred at the estigation, in n 29c. Lic | Other: 4 Nursinjury at Work? 1 Yes 2 No ice e time, dete and p ny opinion, death of ansa number | Death (Check only ng Home 5 Res 28d. Describe 28f. Location City or To   | idence 8 Oth how injury occur (Street and Numb wn, Stete)  ceuse(s) and ma dete end place, | per or Rural Route I<br>anner as stated.<br>and due to the cau<br>d (Month, Day, Yea | se(s)        |
| al director.   |        | exeminer?  1   Yes   2   No  27. Menner of Death  1   Natural   5   Pending investigation  3   Suicide   6   Could not be determined  29a. Certifier (Check only one)  29b. Signetura and title of certifier                  | 28a. Date of thjur (Month, Dey 28e. Piece of Injur building, etc.)  28e. Piece of Injur building, etc.  28e. Piece of Injur building, etc.  28e. Piece of Injur building, etc.  28e. Piece of Injur building, etc.                          | y Year) 28b. Time of Injury  iny - At home, ferm, stre. (Specify)  of my knowledge, deeth examination and/or invited.  | M 28c. M  set, fectory, off occurred at the estigation, in n 29c. Lic | Other: 4 Nursinjury at Work? 1 Yes 2 No ice e time, dete and p ny opinion, death of ansa number | Death (Check only ng Home 5 Res 28d. Describe 28f. Location City or To   | idence 8 Oth how injury occur (Street and Numb wn, Stete)  ceuse(s) and ma dete end place, | per or Rural Route I<br>anner as stated.<br>and due to the cau<br>d (Month, Day, Yea | se(s)        |
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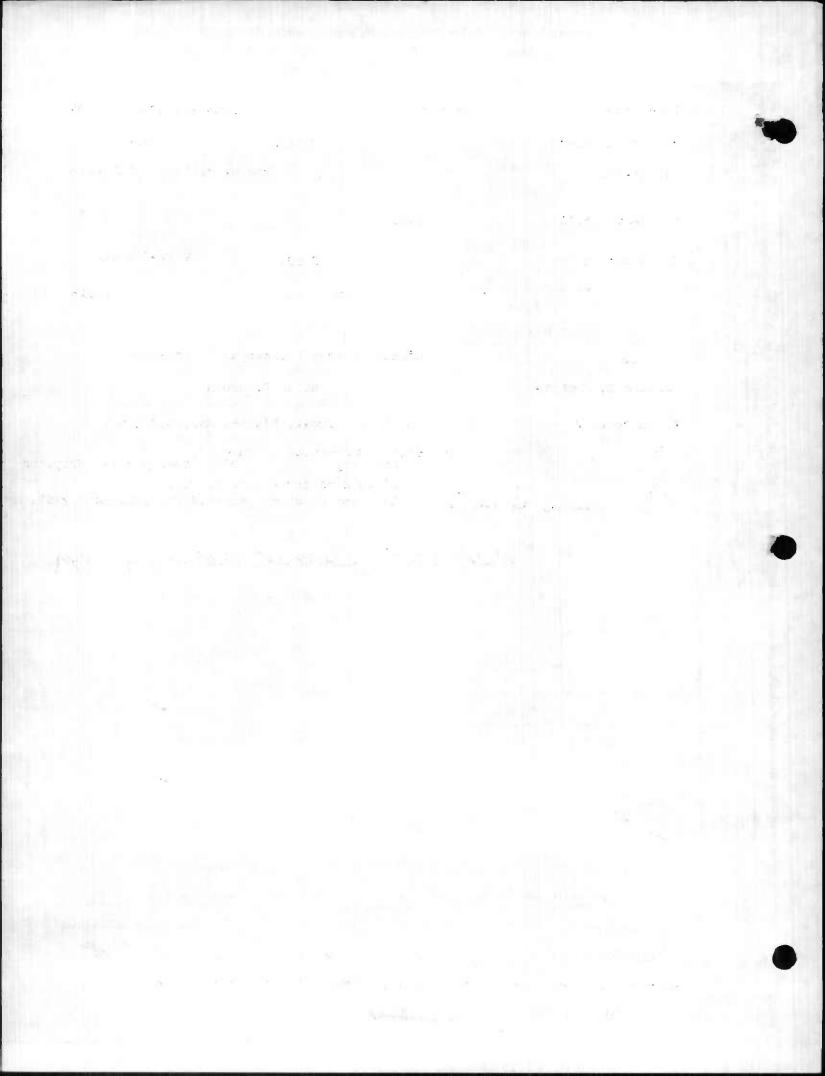
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State of Maryland / Department of Health and Mental Hygiene 98 20173

| 1.1  |  | 1. Decedent's Nama (First, Midd  | ila, Last)   |   |  |  |  | TENT.  | 2. Data of D<br>Month  | eath<br>Day  | Yaar  | 3. Tima of Death   |
|--|--|--|--|---|--|--|--|--|--|--|---|--|
| sician<br>edical   | _  | Elizabeth  |  | F   | Fowler   |  |  |  | June   |  |   | 0703   |
| ner  | 4.   | la Facility Nama (If not institution   | on, giva street an   | nd number)  |  |  |  | 4b. City, Town,  | or Location of Daa   | th 4c. County  | of Death  |  |
|  | н  | 203 Brown Stre   | eet  |   |  |  |  | Elkton   |  | Ced  | cil   |  |
|  | 5  | 5. Social Sacurity Number 212-40-7909  | 6. Sax<br>1 ☐ M 2K   |   | (In yrs. last birth  |  | ar 1 Yaar<br>Days  | Hours A  | lin. 8. Data of B<br>(Month, D<br>ctober 8,  | rth<br>lay, Yaar)<br>1942  | 9. Birthpl<br>Coun<br>Dela  | laca (Stata or Foreign<br>try)<br>Ware   |
|  | -  | Usuai Rasidance of Decedant  |  |   | 40 - Chu Taura   | nut nestion  |  |  |  |  | 4.  | Od Institu City & Imite  |
| -  | -  | 10a. Stata 10b. Count  | У  |   | 10c. City, Town  | or Location  |  |  |  |  | 1   | 0d. Insida City Limits  1 Yas 2 □ No   |
| cto  | 3  | Maryland Ceci  | .1   |   | El   | lkton  |  |  |  |  |   | PEJ TAS 2 140  |
| - Jie  | 1  | 10e. Street and Number   |  |   |  | 10f. Z   | Ip Coda  |  |  | 10g. Citizen of  | What Coun   | try?   |
| <u>es</u>  | 8  | 203 Brown Stre   | eet  |   |  |  |  | 21921  |  | United   | State   | es   |
| by Funeral Director  | 5  | 11. Marital Status<br>1 ☐ Navar Married 2 🛣 Ma<br>3 ☐ Widowad 4 ☐ Divorce  | 12. Was<br>Arme<br>rried 1 []  | s Decedant Eved Forcas? Yas 25 No as, Giva              |  | 13. Was Dec  | ecify Cub  | Hispanic Orlgin's<br>an, Maxican, Po   | (Specify Yas or Nearto Rican, atc.)  |  | ce - Amaric<br>ck, Whita,<br>y: W   |  |
| P  | 3  | 15. Deceda   | nt's Education   | into di   | 16a. I   | Decedant's Us  | ual Occup  | pation   | working  | 16b. Kind of B   | usinass/Ind   | dustry   |
| Be Completed   | -  | (Specify only high) Elementery/Secondery (0-12)  |  | ege (1-4or 5+   | +)   | lifa. DO NOT   | usa ratire   | during most of   |  |  |   |  |
| OF   |  | 12   |  |   |  | fice ma  | anage  | er/book  | ceeper   | Constru  | action  | n  |
| e C  | 1  | 17. Fathar's Nama (First, Middla   | . Last)  |   |  |  |  | 18. Mothar's   | Nama (First, Middle  | a, Maidan Suman  | na)   |  |
| ToB  |  | William R. Hop   | okins  |   |  |  |  | Helen :  | E. Brown   |  |   |  |
| -  |  | 1,9e. Informant's Nama/Ralation  | ship (Type, Print  | nt)   | 19b.   | Mailing Addras   | ss (Stree  | t and Number o   | Rural Routa Num  | ber, City or Town  | Stata, Zip  | Coda)  |
|  |  | Floyd Fowler/h   | nusband  |   | 20   | 3 Brown  | n St   | reet. E  | Lkton, Ma  | ryland   | 21921   |  |
|  | 2  | 20a. Malhod of Disposition   |  |   | 20h Piaca of I   | Disposition (N   | ema of   |  | Data   | 20c. Location  |   | wn, Stata  |
|  |  | 1 ☑ Burial 2 ☐ Cramation   |  | from Stata  | Immacu   | r crematory or   | once   | ption  | June 17  | ,  |   |  |
|  | -  | 4 Donetion 5 Other (   |  |   |  | Cemet  |  | and of Facility  | 1998   |  | Hill  | , Maryland   |
|  |  |  |  |   |  | OO Nome  |  |  |  |  |   |  |
| OC OC  | 2  | <ol> <li>Signature of Funarai Sarvice</li> </ol>   | a Licensee   |   |  | 22 Nama a<br>Hicks   | Home   | e for F  | inerals,   | P.A.   |   |  |
| once.  |  | 23a. Part1. Enlar tha disaasa, o   | 8, 4   | that causad ti  | tha daath. Do no   | 103 W  | est :  | Stockto  | Street,  | Elkton,  | Maryl   | and 21921 Approximeta  |
|  | 1  | Donud  | 8, 4   | met   | tha daath. Do no   | 103 We not antar the mo  | est :  | Stockto:<br>ing, such es car   | Street,  | Elkton, l  |   |  |
| Medical Examiner   |  | 23a. Part1. Enlar the disease, c<br>shock, or heart failure. Lis   | 8, 4   | Med D   | asta   | 103 We consequence of  | est (  | Stockto:<br>ing, such es car   | Street,  | Elkton, l  |   | Approximeta<br>Intarval Batwaen  |
| Medical Examiner   |  | 23a. Part1. Entar tha disaase, o shock, or haart failura. Lis Immediata Causa (Final disaase or condition resulting in deeth)  Sequantially list conditions, if any, laeding to immediata cause. Enter Underlying Cause (Disaasa or Injury that initieted events rasulting in death) Last  | b  c   | Med D   | Due to (or as a co   | 103 Windows antar tha more consequence of consequen | est (  | Stockto:   | n Street,  | Elkton, I  | 9   | Approximeta<br>Intarval Batwaen<br>Onsel and Death   |
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last 2. Dete of Deeth 3. Time of Death Dev JUNE 09, 1998

A Death 4c. County of Deeth Physician ANDREA B. GOINES \* /Medical 0435AM 4a Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death **Examiner** CAPITOL HEIGHTS PI BALBOA STREET AND CUMBERLAND STREET PRINCE GEORGES 5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** 1□ M 2XF Months Yrs. 35 July 7, 1962 Baltimore, MD Director 578-88-6381 Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 X Yes 2 □ No Directo MD Prince George's Capitol Heights 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 5010 Cumberland Street 20743 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien. Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: **Black** by 3 ☑ Widowed 4 ☐ Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) NIA Unemployed 12 other traumatic event, 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be Joseph Poole Maxine Hardy 2 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 5010 Cumberland St., Capitol Heights, MD 20743 19e. tnformant's Neme/Reletionship (Type, Print) permit. Pages 1 and 2 st Department of Health enc Important: If Item 27 Is n any Injury or other traun Cleonia Bonaparte/daughter 20b. Pleca of Disposition (Neme of cametery, cremetory or other piece)
Cheltenham National
Cemetery 20c. Location - City or Town, Stete 20e. Method of Disposition 1 M Buriel 2 ☐ Cremetion 3 ☐ Removel from State 6/17/1998 Cheltenham, MD 4 □ Donetion 5 □ Other (Specify) 22. Neme and Address of Fecility TYRONE J. YOUNG FUNERAL SERVICES Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. 20011 Approximate Interval Between Onset and Deeth Physician /Medical Immediate Ceuse (Finel Multiple woulds diseese or condition resulting in deeth) quishot Due to (or es e cortsequence of): Examiner physician and s the burial-trans Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as e consequenca of): Physician/Medical Due to (or es e consequence of) resulting in deeth) Last 88 980 9 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. signed by t 1 Yes 2 No 3 Probably 4 Unknown P 24b. Were autopsy findings evailable prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? 1 Yes 2 □ No 1 Yes 2□ No 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) AT SCENE 2 TSYes 2 No 1 Inpatient 2 ER/Outpetlent 3 DOA 28e. Dete of Injury (Month, Dey Yeer) funeral 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of 28c. Injury et Work? Certification: Injury 5 Pending 1 Naturai 1 Yes 2₽No investigation 6-9-98 0243 Subject was Shet

281. Localion (Street and Number or Rural Route Number,
City or Town, State) Balboa (Lamberland St 2 Accident 28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 6 Could not be 3 Suicide 3 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical To the Hosp within 24 hou To the Fune completely fi (Check only one) 29c. License number 29d. Date signed (Month, Day, Year, 29b. Signeture end title of certifie Lack, MP 424 O.C.M.E. JUNE 09, 1998

State

31. Date filed (Month, Day, Year) JUN 1 9 1999

Stephen

Radentz, 111 Penn Street, Baltimore, Maryland 21201 3. Registrer's Eigneture

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

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## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

|         |                            |   |                |   |   |  | arylar            |                                 |                             |                         | Death                                     |                                      | Reg. No.                              | 8 2                        | 04                                 | 75            |
|---------|----------------------------|---|----------------|---|---|--|-------------------|---------------------------------|-----------------------------|-------------------------|---|--------------------------------------|---------------------------------------|----------------------------|------------------------------------|---------------|
|         |                            | Physic  | ian            |   | na (First, Middla, La                         |  |                   |                                 |                             |                         |   | 2. Data of D<br>Month                | leath<br>Day                          | Year                       | 3. Time                            | of Death      |
| 4       | 1                          | /Medi   |                |   | E. GARNET                                     |  |                   |                                 |                             |                         |   | 06                                   | 10                                    | 98                         | 16                                 | 15            |
|         |                            | Exami   | ner            |   |   | a street and number)                           | 27                |                                 | 1                           |                         | 4b. City, Town, or                        | Location of Dea                      | th 4c. Coun                           | ty of Death                | ^                                  | 118           |
|         | L                          |   |                |   | ashin   | aten i   | VOS               | pita                            | W Hada                      | . 4 Vaar                | 100tle                                    | hshing                               | ton te                                | INCE                       | (FE                                | CKOES         |
|         |                            | Funeral   | 177            | 5. Social Security 229-36-  | Number 6.1                                    | 7. AC  | 9e (In yrs.<br>82 | last birthday,<br>Yrs.          | Months                      | r 1 Year<br>Deys        |   | 8. Data of B<br>(Month, D            | irth (Yaar) 2, 1916                   | 9. Birth                   | piace (Stat<br>ntrx)<br>RGINI.     | e or Foliaign |
|         | ш                          | Director  |                | Ususi Rasidence   | 3103  |  | 02                | 110.                            |                             |                         |   | FEB.                                 | 2,1910                                | VI                         | MALN L                             | A             |
|         | 6                          | land  |                | 10a. Stata  | 10b. County                                   |  | 10c. Ci           | ty, Town or Le                  | ocation                     |                         |   |                                      |                                       |                            | 10d. Insida                        | City Limits   |
|         | O                          | Mery  | Ö              | MD  | P.G. CO                                       | UNTY   | FOF               | RESTVII                         | LLE                         |                         |   |                                      |                                       |                            | 1⊠Y                                | es 2 No       |
|         |                            | 28e   | Director       | 10e. Street and Nu  | ımber   |  | 1                 |                                 | 10f. Zij                    | p Code                  |   |                                      | 10g. Citizen of                       | What Cou                   | ntry?                              |               |
|         |                            | 3a o  |                | 6602 EV   | ANSTON ST                                     | ,  |                   |                                 |                             | 0747                    | ,   |                                      | UNITE                                 |                            |                                    |               |
|         |                            | ours effer deeth with the Meryland<br>'se', or flems 23s or 28s-f show<br>Examiner must be notified a   | Funeral        | 11. Marifel Sfetus  | INDION DI                                     | 12. Was Decedent                               | Ever In U         | I,S. 13.                        |                             |                         | Hispenic Origin? (S<br>en, Maxican, Puart | pecify Yes or N                      | io- 14. Re                            | ce - Amari                 |                                    |               |
|         | 0                          |   | F              | 1 Nevar Mar   | ried 2 Married                                | Armed Forces?  1  Yes 2  If Yes, Giva          | No                |                                 |                             |                         |   | o Rican, afc.)                       |                                       | ack, Whita,                |                                    |               |
|         | 02                         | ours .  | by             | 3 🕅 Widowed   | 4 Divorced                                    | Yaar or Datas:                                 |                   |                                 | 1 🗆 Yas                     | 2 <u>W</u> No           | Specify:                                  |                                      | Spec                                  | ify: DL                    | ACK                                |               |
| 2       | 5-0                        | n 72 hours efter<br>"natural", or its<br>edical Examine   | Completed      | (Sne  | 15. Decedent's E                              |  |                   | 16a. Dece                       | edant's Usu                 | al Occup                | pation                                    | tring                                | 16b. Kind of                          | Bualnass/Ir                | dustry                             |               |
| 0       | 21                         |   | ple            | Elamentery/Sec  |   | Collega (1-4or                                 | 5+)               |                                 |                             | isa ratine              | during most of world)                     | n#19                                 | DDTMA                                 | n re                       |                                    |               |
| ame     | 2                          | ygiar<br>A tr   | S              | 8   |   |  |                   | FAI                             | RMER                        |                         |   |                                      | PRIVA                                 |                            |                                    |               |
| 3       | and                        | T O D   | Be             | 1100 1100   | (First, Middla, Last,                         | )  |                   |                                 |                             |                         | 18. Mothar's Nar                          | -,                                   |                                       | ma)                        |                                    |               |
|         | 2                          | Mer   | To             | WILLIA  |   |  |                   |                                 |                             |                         |   | GARNET                               |                                       |                            |                                    |               |
| t       | Maryland 21215-0020        | 12 st<br>h and<br>h is n<br>ris n   |                |   | lame/Ralationship (                           |  |                   |                                 | -                           |                         | t and Number or Ru<br>IST. FOR            |                                      | -                                     |                            | o Code)                            |               |
| 0       |                            | 1 and<br>Healt<br>om 27   |                | RUTH TO<br>20a. Mathod of Dis   |   | JGHTER   | 20h 6             |                                 |                             |                         |   | Data                                 |                                       |                            | oum State                          |               |
| Sarnett | Baltimore,                 | nt of in the or o   |                | 14 Buriel 2   | Cremation 3                                   | Ramoval from Stata                             |                   | Piece of Dispo<br>cematary, cre |                             |                         |   |                                      | 20c. Location                         | 100                        |                                    |               |
| 19      | Iţi                        | rtmer<br>rtant<br>njury   |                |   | 5 Other (Specif                               |  | H.                | ARMONY                          |                             |                         |   | 6-13-98                              | LANDO                                 | VER M                      | D                                  |               |
| 9       | Ba                         | poemit. Pages 1 and 2 should be filed within Department of Health and Mentel Hygiene. Important: If item 27 is marked other than any Injury or other traumatic event, the Meante. |                | 21. Signature of F  | unanal Service Licer                          | nsee   | _                 | Tra                             | AL                          | EXAN                    |   |                                      | ERAL HO                               |                            |                                    |               |
|         | _                          |   |                | - 0   | clex s.                                       | o yee  | _                 |                                 |                             |                         | LBORO PIK                                 |                                      |                                       | MD.                        | 20747                              |               |
| nR.     |                            |   |                | 23e. Pert1. Entar<br>ahock, or ha   | tha disaasa, or com<br>art failure. List only | plications the cause<br>ona cause on each li   | d tha daat<br>na. | th. Do not en                   | iter the mod                | de of dyi               | ing, such as cardiad                      | or respiratory                       | arrest,                               |                            | Approxim<br>Interval E<br>Onset en | Between       |
| U       |                            | Physician /Medical  |                | Immediata Cause   | (Final  | CE O-  | ,                 | 0                               |                             |                         |   |                                      |                                       | 1                          | Onseter                            | d Death       |
|         |                            | Examiner  |                | disaasa or conditi<br>rasuiting in daath)   | on  | a SEP  | 110               | SHO                             | OCK                         |                         |   |                                      |                                       |                            | DAY.                               | 5             |
|         |                            | VICE B  | ē              |   |   |  | Due to (          | or as a conse                   | equence of)                 | :                       |   |                                      |                                       | i                          |                                    |               |
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|         | ó                          | exec<br>in an<br>fal-tr   |                | Sequantially list of<br>if any, laading to<br>causa. Entar Und<br>Cause (Disaase of<br>that initiated avent | mmadiata<br>erivino                           |  | DDA (O (C         | JI as a conse                   | quarice or                  | ,                       |   |                                      |                                       | İ                          |                                    |               |
|         | 68760,                     | The law requires that the death certificete be executed ate has been signed by the attending physician and page 2 should be datached for use es the buriat-transit                | edicai         | Cause (Disaase o<br>that initiated avent  | r Injury                                      | C  | Dua to (o         | or ss s consec                  | guance of):                 |                         |   |                                      |                                       |                            |                                    |               |
|         | 68                         | tifice<br>ng ph<br>es th  | Ned<br>Ped     | resulting In death)   | Last  |  |                   |                                 | ,                           |                         |   |                                      |                                       | i                          |                                    |               |
|         | Box                        | attending<br>for use e  | N/u            |   |   | d  |                   |                                 |                             |                         |   |                                      |                                       | +                          |                                    |               |
|         |                            | deal  | sici           | Pert ii. Other signi  | ficant conditions o                           | ontributing to death b                         | ut not ras        | uiting in tha u                 | undarlying (                | causa gi                | van in Part I.                            | 23b. Die                             | d tobacco usa c                       | ontribute t                | o the caus                         | e of geeth?   |
|         | P.O.                       | that the de<br>ed by the<br>datached  | Physician/M    | N   | ABETE   | 2  |                   |                                 |                             |                         |   | 10                                   | Yas 2 No                              | 3 Pro                      | bably 4                            | Unknown       |
|         | Ś                          | w requires that<br>been signed is<br>should be dat  | by             |   | ADELE   |  |                   |                                 |                             |                         |   |                                      |                                       |                            |                                    |               |
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|         | ec                         | as be   | pie            |   |   |  |                   |                                 |                             |                         |   |                                      |                                       | of                         | desth?                             | f cause       |
|         | - E                        | The la  | Con            |   |   |  |                   |                                 |                             |                         |   | 1□                                   | Yas 2 No                              | 1                          | ☐Yas 2                             | □ No          |
|         | /ita                       | ysician: The lav<br>is certificete has<br>director, page 2  | Be             | 25. Was casa rafa<br>axaminar?  | rred to medical                               |  |                   |                                 |                             |                         | 26. Piaca of Dea                          | ith (Check only                      | ona)                                  |                            |                                    |               |
|         | 1                          | Physic<br>this c  | 2              | 1 Yas 2   |   | Hospitel: 1 Inpatie                            |                   | ER/Outpatie                     |                             | UA                      |   | loma 5 🗆 Ras                         | sidance 6%,0                          | thar (Speci                | fy)                                |               |
|         | ū                          | fing Ph.<br>After thi<br>funeral  | on:            | 27. Manner of Dea   | th<br>5 ☐ Panding                             | 28a. Dafa of Inju<br>(Month, Da                | ry<br>y Year)     | 28b. Tima o<br>Injury           |                             | 28c. Inju<br>Wo         |   | 28d. Dascribe                        | how injury occi                       | urred                      |                                    |               |
|         | Sio                        | leeth<br>lor: A   | cati           | 2 ☐ Accidant<br>3 ☐ Suicide   | Invastigation                                 |  |                   |                                 | М                           |                         | Yas 2 No                                  |                                      |                                       |                            |                                    |               |
|         | Division of Vital Records, | f or Attending I<br>after deeth.<br>Director: After<br>I in by the funer  | Certification: | 4 Homicida  | datamined                                     | 28a. Place of Inj<br>building, at              | ury - At h        | o <i>m</i> a, farm, st<br>fy)   | treef, factor               | y, office               |   | 28f. Location<br>City or To          | (Street and Nun<br>own, Stata)        | nber or Rur                | al Route N                         | umber,        |
|         |                            | orai D  |                | 00- 0-46  |   |  |                   |                                 |                             |                         |   |                                      |                                       |                            |                                    |               |
|         |                            | Hose<br>24 ho<br>Fune<br>Fune<br>staly f  | edical         | 29a. Certifiar<br>(Check only<br>one)   | 1 Certifying Ph<br>2 Medicai Exam             | ysician: To the best<br>niner: On the basis of | axa <i>m</i> ina  | wiedge, daat<br>ition and/or in | th occurred<br>ovestigetion | et fha fi<br>n, in my d | ma, data and place<br>opinion, daath occu | , and dua to the<br>rred at tha time | a cause(s) and r<br>i, data and place | nanner as s<br>, and due t | stated.<br>to the caus             | a(s)          |
|         |                            | To the Hospital or Attending Physician: within 24 hours after deeth.  To the Funeral Director: After this certification of the funeral director, such the funeral director.       | Mec            | 29b. Signeture end  | title of certifier                            | end mennar sta                                 | s(8Q.             |                                 | 20                          | c. Licens               | se nu <i>m</i> ber                        |                                      | 29d. Data sign                        | ed (Month                  | Day Yan                            | •)            |
| 4       |                            | ₹ <u>₹</u> ₹8   | 12.1           | P   | 1. 10   | til.   | . ,               | M.D.                            | 1                           | )下                      | 2520                                      |                                      | A C                                   | 1,0/                       | 100                                | 0             |
|         | 1                          | to  |                | * Vue   | mara y  | union.   |                   | . ,                             | 4                           |                         |   |                                      | 06/                                   | 10/                        | 177                                | 0             |
|         |                            | (0)   |                |   |   | complated causa of d<br>ILANI M.D.             |                   |                                 |                             | י וארטי                 | תסת תק                                    | WACHTNO                              | TON MD                                | 20744                      |                                    |               |
|         |                            | Sta   | te             |   |   |  |                   |                                 |                             | .ON I                   | W. FORI                                   | MADITING                             | TOR TID                               | 20/44                      |                                    |               |
|         |                            | Registr   |                | 31. Data filed (Mor   | UN 15 199                                     | 18 Juli  | Mude              | atura Call                      | 11                          |                         |   |                                      |                                       |                            |                                    |               |

Barried Charles Carred

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Maria T. Guillen 3:00 AM JUNE 4a. Facility Name (If not Institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Doctors Community Hospital Lanham Prince Georges If Under 1 Year If Undar 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Dey, You June 19 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Months Days Hours 1□M 200 1907 El Salvador 90 Yrs 564-72-5722 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Nas 2□No San Fransisco California San Fransisco 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 875 Goeltlingen St. 94134 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes ŽQNo If Yes, Give Year or Datas: es 2 No Specify: El Salvador Specify: ₩Widowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Private 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Pedro Rivera Eloisa Montova 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Rosa Gutierrez ( Daughter ) 6406 Cipriano Rd. Lanham, Maryland 20706 20b. Placa of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 N Buriai 2 □ Cramation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) 5 Other (Specify) 6/17/98 San Mateo, California Skylawn Memo. Park Soneral Service Licens 22. Nama and Address of Facility Rendon/Hale Funeral Home 9013 Annapolis Rd. Lanham, Maryland 20706 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Immediate Cause (Final MYOCARDIAL INFARCT 3 WEFKS disaase or condition resulting in death) Due to (or es e consequence of): ICEMIA Due to (or as e consequence of): NERMONIE Due to (or as a consequença of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of causa of death?

**Physician** /Medicai Examiner

sician and buriel-transit

attending physician for use es the burie

signed b

page 2

funeral

After

death.

To the Hospital or Attendin within 24 hours efter death. To the Funeral Director: Af completely filled in by the fu

Be

Certification: To

edical

The law requires that the death certificete be executed

P.O. Box 68760,

Records.

Division of Vital or Attending Physician: **Physician** 

/Medical

**Examiner** 

10a State

Director

Funeral

à

Completed

**Funeral** 

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

and Mental

ъ

Important: If item 27 is m any injury or other traums QDGs.

MARIA THERESA GUILLE

Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting In deeth) Last Physician/Medical Completed by

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. INTESTINAL OBSTRUCTION

INTESTINAL DECROSIS

25. Was case referred to medical exeminer? Hospital: 1 Nnpatiant 2 □ ER/Outpatient 3 □ DOA 1 Yas 2 XNo 28b. Time of 28c. Injury at Work?

27. Manner of Deeth 1 Netural
2 Accident 5 Pending Investigation

3 Sulcide 6 Could not be determined 4 Homicide

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred 1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rurel Route Number, City or Town, State)

29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the cause(s) and manner stated. my m

28. Place of Death (Check only one)

29b. Signature and title of certifier

29c. Licansa number

29d. Data signed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 23a) (Typa, Print) 1800 MERCANTILE LANE, LARGO, MD 20785

DR. CURO MONTANEZ 31. Date filed (Month, Dey, Year)

JUN 15 1998

32 Degistrar's Signatura In Studior Ray

State Registrar

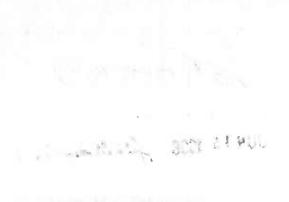
Carl Ca Mis

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 1998 Month **Physician** 10:30 AM Benjamin R. Guiang June 6 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6405 97th. Ave. Seabrook Prince Georges If Under 24 Hrs. 8. Date of Birth (Month Day, Year) 5. Social Security Number If Under 1 Year 9. Birthplace (State or Foreign 1917 County Thilippines 7. Age (In yrs. last birthday) **Funeral** XXM 2□ F Months Days Hours Min. 81 330-40-6697 Yrs. Director Usual Residence of Decedent with the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itams 23a or 28a-f show traumatic avant, the Medical Examinar mast be norified at Yes 2 No Maryland Prince Georges Seabrook Directo 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6405 97th. Ave. 20706 U.S.A. Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marital Status permit. Peges 1 end 2 should be filed within 72 hours effer of Department of Health end Mantal Hygiene. Important: If Item 27 is marked other than "natural", or Itam any Injury or other traumate. Black, White, etc. 1 ☐ Yes 2€No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify Caucasian þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) U.S. Customs Service 12 3 Procurement 18 Mother's Name (First Middle Maiden Sumame) 17. Fether's Name (First, Middle, Last) Timothea Rallostian Qquilino Guiang 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. informent's Name/Reletionship (Type, Print) Andrea H. Guiang (Wife) 6405 97th. Ave. Seabrook, MD 20706 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Maryland Nat'l Memo. Pk. 6/10/98 Laurel, MD 21. Signature 22. Name and Address of Facility ral Service Licenses Rendon/Hale Funeral Home 9013 Annapolis Rd. Lanham, MD 20706 Enter the disease, or compositions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, k, or heart feilure. List only the course on each line. Approximate Interval Between Onset and Death **Physician** /Medical immediate Cause (Final Chonic Renal Failure disease or condition resulting in deeth) **Examiner** Due to (or as a consequence of): Examiner Congestive Heart Failure certificata be executed physician end the burial-trans Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Due to (or as a consequence of): Box 68760 Physician/Medical Due to (or as a consequenca of) 98 usa ò signed by the a 23b. Did tobacco use contribute to the cause of death? P.0. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 1 Yss 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Were autopsy findings evailable prior to completion of cause of deeth? Completed 24a. Was an autopsy peeu page 2 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No certificate Attanding Physician: 25. Was case referred to medical examiner? director, Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home \*\*\* Nesidenca 6 Other (Specify) P 1 XYes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Aftar Netural 2 Accident Injury 5 Pending after death. Director: Aft 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 8 pellit 24 hours a Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier Medical pletaly (Check only one) å 4 29b. Signature and title of 29c. License number 29d. Date signed (Month, Day, Yeer) 2 D1422 June 8, 1998 10 30. Neme and eddress of person who completed cause of death (Item 23a) (Type, Print) Eduardo Flores5711 Sarvis Ave. Riverdale, 32. Registrar's Signature State the Studen Rawfall Registrar



#### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

|                   |   |  | State of Marylan                                 |                            | artment of F<br><i>rtificate of</i>  |                           |   | giene 9 8         | 20478   | }         |
|-------------------|---|--|--|----------------------------|--------------------------------------|---------------------------|---|-------------------|---|-----------|
| F                 | E   | 1. Decedent's Name (First, Middle, Las   | 1)   | 1 199                      |                                      |                           | 2. Date of Dea                                | ith               | 3. Time of De                                 |           |
| п                 | Physician<br>/Medical   | David Charles  | Gordon   |                            |                                      |                           | JUNE  | Day 13            | 998 07:40                                     | DAM       |
| ŽI.               | Examiner  | 4a Facility Name (If not institution, give   |  |                            |                                      |                           | , or Location of Death                        |                   | 1   |           |
|                   |   |  | COMMUNITY  | HOSP                       | 1 44 1 1 1 1 1                       | If Under 24               | HAM   | -                 | ie George                                     |           |
| П                 | Funeral Director  | 5. Sociel Security Number 6. Se  | 7. Age (In yrs.                                  | last birthdey)<br>Yrs.     | Months Days                          |                           | Min. (Month, De                               |                   | Birthplace (State or F Country)               |           |
|                   |   | Usuel Residence of Decedent  |  |                            |                                      |                           | June 8  | 1942              | Washington,                                   | DC        |
|                   | wow how   | 10a. State 10b. County   | 10c. Cit   | y, Town or L               | ocation                              |                           |   |                   | 10d. Inside City I                            |           |
|                   | vith the Ma<br>or 28a-f e   | Maryland Prince G  | eorge's La                                       | ndover                     |                                      |                           |   |                   | 100 Yes 2                                     | □No       |
|                   | or 2  | 10e. Street and Number   |  |                            | 10f, Zip Code                        |                           |   | 10g. Citizen of V | Vhet Country?                                 |           |
|                   | 72 hours after death with the Maryland naturel; or items 23s or 28s-f show deat Examiner must be notified at steed by Funeral Director  | 8600 Dunbar Avenu  | 12. Was Decedent Ever In U                       | 6 12                       | 207                                  |                           | 2 (Cassib, Vas or No.                         | U.S.A             | e - American Indien.                          |           |
|                   | ifter death virteme 23  | 11. Merital Status  1 □ Never Married 2 □ Married                                  | Armed Forces?                                    |                            |                                      |                           | n? (Specify Yes or No-<br>Puerto Rican, etc.) | Bied              | k, White, etc.                                |           |
| 21215-0020        | or, or  | 3 ☐ Widowed 4 🗓 Divorced   | If Yes, Give<br>Yeer or Detes:                   |                            | 1□ Yes 2፟No                          | Specify:                  |   | Specify           | White   |           |
| 2-0               | "naturel", adical Exe   | 15. Decedent's Edu<br>(Specify only highest grad                                   | ucetion  | 18e. Dece                  | dent's Usuel Occup                   | oation                    | f working                                     | 16b. Kind of Bu   | siness/Industry                               |           |
| 21                | E 1 4 -   | Elementery/Secondary (0-12)  | College (1-4or 5+)                               | `life.                     | DO NOT use retire                    | d)                        |   |                   |   |           |
|                   | be filed within 72 ho<br>tal Hygiene.<br>d other than "naturi<br>event, Its Medical<br>Be Completed   | 12<br>17. Fether's Neme (First, Middle, Last)                                      |  | Automo                     | tive Insura                          | -                         | raiser<br>Neme (First, Middle,                |                   | mployed                                       |           |
| and               | d be family and be contact to | Pohort U Cordon  |  |                            |                                      |                           |   |                   |   |           |
| Maryland          | and Menta<br>and Menta<br>le merked<br>aumatic e  | Robert H. Gordon   |  | 19b. Maili                 | ng Address (Street                   |                           | ta Mae Gor<br>or Rural Route Numbe            |                   | State, Zip Code)                              |           |
|                   | 1 and 2:<br>Health ar<br>em 27 le<br>other trau   | Juanita M. Gordon  | - Mother   | 8678                       | D. South                             | West 9                    | 5th Stree                                     | t, Ocala          | a, Florida 3                                  | 34481     |
| ore,              | of Herrican   | 20e. Method of Disposition 1 ☐ Buriel 2 ☒ Cremetion 3 ☐ I                          |  | Piece of Disponentery, cre | osition (Name of matory or other ple | ce)                       | Dete  | 20c. Location -   | City or Town, Stete                           |           |
| altimore,         | Pages<br>nent of I<br>ant: If ite<br>ury or o   | 4 Donetion 5 Other (Specify,   |  | tropo1                     | itan Cre                             | natory                    | 6/16/98                                       | Alexan            | dria, Virgi                                   | nia       |
| Balt              | permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 Is marked other than any Injury or other traumatic event, ITEM DICE.  TO Be Comp  | 21. Signature of Funerei Service Licens  | 500  |                            | 2. Name end Addre                    |                           | Home  |                   |   |           |
| _                 | 40599   | * Honston  | es Has   | eh 4                       | 739 Balt:                            | imore A                   | venue, Hya                                    |                   | e, MD 2078                                    | 1         |
|                   | Physician   | 23a. Pert1. Enter the disease, or comp<br>shock, or heert faiture. List only of    |  |                            |                                      |                           |   |                   | Approximate<br>Interval Betwe<br>Onset end De | en<br>eth |
|                   | /Medical Examiner   | tmmediete Ceuse (Final<br>diseese or condition<br>resulting in deeth)              | . ARTERIOSC                                      | vero                       | TIC CAR                              | DIOVA                     | hs cular                                      | DISTASE           |   |           |
|                   | - i   |  | Due to (d  | or es e conse              | quence of):                          |                           |   |                   |   |           |
|                   | executed in end ital-transit  | Sequentially list conditions   | b. Due to (c                                     | or es e conse              | puence of):                          |                           |   |                   | 1   |           |
| ó                 | icate be executed physician and sthe burial-transit   | Sequentielly list conditions, if any, teading to immediate ceuse. Enter Underlying |  |                            | ,                                    |                           |   |                   | 1   |           |
| 8760,             | sata be<br>shysicia<br>the bur<br>dicai   | Ceuse (Disease or injury that initiated events resulting in death) Last            | cDue to (c                                       | er es e conse              | quence of):                          |                           |   |                   |   |           |
| 9                 | 5 06 2  |  | d  |                            |                                      |                           |   |                   | 1   |           |
| Вох               | death certifice established to the established see as   |  |  |                            |                                      |                           |   |                   | i   |           |
| 0                 | the the check   | Part ii. Other eignificant conditions co   | ntributing to death but not res                  | ulting in the u            | inderlying cause gi                  | ven in Pert i.            |   |                   | ntributa to the couse of                      |           |
| 4                 | igned by be detected by Phy   |  |  |                            |                                      |                           |   | Yes 2□ No         | 3 □ Probably 4 Ur                             | nknown    |
| of Vital Records, | v requires that been signed t should be det   |  |  |                            |                                      |                           |   | en eutopsy        | 24b. Were eutopsy find available prior to     | dings     |
| 900               | 2 2 5   |  |  |                            |                                      |                           |   |                   | completion of ceu<br>of deeth?                | ISO .     |
| Œ.                | The law ate has page 2  |  |  |                            |                                      |                           | 10  | Yes 2 No          | 1 Yes 2 N                                     | 0         |
| /ita              | ystcian: The scartificate director, pag   | 25. Was case referred to medicel   |  |                            |                                      | -                         | Deeth (Check only o                           | one)              |   |           |
| of .              | T dig   | 1 Ves 2 No   |  | ER/Outpatie                | nt SLYDUA                            |                           | ing Home 5 Resi                               |                   |   |           |
|                   | Aftar<br>Aftar<br>funar<br>tion:  | 27. Manner of Deeth  1 Natural 5 Pending investigation                             | 28e. Dete of tnjury<br>(Month, Day Year)         | 28b. Time of injury        | Wo                                   | ryet<br>ork?<br>]Yes 2□No |   | how injury occur  | 100   |           |
| Division          | tal or Attending Ph<br>rs aftar death.<br>al Director: Aftar th<br>led in by the funaral<br>Certification:  | 2 Accident investigation 3 Sulcide 6 Could not be                                  | 28e. Plece of Injury - At h                      | ome, ferm, st              |                                      |                           | 28f. Location (                               |                   | per or Rural Route Number                     | 91,       |
| Š                 | in Direct   | 4 Homicide   | building, etc. (Specil                           | (y)                        |                                      |                           | City or To                                    | vn, Stete)        |   |           |
|                   | the Hospital or<br>thin 24 hours after<br>the Funeral Dir<br>orpletely filled in<br>Medical Cerl  | 29a. Certifier 1 Certifying Phy  | reician: To the best of my kno                   |                            |                                      |                           |   |                   |   |           |
|                   | the Hospi<br>in 24 hou<br>the Funer<br>ipletely fill<br>fedical   | one)   | inar: On the basis of examine end menney steted. | Mon end/or Ir              |                                      |                           | Courses of the thise,                         |                   |   |           |
|                   | 2 28  | 29b. Signature and title of cartifier  | THE REAL PROPERTY.                               | ) /                        | 29c. Licen                           |                           | - 11  |                   | d (Month, Day, Year)                          |           |
|                   | (12)  | 7 /  | (Anna)   | 141                        | MF I                                 | 13395                     | 4   | JUNE              | 14, 1998                                      |           |
|                   |   | 30. Name and eddress of person who c   | ompleted cause of deeth (Iter                    |                            | Print)                               | 100                       | SIVE OUE                                      | IERI)             | 14, 1998<br>MARNAND 2                         | 2014      |
|                   | State   | 31. Dete tiled (Month, Dey, Year)  | 32. Registrer's Signa                            | 300)<br>eture              | TO U                                 | 7- 01                     | The care                                      | 1                 | tract / Charles                               | - 100     |



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| Physici  | an                       | Decedent's Nama (First, Mi  | iddle, Last)<br>ra Grant.                            |  |  |  |   | 2. Data of Do<br>Month                 | Dey                                 | Yeer 3. Tima of Dec   |
|--|--------------------------|---|--|--|--|--|---|--|-------------------------------------|---|
| /Medic   | al                       | 4a. Fecility Neme (If not institu   |  | f number)  | -  |  | 4b. City, Town, or  | June 16                                |                                     | 5:20 A.I  |
| Funeral  |                          | Sligo Care Nursi  | ing Home   | 7. Aga (In yrs.  |  | If Undar 1 Y   |   | 8. Dete of Bi                          | Montgor                             | 9. Birthpiece (State or Fo  |
| Director   |                          | 370-26-7886   | 1□ M 2/0X  | F 68   | 3 Yrs.   | Months D   | eys Hours Min   |  | r 9, 1929                           |   |
| isdat  | tor                      | Usuel Residence of Decedent  10a. Stete 10b. Cou  Mary I and Mont   |  | 10c. Ci  | ly, Town or Loc  | ration Take  | oma Park  |  |                                     | 10d. inside City L  |
| irra 23a or 28a-f show   | Funeral Director         | 10e. Streel end Number<br>910 Glaizewood  | d Court  |  |  | 10f. Zlp Co  | 20912   |  | 10g. Citizen of VU.S.A.             | Whet Country?   |
| natural', or frems   | by                       | 11. Mariiel Stetus 1 Never Merried 2 N 3 Widowed 4 Divord   | Armed 1 TY   | Decedent Ever in U<br>d Forces?<br>es 2 XNo<br>, Give<br>or Dates: |  | Ves Decedant<br>Yes, specify<br>☐ Yas 2                  | of Hispanle Origin? (<br>Cuben, Mexican, Puar<br>No <i>Specify:</i> | Specify Yas or Note Rican, etc.)       |                                     | ce - American Indian,<br>ck, White, etc.<br>y: Black                              |
| iene.<br>then  | Completed                | 15. Dece<br>(Specify only hig<br>Elementary/Secondary (0-1)<br>IZTN grade   | dent's Education<br>ghast grada complet<br>2) Colleg | ed)<br>ge (1-4or 5+)   | (Give I  | ent's Usuel O<br>kind of work d<br>O NOT use n<br>anager | ocupation<br>one during most of wo<br>etired)                       | orking                                 |                                     | usiness/Industry<br>epartment (Reti   |
| Mental Hygi<br>irked other<br>atic event, ti   | To Be C                  | 17. Fether's Neme (First, Midd<br>Alber   | de, Last)<br>t Wilson                                | - · · · · · · · · · · · · · · · · · · ·                            |  |  | 18. Mother's Ne   | me (First, Middle<br>Laura HOU         | , Maiden Sumen<br>ISTON             | na)   |
| end<br>F m   |                          | 19e. Informent's Neme/Relette   | 4- 1   |  |  |  | reet end Number or R  |  |                                     |   |
| ent of Health<br>nt: If itsem 27<br>ry or other tr                                       |                          | Mr. Norman J. Gra  20a. Mathod of Disposition  1 □ Buriel 2xx Crematic  4 □ Donetion 5 □ Other  | on 3 Removel fr                                      | Ctata  | Place of Dispos<br>cometery, crem<br>Sapeake (   | ition (Neme o  | r place)  | na Park, M<br>Dete<br>6/17/98          | 20c. Location                       | 20912 - City or Town, State  1e, Maryland   |
| Departm<br>Importar<br>any inju  |                          | 21. Signature of Funeral Service. 23a. Part? Enter the disease speck, or heart feilure.   | ice Lipensee   | Inda   |  | Rolling  | ddress of Fecility Funeral Home                                     | e, Inc.                                | D.C.                                | . 20019   |
| Medical xamine and physician and physician see as the burial-transit                     | Medical Examiner         | Immediata Cause (Finel disease or condition resulting In deeth)  Sequentielly list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In deeth) Lest | 6  | Due to (d  | or es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es es e consequence es e consequence es es e consequence es es e consequence es es e consequence es es e consequence es es es es es es es es es es es es es | uence of):   | MYCPU   | rhy                                    |                                     |   |
| e ettending p  | ician                    | Part II. Other significant cond   | titions contributing t                               | o death but not res  | ulting in the un   | deriving ceus  | e given in Pert I   | 23h Did                                | I tobacco use co                    | intribute to the cause of de  |
| een signed by the ettendin<br>hould be deteched for use                                  | by Phys                  | Hepatic<br>Colon  | circh  | Sis  |  |  |   |  | Yes 2□No                            | 3□ Probably 4□ Onk  |
| u  | Completed by Physician/N | Diubete   |  | Cel  |  |  |   | 24a. Wei                               | s en eutopsy<br>ormed?              | 24b. Were eutopsy tindi-<br>avallabla prior to<br>complation of caus<br>of death? |
| certificate hes<br>rector, page 2  |                          | OF Mean and referred to made  | tion!  |  |  |  |   |  | Yas 2 No                            | 1 ☐ Yas 2 ☒ No  |
| 0 0  | To Be                    | 25. Wes case referred to med examiner? 1 ☐ Yes 2 ☑ No   | Monnital   | ☐ Inpatiant 2☐   | ER/OutpetienI  | 3□ DOA   | Othor   | eth <i>(Check only</i><br>Homa 5 ☐ Ras | one)<br>Idance 6 □Oth               | nar (Specify)   |
| 3 4  |                          | E LI MOOIGOIN   | astigation   | ete of Injury<br>Month, Day Year)                                  | 28b. Time of<br>Injury   | 28c.   | Injury at<br>Work?<br>1 □ Yes 2 □ No                                | 1                                      | how injury occur                    |   |
| within 24 hours effer death. To the Funeral Director: All completely filled in by the fu | edical Certification:    | 4 Homicide dete   | bi   | lece of Injury - At h<br>uilding, etc. (Specil                     | (y)  |  |   | City or To                             | own, State)                         | ber or Rural Route Number,  |
| • Furn<br>ietely f   | dica                     | 29e. Certifier 1 Certification (Check only one)   | cal Examiner: On th                                  | the best of my kno<br>se basis of examine<br>nenner steted.        | wiedge, deeth<br>tion end/or tnv   | occurred et the<br>estigetion, in                        | ne time, dete end plec<br>my opinion, death occ                     | e, end due to the<br>urred at the time | ceuse(s) end m<br>, date and piece, | enner as steted.<br>and due to the ceuse(s)                                       |
| withir<br>To th  | Me                       | 29b. Signeture end title of feri  | tifier ny L  | Na   |  |  | cense number 3 9 3 7 2  | -                                      | June 17,                            | od (Month, Day, Year)<br>1998   |
| 1 - 1  | -                        | 30. Neme and eddress of pera  | on who completed o                                   | ause of death (Iter  | n 23e) (Type, F  | Print)   |   |  |                                     |   |

The state of the s

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

|  |                |   |                                     |                                 |                            | Ce                         | rtificat                               | e of                    | Death                       | 1                          | F                               | Reg. No.                     | 20                            | 20400   |
|--|----------------|---|-------------------------------------|---------------------------------|----------------------------|----------------------------|--|-------------------------|-----------------------------|----------------------------|---------------------------------|------------------------------|-------------------------------|---|
| Dhoul  |                | 1. Decedent's Name (First, Midd   | le, Last)                           |                                 |                            |                            |  |                         |                             |                            | 2. Date of Dea                  |                              | Vaca                          | 3. Time of Death                                  |
| Physic /Med  |                | Leroy M. Graft  | on                                  |                                 |                            |                            |  |                         |                             |                            | JUNE                            | Day<br>12                    | 1998                          | 2015 Hes  |
| Exam   |                | 4a. Fecility Neme (If not institution   | n, give street and                  | number)                         |                            |                            |  | 7                       | 4b. City, To                | own, or Lo                 | cation of Death                 |                              | nty of Death                  | 013 11-0  |
|  |                | Union Hospital  | of Cec                              | il Co                           | unty                       |                            |  |                         | Elkto                       | on                         |                                 | Cec                          | il                            |   |
| Funera   | Т              | 5. Social Security Number   | 6. Sex                              | 7. Age                          | e (In yrs. las             | st birthdey)               | If Under                               |                         | If Under                    | 24 Hrs.                    | 8. Date of Birtl                | h ,                          | 9. Birth                      | place (Stete or Foreign                           |
| Directo  |                | 184-22-9037 Usual Residence of Decadent   | 1 <b>1</b> M 2□                     | F                               | 86                         | Yrs.                       | Months                                 | Deys                    | Hours                       | Octo                       | ober 17                         | 1911                         |                               | sylvania  |
| and  |                | 10e. State 10b. County  | ,                                   |                                 | 10c. City,                 | Town or Lo                 | ocation                                |                         |                             |                            |                                 |                              |                               | 10d. inside City Limits                           |
| Aary!  | 0              | W111  |                                     |                                 | Da                         |                            |  |                         |                             |                            |                                 |                              |                               | 1 <sup>™</sup> Yes 2□No                           |
| the h  | Director       | Maryland Cecil  |                                     |                                 | Perr                       | yvill                      | 10f. Zip                               | Code                    |                             |                            |                                 | On China                     | 4 14/5 - 1 0                  | -1-0  |
| d 21215-0020<br>filed within 72 hours effer deeth with the Maryland<br>bygiene.<br>ther then "natural", or items 23a or 28a-f show<br>int, the Medical Examiner must be notified at  | ā              |   |                                     |                                 |                            |                            |  | 1903                    |                             |                            |                                 | 10g. Citizen                 | ed Sta                        |   |
| 4 23 at 1  | era            | 101 C Carter Co   |                                     | Donadon F                       | Turania III O              | 10                         |  |                         | EI- O-                      | 1-1-0 (0-                  |                                 |                              |                               |   |
| ler de<br>litera   | Funeral        | 11. Meritel Status  | Armed                               | d Forces?                       | ever in U,S.               | 13.                        | If Yes, spec                           | city Cub                | en, Mexicar                 | n, Puerto l                | cify Yes or No-<br>Rican, etc.) |                              | łaca - Ameri<br>Black, White, |   |
| 21215-0020<br>d within 72 hours eff<br>plene.<br>rr than "natural", or<br>ur Wed cal Exam  | by F           | 1 Never Married 2 Mar<br>3 Widowed 4 Divorce  | If Yes                              | es 2. ☑N<br>, Give<br>or Dates: | 10                         |                            | 1 ☐ Yes                                | 2 <b>%</b> ] No         | Specify:                    |                            |                                 | Spe                          | city: Wh                      | nite  |
| hour hour  | B              |   |                                     | Dates:                          |                            | 160 Dass                   | da atla I la co                        |                         | - atta-                     |                            |                                 | 40) 16)-1-1                  | 0 -1                          | 4 4   |
| 15.<br>n 72  | Completed      | (Specify only highe   | nt's Education<br>est grade complet | ed)                             |                            | (Give                      | dent's Usua<br>kind of wo<br>DO NOT us | rk done                 | during mos                  | st of worki                | ng                              | 16b. Kind of                 | Business/In                   | dustry  |
| with and then  | P P            | Elementery/Secondary (0-12)<br>unknown  | Colleg                              | je (1-4or 5-                    |                            | Carpe                      |  | 30 /01/10               | 0)                          |                            |                                 | Const                        | ructio                        | on  |
| Hygir Hygir  | ပိ             | 17. Father's Name (First, Middle,   | I ast)                              |                                 |                            | carpe                      | ncer                                   |                         | 18 Moth                     | ar'e Nama                  | (First, Middle,                 |                              |                               |   |
| Maryland d2 should be file th and Mental Hyr 7 is marked other traumatic event.  | Be             | George B.W. Gra   |                                     |                                 |                            |                            |  |                         |                             | Walt                       |                                 | maiden Sun                   | ame)                          |   |
| Tark Sould   | 2              |   |                                     |                                 |                            |                            |  | 40.                     |                             |                            |                                 |                              |                               |   |
| Man<br>12 st<br>12 st<br>12 st<br>12 st<br>15 m  |                | 19a. Informant's Name/Reletions   |                                     |                                 |                            |                            |  |                         |                             |                            | I Route Numbe                   |                              |                               |   |
| e, encleated   |                | Clyde StClair,  | POA                                 |                                 |                            |                            |  |                         | ing A                       | venue                      |                                 |                              |                               | land 21903  |
| altimore, mit. Pages 1 er partment of Hea portant: If Item 2 y Injury or other   |                | 20a. Method of Disposition  1 □ Burial 2 □ Cremation  | 3 □Removal fr                       | om State                        | can                        | netery, cre                | sition (Ner<br>matory or o<br>lemori   | ne or<br>ther pie       | ce)                         |                            | June 18                         | 20c. Locatio                 | n - City or T                 | own, Stete  |
| Pag<br>ment:<br>uny  |                | 4 Donation 5 Other (5   |                                     | on otalo                        | Gard                       |                            | lemori                                 | Laı                     |                             |                            | 1998                            |                              | een, l                        | Maryland  |
| Baltimore, Maryland 21215-002 permit. Pages 1 end 2 should be filed within 72 hours Department of Health and Menial Hygiane. Important: If flem 27 is marked other than "natural", any injury or other traumatic event, the Medical Examples once. |                | 21. Signature of Funeral Service  | Licensee                            |                                 |                            |                            | 2. Name en                             | d Addre                 | ss of Facili                | ty                         | rals, P                         | 7                            |                               |   |
| n aseas  |                | Man   | 1/2 8                               | .60                             | )                          | 1                          |  |                         |                             |                            |                                 |                              | Maryla                        | and 21921   |
|  |                | 23e. Pert1. Enter the disease, o  | complications th                    | at caused                       | the death.                 |                            |  |                         |                             |                            |                                 |                              | rial y le                     | Approximate                                       |
| Physician  |                | shock, or heert failure. List   | only one ceuse                      | on each lin                     | е.                         |                            |  |                         |                             |                            |                                 |                              |                               | Interval Between<br>Onset end Death               |
| /Medical   | _              | immediete Ceuse (Final  |                                     |                                 | K                          | 1600                       | 161                                    | 5                       | 10011                       | R                          | uel                             |                              |                               |   |
| Examiner   |                | disease or condition resulting in death)  | a                                   |                                 | 101                        | VOXY                       | de                                     | -1                      | yrcc                        | 1-0                        | wec                             |                              |                               |   |
|  | ē              |   |                                     | L                               | Due to (or a               | as a consec                | quence of):                            |                         |                             |                            |                                 |                              | İ                             |   |
| uted<br>d<br>ansit   | Examiner       |   | b                                   |                                 | Due to for a               | 51                         | 117                                    |                         |                             |                            |                                 |                              | 1                             |   |
| exec<br>n an   | Exa            | Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events |                                     |                                 | Due to (or a               | is a consec                | quenca oi):                            | 200                     | 10.0                        | lind                       |                                 |                              | 1                             |   |
| ficeta be e<br>physiciar<br>so the bun   | le C           | Cause (Diseese or Injury  | C                                   |                                 | 12                         | OW KC                      | 0                                      | (2)                     | (KUC)                       | POPU                       |                                 |                              | 1                             |   |
| ertificete be executed<br>ling physician and<br>e es the bunal-transit   | Medical        | resulting In death) Last  |                                     | L                               | Due to (or a               | s a conseq                 | juenca of):                            | 1                       | -011                        | 1.18                       | 1                               |                              | 1                             |   |
| leath certific<br>attending p  |                |   | d                                   |                                 | NE                         | ENC                        | EKIL                                   | /                       | 5014                        | 0414                       |                                 |                              |                               |   |
| death<br>death<br>e atter  | Physician      | Pert II. Other significant condition  | ons contributing t                  | o death bu                      | t not resulti              | ina in the u               | ndedvina c                             | ause oiv                | en in Part I                | l.                         | 23b. Did to                     | obacco uae                   | contribute t                  | o the causa of death?                             |
| tha de by the tached   | 12             | And Barriel 4   | 10 .                                | 1.                              | . /                        |                            |  | aroo g                  | on an one                   |                            | 101                             | 1                            | /                             | bably 4 Unknown                                   |
| es that<br>igned l   | by P           | LONGESTIVE R  | WART H                              | HLLIM                           |                            |                            |  |                         |                             |                            |                                 | Zur (V)                      | 5 5 5 1 10                    | John Ville  |
| . ⊆ Ø T  | D D            | Raidell   |                                     |                                 | 1-10 n                     | / P                        | 101                                    | 11                      | Sin                         |                            | 24a. Wes                        |                              | 24b. W                        | ere autopsy findings                              |
| w requ   | Completed      | - NO BULLY  |                                     | /                               | ATRIA                      | - 111                      | TRICL                                  | MIG                     | 010                         |                            | perfor                          | med?                         | CC                            | railable prior to<br>empletion of cause<br>death? |
| The taw<br>ita has b   | Jan.           | - Alleria IL  | Al Car.                             | 11.                             |                            |                            |  |                         |                             |                            |                                 |                              |                               | 4   |
| n: The   |                | CHKONIC. NOR  | THE FALL                            | MZ                              |                            |                            |  | <u> </u>                |                             |                            | 1 U Y                           |                              | 11                            | ☐ Yes 2 ☐ No                                      |
| Physician: The law<br>this certificata has<br>ral director, page 2   | Be             | 25. Wes case referred to medica examiner?   | Manakat, 4                          |                                 |                            |                            |  | Oth                     |                             | e of Death                 | (Check only or                  | ne)                          |                               |   |
| Physician: T<br>this certificat<br>ral director, pr  | 7              | 1   | 1                                   | Inpatier                        |                            | R/Outpatier                |  |                         | 4 LI NU                     |                            | ne 5 Resid                      |                              | -                             | (y)   |
| or Attending Physafter death.  Director: After this din by the funeral d   | Certification: | 1 Natural 5 ☐ Pendir  |                                     | ate of Injury<br>Month, Day     | Year) 2                    | 8b. Time of<br>Injury      |  | 8c. Injur<br>Wor        |                             |                            | 28d. Describe h                 | ow Injury occ                | benuc                         |   |
| Attending<br>r death.<br>octor: After<br>by the fune   | cat            | 2 ☐ Accident investi  | gation                              |                                 |                            |                            | М                                      |                         | Yes 2□                      |                            |                                 |                              |                               |   |
| irect<br>Irect   | ET.            | 3 ☐ Suicide 6 ☐ Could<br>4 ☐ Homicide determ  | ined 288. M                         | ece of Inju<br>uilding, etc.    | ry - At hom<br>. (Specify) | e, farm, str               | eet, factory                           | , office                |                             | 2                          | 28f. Location (S<br>City or Tow | treet end Nu<br>n, Stete)    | m <i>ber</i> or Run           | al Route Number,                                  |
| rs af  |                |   |                                     |                                 |                            |                            |  |                         |                             |                            |                                 |                              |                               |   |
| To the Hospital or Attending Physician: The twithin 24 hours after death.  To the Funeral Director: After this certificate ha completely filled in by the funeral director, page   | Medical        | 29a. Certifier Cartifyir (Check only one)   | ng Physicien: To<br>Examiner: On th | the best of                     | examination                | edge, death<br>n and/or in | n occurred vestigetion,                | at the tir<br>, in my o | me, date an<br>epinion, dea | nd placa, a<br>ith occurre | and due to the o                | ause(s) and<br>lete end plac | manner as s<br>e, and due t   | stated.<br>o the cause(s)                         |
| thin   | Mec            | 29b. Signeture and title glood#li   | andin                               | nanner stat                     | ied.                       |                            | 290                                    | Licens                  | e number                    |                            |                                 | 29d. Date sig                | ned (Month                    | Day Vaar)   |
| <b>5</b> ₹ 5 8   | -              | 250. Olgineture and title data.   | do                                  | 1. 1                            | 1                          |                            | 250                                    | λ.                      | 1100                        | na                         |                                 | esu. Dale sig                | 11 /00                        | Day, 1661)  |
|  |                | 6-100   | ROLL                                | MU                              | /                          |                            |  | Nº                      | 128                         | 00                         |                                 | 6/1                          | 6/98                          |   |
|  |                | 30. Name and address of person  | who completed o                     | ause of de                      | ath (Item 2                | 3a) (Type,                 | Print)                                 | 1. 1                    | 1 110                       | 00                         | 11. Ann                         | 10                           | //                            | - N   |
|  |                | (. 171 ONL  | D MU                                | 12                              | 2.6                        | MO                         | UN                                     | VE                      | 14/4                        | RE N                       | 14 G.A.                         | , M                          | a,21                          | 1078  |
|  | ate            | 31. Date filed (Month, Dey, Year)   |                                     |                                 | r's Signatui               |                            |  | 1                       |                             |                            |                                 |                              | /                             |   |
| Regist   | rar            | JUN 18'   | 1330                                | Mark                            | Davidson                   | -gand                      | 400                                    |                         |                             |                            |                                 |                              |                               |   |
|  | 0.0            |   |                                     | /                               |                            | -                          |  |                         |                             |                            |                                 |                              |                               |   |

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** HOWELL SR. ~ AMES Ž. /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner GEORGE PRINCE GERGE CHEVERIY KINCE MEDICAL CTK. If Under 1 Year | If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. NOV. 3, 5. Sociel Security Number 7. Age (In yrs. last birthdey) 9. Birthpiece (State or Foreign **Funerai** 1⊋M 2□ F 579-26-0115 73 Maryland Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner must be notified at Prince Georges 1 Yes 2 No Director Oxon Hill 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 1514 Jarvis Ave. 20745 USA 238 Funerai 72 hours after death 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, 11. Marital Stetus Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ∑Yes 2 No If Yes, Give WW II Yeer or Dates: WW II Baltimore, Maryland 21215-0020 8 1 ☐ Yes 2 ☐ No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced naturaf Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry filed within al Hygiena. Elementary/Secondery (0-12) College (1-4or 5+) Warehouse Manager Food Distribution 11 permit. Pages 1 and 2 should be file Department of Health and Mental Hy important: if them 27 is marked other any injury or other traumatic event. 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be Herbert M. Howell 2 Brewer 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Norma Howell/Wife same as item 10 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Date 20c. Location - City or Town, State 1 Burlal 2 Cremetion 3 Removel from Stete 4 ☐ Donetlon 5 ☐ Other (Specify) Maryland Veterans Cemetery 6/22/98 Cheltenham, MD 22. Name end Address of Fecility George P. Kalas Funeral Home, P.A. 6160 Oxon Hill Rd., Oxon Hill, MD 20745 23a. Part Lenter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heaft feilure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** Immediate Cause (Finel disease or condition resulting in deeth) /Medical CANTURE MULEST Examiner VENTRICULAR FIBRILLATION 30 Mins The law requires that the death certificate be axecuted Sequentially list conditions, it eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury Inel initiated events resulting in deeth) Lest physician s the burial CONVESTIVE Box 68760. HEMAT FAILURE Mower Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably To Unknown FMILURE RESPIRATORY þ SEVERE THROMAD WITD PENIAND MY ELOPROLIFERATIVE 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24e. Wes an eutopsy performed? Completed MODERATE TO SEVERE PULMONARY HYPERTENSION certificate 1 Tyes 1 Yes 2 No Mospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifice. 25. Was cese referred to medicel exeminer? Be 26. Place of Deeth (Check only one) Hospitel: 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Certification: To 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Naturel 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Sulcide Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide edicai Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner as stated.

Medical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) and menner steted. 29e. Certitier within 2 To the I 29d. Dete signed (Month, Dey, Year) 29b. Signature and title of certifier 0 6 30. Neme end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) ress of person who completed cause of death (Item 23e) (Type, Print)

GILBERT-MCCLAN, 12605 SUKKEY CIRCLE TRIVE, State Registrar

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#### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

| 1. Decedent's Nema (First, Middle  | - 1 - 2 1  |  | Ce   | rtificate of  | Death  |  | Reg. No.   | Eva  | 3. Time of Death   |
|--|--|--|--|---|--|--|--|--|--|
| n  |  |  |  |   |  | 2. Data of De<br>Month   | Dey  | Year   |  |
| 1 - For the Name of and invited  | Lione  |  | larvey   |   | 4h City Town   | June 1   | 4, 1998<br>4c. County  | of Deeth   | 8:10PM   |
| Prince George  |  | count.   | 2.00   |   | Chever!  |  | Princ  |  | roe's  |
| 5. Sociel Security Number  | 6. Sax   | 7. Aga (In yrs.  |  | If Undar 1 Year   | If Under 24  | Hrs. 8. Data of Bir  | th   |  | lace (Stete or Foreign try)  |
| None   | 1∭M 2□F  | 73   | Yrs.   | Months Deys   | Hours N  | Sept.  | ,1924  | Kings  | ston,Jamaica   |
| Usuel Residence of Decedent  |  | 10- 04   | Tour or l  | - anti-n  |  |  |  |  | Od Incide City Limits  |
|  |  |  | y, Town or L                                     |   |  |  |  |  | 0d. inside City Limits<br>1 Q Yes 2 No   |
| N/A N/A  10e. Street end Number  |  | K  | ingsto   | n, Jamaic   | :a   |  | 10g. Citizen of V  | What Coun  | Λ  |
|  |  |  |  | 101. Zip 0000   | N/A  |  | Jamaic   |  | .,,  |
| 123 Border Ave.  11. Maritel Status  1 Never Married 2 Married   | 12. Was De   | cadant Evar in U   | ,S. 13.  | Was Decedant of I   | Hispenic Origin                                      | (Specify Yas or No<br>uerto Rican, etc.)   |  | e - Americ   |  |
| 1 Never Married 2 Marr   |  | 2 No   |  | if Yas, specify Cub<br>1☐ Yes 2 X No  |  | uerto Rican, etc.)   |  | ck, White,   |  |
| 3 Widowed 4 Divorced   | If Yes, G<br>Yeer or   | Detes:   |  | TLI Yes ZLAINO  | Specify:   |  | Specify  | " Bla  | ıck  |
| 15. Deceden<br>(Specify only higher  |  | )  | /Give  | edent's Usuei Occu<br>e kind of work done   | during most of                                       | working  | 16b. Kind of B   | usinass/Inc  | lustry   |
| Elementery/Secondery (0-12)  |  | (1-4or 5+)   | life.  | DO NOT use retire   | d)   |  | Accou  | ntino  |  |
| 15. Deceden (Specify only higher Elementery/Secondery (0-12)  17. Fathar's Neme (First, Middle,  | Last)  |  | ACCO   | untant  | 18. Mother's   | Neme (First, Middla  |  |  | >  |
| 77 77  | arvev  |  |  |   | Rose   |  | wards  |  |  |
| Emmanue.L Ha   |  |  | 19b. Mail  | ing Address (Stree  |  | r Rural Route Numb   |  | Stete, Zip   | Code)  |
| Hugh H. Harvey/  |  |  |  |   |  | Mitchellv:   |  |  |  |
| 20e. Method of Disposition   |  | 20b. F   |  | osition (Neme of emetory or other pla   |  | Deta   | 20c. Location -  |  |  |
| 1 Burlel 2 Cremetion 4 Donetion Donetion   |  |  |  | Cemetery  |  | 5/23/98  | St. Cat  | heri   | ne,Jamaica   |
| 21. Signature of Funerel Service   | Licensee   |  | G <sup>2</sup>                                   | 2. Name end Addre   | ess of Fecility                                      | uneral Ho  | ma   |  |  |
| Mont   | · Kale   | 0 11   |  |   |  | . Oxon Hi  |  | 2074   | 5  |
| 236. Part1. Enter the disease, or shock, or fleert feilure. List   | complications thet   | caused the deel  | h. Do not en                                     | nter the mode of dy   | ng, such es car                                      | diec or respiratory e  | rrest,   |  | Approximate<br>Intervel Between  |
|  |  | /  | ( 1)   | , ,   |  |  |  |  | Onsat end Deeth  |
| Immediate Ceuse (Final disease or condition resulting in deeth)  | . Co   | agulof   | outher   | 1 with  | exter  | usive h  | emorrh   | rage   |  |
|  |  | Due to (d  | or es a conse                                    | quence of):   |  | 1  |  |  |  |
| Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying   | b. M   | ultep  |  |   | na   | and  |  | i  |  |
|  | 5  | Due 10 (0  | or es e conse                                    | quence of):   | 1 00.00  | 1 00000  | Yassi-   | 20   | 18 1 72 L  |
|  | C  | Dua to (c  | r as a conse                                     | quence of):   | Corac  | COMI   | 0122971  | 11   | 10 70 72 7(13  |
| resulting In deeth) Last   |  |  |  |   |  |  |  | 1  |  |
| 5 !  | d  |  |  |   |  |  |  |  |  |
| al A   |  |  |  |   |  |  |  |  |  |
| Pert II. Other significant condition   | ons contributing to  | death but not res  | ulting In the                                    | undertying cause gi   | ven in Pert i.                                       | 23b. Did   | tobacco use co   | ntribute to  | the cause of death?  |
|  | ons contributing to  | death but not res  | ulting In the                                    | underlying cause gi   | ven In Pert i.                                       |  | tobacco use co   |  | o the cause of death?  |
| 2  | ons contributing to  | death but not res  | ulting In the                                    | underlying cause gi   | ven in Pert i.                                       | 1 🗆  | Y•• 2.⊠No  | 3 Prol   | bably 4 Unknown  |
| 2  | ons contributing to  | death but not res  | ulting In the (                                  | underlying cause gi   | ven in Pert i.                                       | 1 🗆  | _  | 3 Prof   | are autopsy findings eilable prior to mpletion of cause  |
| Pert II. Other significant condition   | ons contributing to  | death but not res  | ulting In the                                    | underlying cause gi   | ven in Pert i.                                       | 1 all 24e. Wes   | Yee 2 No<br>s en eutopsy<br>omned?   | 3 Prol   | are autopsy findings eliable prior to mpietton of cause deeth?   |
|  |  | death but not res  | ulting In the o                                  | underlying cause gi   |  | 24e. Wes   | Yes 2 No Yes 2 No  | 3 Prol   | are autopsy findings eilable prior to mpletion of cause  |
| 25. Was case referred to medica axaminar?  | Lincolni, c  |  |  | 01  | 26. Place of   | 24e. Wes perf  | Yes 2 No  No  No  No  No  No  No  No  No  No   | 3 Prod   | are autopsy findings eliable prior to mpletion of cause deeth?  Yes 2 \sum No                                      |
| 25. Was case referred to medica axaminar?  | Hospitel: 28e. Det   | Inpatient 2□   | ER/Outpatie                                      | ont 3□ DOA O  | 26. Place of<br>har: 4 ☐ Nurslr                      | 24e. Wespering Home 5 🗆 Res  | Yes 2 No  No  No  No  No  No  No  No  No  No   | 3 Prod<br>24b. We<br>ev<br>co<br>of<br>1)  | are autopsy findings eliable prior to mpletion of cause deeth?  Yes 2 \sum No                                      |
| 25. Was case referred to medica axaminar?  | Hospitel: 1289. Detection  | Inpatient 2□   | ER/Outpatie                                      | ent 3 DOA Of 28c. inju  | 26. Place of<br>har: 4 ☐ Nurslr                      | 24e. Wespering Home 5 🗆 Res  | Yes 2 No  No  No  No  No  No  No  No  No  No   | 3 Prod<br>24b. We<br>ev<br>co<br>of<br>1)  | are autopsy findings eliable prior to mpletion of cause deeth?  Yes 2 \sum No                                      |
| 25. Was case referred to medica axaminar?  | Hospitel: 128e. Detropetion not ba 28e. Pia:   | Inpatient 2 □ e of Injury nth, Day Year) ca of injury - At h   | ER/Outpatie                                      | ent 3 DOA Of 28c. inju  | 26. Place of<br>har: 4 □ Nursin<br>rry et<br>rrk?    | 24e. Wesperf  1 Death (Check only on Home 5 Res 28d. Describe 28f. Location  | Yes 2 No No No No No No No No No No No No No N   | 3 Prol 24b. W. ev co of 1) 1) har (Specificated  | are autopsy findings eliable prior to mpletion of cause deeth?  Yes 2 \sum No                                      |
| 25. Was case referred to medica axaminar?  | Hospitel: 128e. Detropetion not ba 28e. Pia:   | Inpatient 2□<br>e of Injury<br>nth, Day Year)  | ER/Outpatie                                      | ent 3 DOA Of Of 28c. inju   | 26. Place of<br>har: 4 □ Nursin<br>rry et<br>rrk?    | 24e. Wesperf  1 Death (Check only on Home 5 Res 28d. Describe 28f. Location  | Yes 2 No  No  No  No  No  No  No  No  No  No   | 3 Prol 24b. W. ev co of 1) 1) har (Specificated  | are autopsy findings eliable prior to mpletion of cause deeth?  Yes 2 \sum No                                      |
| 25. Was case referred to medica axaminar?  1   | Hospitel:  Gg gg getion not ba ained  28e. Plac built  g Physician: To th                                | Linpatient 2 □ e of Injury nth, Day Year) ca of Injury - At h ding, etc. (Special  | 28b. Time<br>28b. Time<br>Injury<br>ome, ferm, s | ent 3 DOA Of 28c. inju M 1 Treet, fectory, offica   | 26. Place of har: 4 □ Nursir ry et rk?? 1 Yes 2 □ No | 24e. West perful 1 Death (Check only and Home 5 Res 28d. Describe 28f. Location City or Tollece, and dua to the  | Yes 2 No  yes 2 No  yes 2 No  one)  Idence 6 Ott  how injury occur  (Street and Number  wn, Stata)                                   | 24b. W. ev co of the state of t | are autopsy findings eliable prior to mpletton of cause deeth?  Yes 2 No   |
| 25. Was case referred to medica axaminar?  1   | Hospitel: 128e. Deta (Mogetion not be inned 28e. Piac building Physician: To the Examiner: On the end me | Linpatient 2 □ e of Injury nth, Day Year) ca of Injury - At h ding, etc. (Special  | 28b. Time<br>28b. Time<br>Injury<br>ome, ferm, s | ent 3 DOA Of 28c. inju Wc Wc M 1 treet, fectory, offica   | 26. Place of har: 4 Nursir yet rk? Yes 2 No          | 24e. Wesperi  1 Death (Check only on Home 5 Res 28d. Describe 28f. Location City or To   | Yes 2 No sen eutopsyormed?  Yes 2 No one) Idence 6 Ott how Injury occur  (Street end Numb wm, Stata)  cause(s) and m date end plece, | 24b. W. ev co of 1) arr (Specificated oper or Rures and due to   | are autopsy findings eliable prior to mpietion of cause deeth?  Yes 2 No  No Route Number,  tated.  o the ceuse(s) |
| 25. Was case referred to medica axaminar?  1 Yes 2 No  27. Manner of Deeth  1 Naturel 5 Pendir  2 Accident Investir  3 Suicide 6 Could determ  29a. Certifler (Check only one) 2 Medical | Hospitel: 128e. Deta (Mogetion not be inned 28e. Piac building Physician: To the Examiner: On the end me | Inpatient 2<br>a of Injury nth, Day Year)<br>a of injury - At h<br>ding, etc. (Specilie best of my knobasis of examine         | 28b. Time<br>28b. Time<br>Injury<br>ome, ferm, s | ent 3 DOA Of 28c. inju Wc Wc M 1 treet, fectory, offica   | 26. Place of har: 4 □ Nursir ry et rk?? 1 Yes 2 □ No | 24e. West perful 1 Death (Check only and Home 5 Res 28d. Describe 28f. Location City or Tollece, and dua to the  | Yes 2 No  yes 2 No  yes 2 No  one)  Idence 6 Ott  how injury occur  (Street and Number  wn, Stata)                                   | 24b. W. ev co of 1) arr (Specificated oper or Rures and due to   | are autopsy findings eliable prior to mpietlon of cause deeth?  Yes 2 No  No Route Number,  tated.  o the ceuse(s) |
| 25. Was case referred to medica axaminar?  1   | Hospitel:  128e. Date (Mo getion not be inned built built built built grant mer. On the end mer.)        | Inpatient 2 = e of Injury nth, Day Year)  a of injury - At hiding, etc. (Special e best of my knobasis of examine nner stated. | 28b. Time injury ome, ferm, si                   | ent 3 DOA Of 28c. Inju Wc Wc M 1 treet, fectory, offica th occurred et the treetstigation, in my 29c. Lican | 26. Place of har: 4 Nursir yet rk? Yes 2 No          | 24e. West perful 1 Death (Check only and Home 5 Res 28d. Describe 28f. Location City or Tollece, and dua to the  | Yes 2 No sen eutopsyormed?  Yes 2 No one) Idence 6 Ott how Injury occur  (Street end Numb wm, Stata)  cause(s) and m date end plece, | 24b. W. ev co of 1) arr (Specificated oper or Rures and due to   | are autopsy findings eliable prior to mpietion of cause deeth?  Yes 2 No  No Route Number,  tated.  o the ceuse(s) |
| 25. Was case referred to medica axaminar?  1   | Hospitel:  128e. Date (Mo getion not be inned built built built built grant mer. On the end mer.)        | Inpatient 2 = e of Injury nth, Day Year)  a of injury - At hiding, etc. (Special e best of my knobasis of examine nner stated. | 28b. Time injury ome, ferm, si                   | ent 3 DOA Of 28c. Inju Wc Wc M 1 treet, fectory, offica th occurred et the treetstigation, in my 29c. Lican | 26. Place of har: 4 Nursir yet rk? Yes 2 No          | 24e. West performance of the per | Yes 2 No sen eutopsyormed?  Yes 2 No one) Idence 6 Ott how Injury occur  (Street end Numb wm, Stata)  cause(s) and m date end plece, | 24b. Will every confidence of the confidence of  | are autopsy findings eliable prior to mpietlon of cause deeth?  Yes 2 No  No Route Number,  tated.  o the ceuse(s) |

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State of Maryland / Department of Health and Mental Hygiene 98 20183

| cian   | 1. Decedant's Nama (   | First, Middla, L   | ast)   |  |  |  |                                       | YALK  |                              | 2. Data of D<br>Month   | Reg. No.<br>Peath<br>Day  |  | Yaar  | 3. Tima of Death  |
|--|--|--|--|--|--|--|---------------------------------------|---|------------------------------|---|---|--|---|---|
| dical  | WILLIAM  | C. H   | EMP, JR  | •  |  |  |                                       |   |                              | JUNE !  | 9, 199  | 8  | Talai   | 1:25 P.M  |
| niner  | 4a Facility Nama (If no  | ot institution, g  | iva street and n   | um <i>ber)</i>   |  |  |                                       |   |                              | ocation of Dea  |   | -  | of Death  |   |
|  | 2518 AVA   |  |  | I m A (1)  |  | ( ) If I lod   | ar 1 Yaar                             | HYATT:  |                              |   |   | NCE                                      |   | RGE'S   |
| l<br>r   | 5. Social Security Num   |  | Sax<br>1X M 2□ F   | 7. Aga (In y   | rs. last birthd<br>Yrs   | Months   |                                       | Hours   | Min.                         | 8. Data of B  | Day, Year)  | 2 1                                      | 9. Birthp   | olaca (Stata or Foraign<br>otry)<br>VIRGINIA  |
|  | Usual Rasidence of Do  |  |  | 13   |  |  |                                       |   |                              | AUG. 1  | . 3 , 192   | . 2   W                                  | VEST  | VIRGINIA  |
|  | 10a. Stata 1   | 0b. County   |  | 10c.   | City, Town o   | or Location  |                                       |   |                              |   |   |  | 1   | 0d. Insida City Limits  |
| ctor   | MARYLAND   | PRINCE   | GEORGE   | 'S I   | HYATTS   | VILLE  |                                       |   |                              |   |   |  |   | 1 ☐ Yas 2X No   |
| by Funeral Director  | 10e. Street and Number   | er   |  |  |  | 10f. Z   | ip Coda                               |   |                              |   | 10g. Citiza   | n of W                                   | /hat Cour   | ntry?   |
|  | 2518 AVAL  | ON PLA   |  |  |  |  | 2078                                  |   |                              |   | UNITE   |  |   |   |
|  | 11. Marital Status   | 20 Warried   | Armed F  |  | i U,S.   |  |                                       | fispanic Orl<br>an, Maxicar                         | gin? (Spi<br>n, Puarto       | ecify Yas or N<br>Rican, atc.)  | 14  |  | k, Whita,   | ean Indian,<br>atc.   |
|  | 1 Navar Marriad 3 Widowad 4  |  | If Yas, G  |  |  | 1 🗆 Yas  | 2 No                                  | Specify:  |                              |   | S   | pecify:                                  | WH]   | ITE   |
|  |  | 5. Decedant's I  | Educetion  |  | 16a. Da  | acedant's Us   | sual Occup                            | ation   | 4 - 4                        |   | 16b. Kind   | of Bus                                   | sinass/Ind  | dustry  |
| -  | (Specify Elementery/Second   |  | rada complated<br>College  | (1-4or 5+)   | - (G   | Giva kind of wifa. DO NOT  | usa ratire                            | dunng mos<br>d)                                     | t of work                    | n ig  |   |  |   |   |
|  | 12   |  |  |  | UPH  | OLSTER   | RER                                   |   |                              |   | FURN  |  |   |   |
|  | 17. Fathar's Nama (Fil   | rst, Middla, Las   | st)  |  |  |  |                                       |   |                              | a (First, Middl   | la, Maidan Su   | umama                                    | a)  |   |
|  | WILLIAM C  |  |  |  |  | A - 242 A - A - C  | (6:                                   |   |                              | LAND  | h 0"  | Fa 1                                     | Chate T   | Code  |
|  | 19a. Informant's Nam   |  |  |  |  |  |                                       |   |                              | a <i>l Rou</i> ta Num<br>TTSVIL   |   |  |   |   |
|  | MARY ALIC  |  | , WIFE   | 201  | b. Place of D  | isposition (N  | lema of                               |   | піА                          | Data  | _   |  |   | own, Stata  |
|  | 1 X Burial 2 □ (   | Cramation 3  |  | n Stata  | camatery,  | cramatory or   | r othar plac                          |   |                              |   |   |  |   |   |
|  | 4 Donation 5   |  | **   | F  | ORT LI   |  |                                       | TERY ss of Facili                                   |                              | /13/98  | BREI  | NIWC                                     | JUD,  | MARYLAND  |
|  | **   | . 4  | 11   | a  |  | FORT I   | LINCO                                 | LN FU   | NERA                         | L HOME  |   |  |   |   |
| -  | San Part Enter the   | disaasa or co  | mplications that   | caused the d   | and Daniel   | 3401 I   | BLADE                                 | NSBUR   | G RD                         | ., BRE  | NTWOOL  | ), N                                     | <b>ARYI</b>   | LAND 20722  |
|  | shock, or haart fa   | ailure Liet onl  |  |  | eath. Do not   | t entar tha me   | oda of dvir                           | ng, such as   | cerdiac                      | or raspiretory  | arrest.   |  |   | Approximate   |
|  |  | anure. List on   | y one causa on   | aach lina.   | eath. Do not   | entar tha me   | oda of dyir                           | ng, such as   | cerdiac                      | or raspiretory  | errest,   |  | -   | Approximate<br>Interval Batween<br>Onsat and Death  |
| H  | Immediata Causa (Fir   |  |  |  | eath. Do not   | entartha m   | oda of dyir                           | ng, such as   | cerdiac                      | or raspiretory  | errest,   |  | 1   | Interval Batween  |
|  |  |  | y one causa on   | IS   |  |  |                                       | ng, such as   | cerdiac                      | or raspiratory  | errest,   |  |   | Interval Batween  |
|  | Immediata Causa (Fir   |  | a. SEPS  | IS Due to  | o (or as e con   | nsequence o  |                                       | ng, such as   | cerdiac                      | or raspiretory  | errest,   |  | 1   | Interval Batween  |
|  | Immediata Causa (Fir<br>disaasa or condition<br>resulting in death)  | nal  | a. SEPS  | IS Due to  | o (or as e con   | nsequence o  | rf):                                  | ng, such as   | cerdiac                      | or raspiretory  | errest,   |  |   | Interval Batween  |
|  | Immediata Causa (Fir disaasa or condition resulting in death)  Sequantially list condition if eny, leading to imm.   | nal litions, adiata  | a. SEPS  | IS Due to  | o (or as e cor<br>F FOOT<br>o (or as a cor   | nsequence o  | rf):                                  | ng, such as   | cerdiac                      | or raspiretory  | errest,   |  |   | Interval Batween  |
|  | Immediata Causa (Fir<br>disaasa or condition<br>resulting in death)  | nal litions, adiata  | a. SEPS  | Due to   | o (or as e cor<br>F FOOT<br>o (or as a cor   | nsequence of   | r():                                  | ng, such as   | cerdiac                      | or raspiretory  | errest,   |  |   | Interval Batween  |
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|  | Immediata Causa (Fir disaasa or condition resulting in death)  Sequantially list conditions, list conditions, laading to immediate. Enter Undarty Cause (Disaasa or injustat initiated evants rasulting in death) Las  | nal<br>itions,<br>adiata<br>ing<br>ury   | a. SEPS b. GANG c. FOOT  | Due to   | o (or as a cor F FOOT o (or as a cor ATION o (or as a con  | nsequence of   | (i):                                  |   |                              |   |   |  |   | Inferval Batween<br>Onsat and Death   |
|  | Immediata Causa (Fir disaasa or condition resulting in death)  Sequantially list condition if eny, leading to imm.   | nal<br>itions,<br>adiata<br>ing<br>ury   | a. SEPS b. GANG c. FOOT  | Due to   | o (or as a cor F FOOT o (or as a cor ATION o (or as a con  | nsequence of   | (i):                                  |   |                              | 23b. Di   | d tobacco us  |  |   | Interval Batween Onsat and Death  o the cause of death  |
| ,  | Immediata Causa (Fir disaasa or condition resulting in death)  Sequantially list conditions, list conditions, laading to immediate. Enter Undarty Cause (Disaasa or injustat initiated evants rasulting in death) Las  | nal<br>itions,<br>adiata<br>ing<br>ury   | a. SEPS b. GANG c. FOOT  | Due to   | o (or as a cor F FOOT o (or as a cor ATION o (or as a con  | nsequence of   | (i):                                  |   |                              | 23b. Di   | d tobacco us  |  |   | Inferval Batween<br>Onsat and Death   |
|  | Immediata Causa (Fir disaasa or condition resulting in death)  Sequantially list condition from the condition of the conditio | nal litions, adiata ing ury st   | a. SEPS b. GANG c. FOOT d. contributing to   | Due to Du | o (or as a cor F FOOT o (or as a cor ATION o (or as a con  | nsequence of   | (i):                                  |   |                              | 23b. Di   | d tobacco us<br>☐ Yes 2 🔀   | No                                       | 3 □ Pro   | o the cause of death  |
|  | Immediata Causa (Fir disaasa or condition resulting in death)  Sequantially list condition and the cause (Disaasa or injusta tinitated evants rasulting in death) Las  | nal litions, adiata ing ury st   | a. SEPS b. GANG c. FOOT d. contributing to   | Due to Du | o (or as a cor F FOOT o (or as a cor ATION o (or as a con  | nsequence of   | (i):                                  |   |                              | 23b. Di   | d tobacco us  | No                                       | 3 ☐ Pro   | o the cause of death  |
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|  | Immediata Causa (Fir disaasa or condition resulting in death)  Sequantially list condition if eny, leading to immediate. Enter Underly Cause (Disaasa or injithat initiated evants resulting in death) Last DIABETES  CEREBRAL  25. Was cese referred.   | itions, adiata ing ury st  | a. SEPS b. GANG c. FOOT d. contributing to   | Due to Du | o (or as a cor F FOOT o (or as a cor ATION o (or as a con  | nsequence of   | (i):                                  | ven in Part I                                       | 1.                           | 23b. Di<br>1[<br>24a. Wa  | d tobacco us Yes 2  as an autops: formed?   | No<br>y                                  | 3 Pro   | o the cause of death o the cause of death bebly 4 Unknow fere autopsy findings rallable prior to mplation of causa death?                   |
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DHMH 16 Rev 6/95

State Registrar 31. Data filed (Month, Dey, Year)
JUN 15 1998

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene |

Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Death Dev Month Year **Physician** Cordell Hankerson 06 10 98 12:15 PM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Neme (If not institution, give street end number) Examiner 500 N. Harry S. Truman Drive #104 Prince George's Largo 7. Age (In yrs. lest birthday) If Under 1 Year 8. Data of Birth (Month, Dey, Yeer) If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Sociel Security Number **Funeral** Deys Min. Months 10 M 20 F Hours 45 577-74-0328 08-18-52 Washington DC Director Usual Residence of Decedent the Maryland 10c. City. Town or Location 10d. Inside City Limits 10e. State 10b. County r than "natural", or items 23s or 28s-f show the Medical Examiner must be norfied at No 2 No Maryland Prince George's Directo Largo 10e. Street and Number 10f. Zip Code 10g. Cifizen of What Country? with 500 N. Harry S. Truman Drive #104 IISA 20772 Funeral death Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Bleck, White, etc. 12. Was Decedant Ever in U,S. Armed Forces? 11. Meritel Status filed within 72 hours efter 1 Yas 2 No If Yes, Give 1 Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: Black þ 3 Widowed 4 Divorced Year or Dates: Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) 10th Government Pages 1 end 2 should be filed vent of Health end Mental Hygie int: If Hem 27 Is merked other 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Charlie Hankerson Sadie Young 19b. Melling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informant's Name/Relationship (Type, Print) of Health of Item 27 I Charlie Hankerson/Father 1830 Addison Road South, District Heights, MD 20747 20b. Placa of Disposition (Neme of cametery, cremetory or other piece) 20a. Method of Disposition 06/15 20c. Location - City or Town, State ò 1 Buriai 2 Cremetion 3 Removel from Stata permit. Page Department of Important: If any injury or Landover, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Harmony Memorial Park 1998 21. Signatura of Funerei Servica Licansee 22. Nama end Address of Facility J. B. Jenkins Funeral Home Nanc Percen 7474 Landover Road, Landover MD 20785 23a. Pert1. Enter the dileese, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat end Deeth **Physician** /Medical Immediate Cause (Final 1 day Acute cerebral hemmorrhage disease or condition resulting in death) **Examiner** Due to (or es a consequance of): Examiner Hypertension yes tha deeth certificate be executed hystician end the buriel-transit Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequenca of): P.O. Box 68760. Hypertensive cardiovascular disease yes Physician/Medical Due to (or es e consequence of) 88 USB o the Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the causs of death? signed by ti 1 Yss 2 No 3 Probably 4 Unknown by Records, 24b. Were autopsy findings eveilable prior to completion of causa of death? 24e. Wes en eutopsy Completed page 2 s 1 Yes 2X No 1 TYas 2 No certificate Division of Vital or Attending Physician: director 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA this 28e. Dete of Injury (Month, Dey Year) funeral Certification: 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending investigation 1 Natural after death. 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) in by 4 | Homicide 24 hours Funeral Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Certifying Physician: To the best of my knowledge, death occurred at the time, date and due to the cause(s) and manner as stated.

| Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Wedical To the within 2 To the 29c. License number 29d. Data signed (Month. Dev. Year) 29b. Signeture and title of cartifier 0101020628 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Young H. Moon, M.D. 1451 Belle Haven Rd., Alexandria, VA 22307 32 Registrar's Signeture 31. Date filed (Month, Dey, Year) State

**DHMH 16 Rev 6/95** 

Registrar

JUN 1 5 1998

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

|  |  | . Decedent'a Name (First, Middle, Li   | est)  |  |   | ficate of  |  | 2. Date of De  | Reg. No.   | Vaca   | 3. Time of Death   |
|--|--|--|---|--|---|--|--|--|--|--|--|
| Physician<br>/Medical  |  | Stanley Ernes  | st Hooper                                       |  |   |  |  | JUNE   | E  | 948  | 11:04 An   |
| Examiner   |  | a Facility Name (If not Institution, gi  |   |  |   |  | 4b. City, Town, or   |  |  | of Death   | 1  |
|  |  |  | SCENT   | ROAF   | >   | W. 11 - d - v 4 V  | GREENR   |  | PRINCE   |  |  |
| Funeral<br>Director  | 1  |  | Sex 7. Age                                      | e (In yrs. las<br>47   |   | If Under 1 Yea<br>Months Day:  |  | . (Month, De   | 19, Year)  | 9. Birthpla<br>Country<br>Alab   | ce (State or Fore<br>v)<br>ama   |
| 8 w  |  | 0a. State 10b. County  |   | 10c. City,   | Town or Local   | tion   |  |  |  | 100  | i. Inside City Lim   |
| be notified at<br>Director   | I  | Maryland Prince  | George's  | G  | reenbe  | lt   |  |  |  |  | 1 XYes 2 ☐ 1   |
| or 28a-f.  | 1  | 0e. Street and Number  |   |  |   | 10f. Zip Code  |  |  | 10g. Citizen of V  | What Countr  | Y?   |
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| r Nems 23<br>siner must<br>Furneral  | 1  | Marital Status     Never Married 2  Married  | 12. Was Decedent E<br>Armed Forces?             |  | 13. Wa  | s Decedent of<br>es, specify Cu  | Hispanic Origin? (<br>ban, Mexicen, Pue  | specify Yes or No<br>rto Rican, etc.)  | Blac   | e - Americer<br>ck, White, et  |  |
| by F   |  | 3 Widowed 4 Divorced   | 1 M Yes 2 □ N<br>If Yes, Give<br>Year or Dates: | Vietn  | am 10   | Yes 2X N   | o Specify:   |  | Specify  | Whi  | te   |
|  |  | 15. Decedent's E   | ducetion  |  | 16a Deceder   | nt's Usual Occi  | upation  | orkina   | 16b. Kind of Bu  |  |  |
| er than "natura<br>t, the Medical.<br>Completed  | -  | Elementary/Secondary (0-12)  | College (1-4or 5                                | +)   |   |  | e during most of wored)  | J.Ku.ly  |  |  |  |
|  |  | 7. Father's Name (First, Middle, Las   | ()  |  | Labo  | rer  | 18 Mother's Na   | ame (First, Middle   | Constru  |  |  |
| Mental H<br>srked off<br>stic ever<br>To Be  | i  |  |   |  |   |  |  | Louise   |  |  |  |
| A many   |  | Billy Gilmer H  19a. Informant's Name/Relationship   | looper<br>(Type, Print)                         |  | 19b. Mailing  | Address (Stree   | et and Number or F   |  |  |  | Code)  |
| # 17 ts  | 5  | Steve Hooper - Br  | other   |  | 32A Cr  | escent   | Road, Gr   | eenbelt,   | Marylar  | nd 20  | 770  |
| of Hern  | 2  | 20a. Method of Disposition<br>1 ☐ Burial 2 🛱 Cremation 3 [   | Demoual from State                              | 20b. Pla   | ce of Disposit  |  |  | Date   | 20c. Location -  |  | n, State   |
| ury o  |  | 4 Donation 5 Other (Special  | ify)  | Meti   | ropolit   | an Cre   | matory   | 6/15/98  | Alexand  | ria,   | Virginia   |
| Depert<br>Import<br>eny in   | 2  | 21. Signature of Funeral Service Lice  | nsee<br>7                                       |  |   |  | ress of Facility<br>Funeral H  | Ome  |  |  |  |
| ysician<br>Medical   | 0  | Immediate Cause (Final<br>disease or condition   | one cause on each lin                           | 16.  | Do not enter  | the mode of d  | timore Av<br>ying, such es cardi   | ec or respiretory a  | arrest,  |  | Approximate ntervel Between  |
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| 24 hours after death.  Funeral: Director: After this certificate hes been signed by the attending physician and property signed in by the funeral director, page 2 should be detached for use as the bunel-transit property and a physician and property signed in by the funeral director, page 2 should be detached for use as the bunel-transit property and property signed in the physician physician and property signed in the physician and physican and physician and physician and physician and physician and p | 2 2 2  | Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant conditions  25. Was case referred to medical examiner?  1 Yes 2 No  27. Manner of Death  1 Natural 5 Pending investigation investigation determined  29a. Certifier 1 Certifying P   | d   | Due to (or a  Due to (or a  Due to (or a  Due to (or a  ut not result  ut not result  z  y y y y y x y y x y y x y y x y y x y y x y y x y y x y y x y y x y y x y y x y y x y y x y y x y | Do not enter  ROTIC as a conseque as a conseque as a conseque as e conseque ing in the under  R/Outpatient 28b. Time of Injury are, farm, stree | the mode of december of the mode of december of the mode of december of the mode of december of the mode of the mo | given In Part I.  26. Place of D.  27. Place of D.  28. Place of D.  28. Place of D.  29. Place of D.  20. Place of D.  20. Place of D.  21. Place of D.  22. Place of D.  23. Place of D.  24. Place of D.  25. Place of D.  26. Place of D.  26. Place of D.  26. Place of D.  27. Place of D.  28. Place of D.  29. Place of D.  20. Place of D.  20. Place of D.  20. Place of D.  20. Place of D.  20. Place of D.  21. Place of D.  22. Place of D.  23. Place of D.  24. Place of D.  25. Place of D.  26. Place of D.  26. Place of D.  27. Place of D.  28. Place of D.  29. Place of D.  20. P | 23b. Did 1 24a. War pert  24a. War pert  28d. Describe  28f. Location City or To | tobacco use coolyse 2 Noone) idence 8 Oth how injury occur (Street and Number) cause(s) and me   | 24b. Wer avail com of did to the com of did to the com of did to the composition of the c | Approximate ntervel Between Poset and Death Poset and Death Poset and Death Poset and Death Poset and Death Poset and Death Poset and Death Poset and Poset  |
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MARIO F. GOL 31. Date filed (Month, Day, Year) JUN 15 1998

1-1-1

Please Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant'a Name (First, Middle, Last) 2. Date of Death 05:00 PM MOUNE **Physician** HOBSON BERNADINE /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner 16005 AUDUBON BOWLE If Under 24 Hrs. PRINCE GEORGES If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Days Hours Min 1 M 2 F 52 Yrs Director 19,1946 anuary Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Yes 2 No Directo 10a. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code Sit 13. Was Decedent of Hispanic Origin? (Specify Yes or Notif Yas, specify Cuban, Mexican, Puerto Rican, etc.) 600 Funerai death 12. Was Decedent Ever in U,S. Armed Forces?

1 Yas 2 DNo tf Yes, Give Year or Dates: or Herns 14. Race - American Indian, Black, White, etc. 11. Marital Status filed within 72 hours after 1 Never Married 2 Married ZENO B/90 þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry is marked other than Elementary/Secondary (0-12) College (1-4or 5+) Hygiene. YEATS permit. Pages 1 and 2 should be flik Department of Health and Mental Hy Important: If Nem 27 is marked ofth any linjury or other traumatic event page. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Bernard 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Gode, 6005 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition Data Burial 2 Cremation 3 Removal from State y Memorial Garden 4 □ Donation 5 □ Other (Specify) 22. Nama and Addrass of Facility
W. H. Bacon Fyneral Home
3447 - 14th St. N. W. Washington, D.C. 20010
Approximate 21. Signatura of Funaral Service Licensee W. H. Rew 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one cause on each line. Approximate Intervel Between Onsat and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting In death) OF Examiner Due to (or as a consequence ot) Physician/Medical Examiner attending physician and for use as the bunal-transit certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of) Box 68760. thet initieted events resulting in deeth) Last Due to (or as a consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of deeth? the signed by the 1 Yes 2 No 3 Probably 4 Unknown Records, by law requires 24a. Was an autopsy parformed? 24b. Were eutopsy findings aveilable prior to Completed been s completion of cause of death? certificate has The 1 Yas 1 ☐ Yes 2 ☐ No Division of Vital Physician: 25. Was case reterred to medical examiner? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Inpatient 2 ER/Outpatient 3 DOA To the Hospital or Attending Physwithin 24 hours after death.

To the Funeral Director: After this funeral 27. Manner of Death 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 1 Neturel 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) filled in by 4 T Homicide 29e. Certifier 1 \_certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as atated Medical

completaly 10

31. Date filed (Month, Day, Yeer) Registrar

(Check only one)

JUN 15 1998

30. Neme end eddress of person who cord ited cause of death (Item 23a) (Type, Print) Registrar's Signature

300

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end pleca, and due to the cause(s) and manper stated.

PIME

29c. Licansa number

JUNE 12,

29d. Date signed (Month, Day, Year)

HOSPITAL ORIVE, CHEVERLY, MARYLAND 20785

gers and to be seen a second

AN SPILL IN TO STAFF IN

| 1. Decedent's Name (First, Middle, Last)   1. Decedent's Name (First, Middle, Last)   1. Decedent's Name (First, Middle, Last)   1. Decedent's Name (First, Middle, Last)   1. Decedent's Surperson (Chest Fee (Last))   1. Decedent's Name (First, Middle, Last)   1. Decedent's Name (First, Middle, Last)   1. Decedent's Name (First, Middle, Last)   1. Decedent's Surperson (Chest)    |                    |         |  | State of N                          | Marylar     |               | partment<br>ertificate       |         |                   | Mental Hy                             | giene 8            | 2                         | 0487  |
|--|--------------------|---------|--|-------------------------------------|-------------|---------------|------------------------------|---------|-------------------|---------------------------------------|--------------------|---------------------------|---|
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| Social Security Number  5. Social Security Number  7. Age (in yet, set before)  8. Months   Deep climate   Proceeding   Pr |                    | _       | 11   | give street end number              | er)         |               |                              | 4       |                   | Location of Deet                      | h 4c. County       | of Deeth                  |   |
| 100. Stoke   100. County   100. Chip, Town or Location   100. Type Code   100. County   100. Chip, Town or Location   100. Stoke and Number   100. S   |                    |         | 5. Social Security Number 577–68–3223  | 6. Sex 7.                           |             |               |                              |         |                   | . (Month, De                          | y, Year)           | 9. Birthp<br>Cour<br>9 WA | plece (Stete or Foreign<br>htry)<br>SH • DC |
| CHESTER HUNTER  198. Horizonan's Name/Reletionaning (Types, Print)  199. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  199. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  199. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  199. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. Healing Address (Street and Number or Rural Route Number, City or Town, State, 2c Code)  109. | Fled at            | tor     | 10e. Stete 10b. County   |                                     |             |               |                              |         |                   |                                       |                    | 1                         | 10d. Inside City Limits 1 X Yes 2 □ No      |
| THESTER    Security    | at be not          |         |  | RN AVE.,                            | SE          |               |                              |         | )19               |                                       |                    |                           | ntry?                                       |
| The Maining Address (Street and Number or Rural Route Number, City or Town, State, Zp Code)  10 - Security 1 - Security 2 - Security 1  | EXAMPLE OF         |         | 1 Never Married 2 Marrie   | Armed Force:  1 Yes 27 If Yes, Give | s?<br>No    | J,S. 13       | If Yes, specify              | y Cuba  | n, Mexican, Pue   | Specify Yes or No<br>nto Ricen, etc.) | Blee               | ck, White,                | etc.  |
| Chestrex    | a Musical          | mpleted | (Specify only highest<br>Elementery/Secondery (0-12)   | grade completed)                    | or 5+)      | (Giv          | e kind of work<br>DO NOT use | done d  | furing most of we |                                       |                    |                           |   |
| 20b. Place of Disposition (Name of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary, crimetricy or other place)   20b. Place of Disposition (Name of Cornellary,    | do avent, m        | o Be    | 17. Fether's Neme (First, Middle, La   | est)                                | н           |               |                              | K       | 18. Mother's Na   | ıme (First, Middle                    | , Maiden Surnam    | 10)                       |   |
| 20e. Method of Disposition   1   Burial   2 (Acceptation   1   Burial   2 (Acceptation   1   Burial   2 (Acceptation   1   Burial   2 (Acceptation   1   Burial   2 (Acceptation   1   Burial   2 (Acceptation   1   Burial   2 (Acceptation   1   Burial   2 (Acceptation   1   Burial   2 (Acceptation   1   Burial   2 (Acceptation   1   Burial   2 (Acceptation   1   Burial   2 (Acceptation   1   Burial   2 (Acceptation   1   Burial   2 (Acceptation   1   Burial   2 (Acceptation   1   Burial   2 (Acceptation   1   Burial   1   Burial   2 (Acceptation   1   Burial   1   Burial   2 (Acceptation   1   Burial   1   Bu   | r trau             |         |  |                                     |             |               |                              |         |                   |                                       |                    |                           |   |
| 23a. Port1. Enter the disease, or confolications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.  25a. Port1. Enter the disease, or confolications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.  25a. Port1. Enter the disease, or confolications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.  25a. Port1. Enter the disease, or confolications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.  25a. Port1. Enter the disease, or confolications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.  25a. Port1. Enter the disease, or confolications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.  25a. Port1. Enter the disease, or confolications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.  25a. Port1. Enter the disease, or confolications that caused the death Do not enter the mode of dying, such as cardiac or respiratory errest.  25a. Port1. Enter the disease, or confolications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.  25a. Port1. Enter the disease, or confolication for each of the cause of dying, such as cardiac or respiratory errest.  25a. Port1. Enter the disease, or confolication for each of the cause of dying, such as cardiac or respiratory errest.  25a. Port1. Enter the disease, or cardiac or respiratory errest.  25b. Did tobaccouse cardiac or respiratory errest.  25c. Port II. Other significant conditions.  25c. Port II. Other significant conditions.  25c. Port II. Other significant conditions.  25c. Port II. Other significant conditions.  25c. Port II. Other significant conditions.  25c. Port II. Other significant conditions.  25c. Port II. Other significant conditions.  25c. Port II. Other significant conditions.  25c. Port III. Other significant  | <b>b</b>           |         | 1 Burlal 2 Cremetion 3   |                                     | te          | cemetery, cr  | emetory or other             | er piec |                   | 6-20-                                 |                    |                           |   |
| Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I.    23b. Did tobacco use centribute to the cause of death   1   Yes 2   No 3   Probably 4   Unk  | ine burial-transit | dical   | disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events  | 6. Gliob                            | Due to (c   | or es e conse | equence of):                 | 6-1     | m                 |                                       |                    |                           | 1 year                                      |
| 25. Wes cese referred to medical examiner?  1  | ached              |         | Pert II. Other significant conditions  | contributing to deeth               | but not res | ulting in the | underlying ceu:              | se give | en in Pert I.     |                                       |                    |                           |   |
| 25. Wes cese referred to medical exeminer?  1  | shoul              |         |  |                                     |             |               |                              |         |                   | 24e. Wes                              | en eutopsy<br>med? | evi                       | alleble prior to<br>mpletion of cause       |
| 27. Menner of Death 1 Neturel 2 Accident 3 Suicide 4 Homicide  28e. Dete of Injury (Month, Dey Year)  28b. Time of Injury M 1 Yes 2 No  28c. Injury et Work? 1 Yes 2 No  28d. Describe how injury occurred   | irector.           | 9       | exeminer?  | Hospitel: 1  Inpa                   | tient 2     | ER/Outpetle   | ent 3 DOA                    | Othe    | -                 | eth (Check only o                     | one)               |                           |   |
| 29a. Certifier (Check only one)  29a. Madical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and due to the ceuse(s) end menner es steted.  29b. Signeture end title of certifier  29c. License number  29a. Dete signed (Month, Dey, Yeer)  | funera             |         | 27. Menner of Death 1 Neturel 5 Pending investigation 3 Suicide 4 Homloide   Death 1 Neturel 28 Describe how injury occurred   St. Injury et Work?   St. I |                                     |             |               |                              |         |                   |                                       |                    |                           |   |
| 29b. Signeture end title of certifier  29c. License number  29d. Dete signed (Month, Dey, Yeer)  20 Name and address of present the confelence of death (Inc. 2001) Topic States.  | Funer<br>tely fill | concar  |  |                                     |             |               |                              |         |                   |                                       |                    |                           |   |
| 20 Name and address of person who confeleted source of death (to- 00-) (To- 00-)   | Tot                |         | Brullen  | Own                                 | a Cu        | 2             |                              |         |                   |                                       |                    |                           |   |
| 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)  ANL A. LOVORE MD 4203 Quelus bury Rd Hyattaille MD 2008  State 31. Dete filed (Month, Dey, Year)  32. Registrar's Signeture  |                    |         | PAUL A. DO   | VORE MID                            |             |               | Print)                       | 560     | sky Rd            | Hyat                                  | wille 1            | NA                        | 2008  |

DHMH 16 Rev 6/95

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

|   |                        | Decedent's Nama (First, Middla, I   | .ast)   | С                                | ertificate of   | Death                                       | 2. Dete of Dec                     | Reg. No.                     | 98                           | 3. Time of Death   |
|---|------------------------|---|---|----------------------------------|---|---|------------------------------------|------------------------------|------------------------------|--|
| Physicia                                  | an                     | TOUSSAINT L. HU   |   |                                  |   |   | Month                              | Day                          | Yaar                         | 02 1/2 //  |
| /Medic                                    |                        | 4a. Facility Nama (If not institution, o  |   |                                  |   | 4b. City, Town, or L                        | ocation of Death                   | 4c Cou                       | Inty of Death                | 07.9511  |
| Examin                                    | ier                    | HOLY CROSS HOSP   |   |                                  |   | SILVER SI                                   |                                    |                              | NTGOM                        |  |
| unerai                                    |                        |   |   | a (In yrs. last birthd           |   | If Undar 24 Hrs.                            | 8. Data of Birt<br>(Month, Da      | h                            | 9. Birth                     | nplace (Stata or Foreig  |
| rector                                    |                        | 577-48-4905<br>Usual Rasidance of Decedant  | <b>X</b> □M 2□F   | 80 Yrs                           | Months Days   | Hours Min.                                  | 3/31/18                            |                              |                              | NTON, PA.  |
| M W                                       |                        | 10a. Stata 10b. County  |   | 10c. City, Town or               | Location  |   |                                    |                              |                              | 10d. Inside City Limits  |
| Elled                                     | tor                    | MD MONTGO   | MERY  | SILVER                           | SPRING  |   |                                    |                              |                              | 1 X Yas 2 □ No   |
| ion a                                     | l'e                    | 10e. Street and Number  |   |                                  | 10f. Zip Coda   |   |                                    | 10g. Citizen                 | of What Cou                  | untry?   |
| 월   | a le                   | 208 BEAUMONT RO   | AD  |                                  | 2090  | )6  |                                    | USA                          |                              |  |
| The Medical Examiner from the notified at | ed by Funeral Director | 11. Marital Status  1 Never Married 2X Married  3 Widowed 4 Divorcad  | 12. Was Decedent & Armed Forcas?  1 X Yas 2 N If Yes, Give Yaar or Datas: | lo ARMY                          | 1 □ Yes 2 No  | Specify:                                    | pecify Yes or No<br>o Rican, atc.) | Spe                          |                              | AMERICAN   |
| the Medic                                 | Completed              | 15. Dacedent's (Specify only highest s Elementery/Secondary (0-12) 12 YEARS   | College (1-4or 5  | +) (G.                           | cedant's Usual Occupiva kind of work done a. DO NOT usa retire STAL SERVI | during most of world)                       | king                               |                              | f Businass/fr<br>STAL S      | ERVICE   |
| event, ti                                 | Be                     | 17. Fathar's Nama (First, Middla, Later THOMAS HUNDLEY  | 01)   |                                  |   | 18. Mother's Nam                            |                                    | Maidan Sun                   | nema)                        |  |
| traumetic e                               | To                     | 19a. Informant's Name/Ralationship  | (Time Brint)  | 10h M                            | alting Address (Ctross  |   |                                    | City on To                   | Canan 7                      | in On to )   |
| tra                                       |                        |   |   |                                  | CATOCTIN  |   |                                    |                              |                              |  |
| 2   | 3                      | JANICE H. YOUNG 20a. Mathod of Disposition  | (DAUGHIEK)  | 20b. Place of Dis                | sposition (Nama of  |   | Data Data                          |                              | on - City or T               |  |
| ŏ   |                        | Burial 2 Cramation 3 4 Donation 5 Other (Space  |   |                                  | ramatory or other pla   | - 1   | 8/98                               |                              | WOOD,                        |  |
| injury<br>B.                              |                        | 21. Signature of Funeral Sarvice Lic  | ••  | FI LINC                          |   |   | -                                  |                              |                              |  |
| any ir                                    |                        | > Robert 1  | Plu   |                                  | 22. Nama and Addre  | JОН<br>303                                  | N T. RHI<br>O 12TH S               | INES CO<br>ST NE,            | O., IN                       | NC.<br>0017  |
| ician<br>dicai<br>niner                   | -a                     | 23a. Part1. Enter the disease, or co<br>shock, or heart failure. List on<br>Immediate Causa (Final<br>disease or condition<br>rasulting in death) | y ona cause on each lin   | Due to (or as a cons             |   |   |                                    |                              | 1                            | Approximete Interval Batween Onsat and Death                                 |
|   | Examiner               |   | b   | >15                              | 1 0   |   |                                    |                              |                              | days   |
|   |                        | Sequantially list conditions, if any, leading to Immadiata cause. Entar Undarlying Cause (Diseesa or injury                                       |   | Due to (or es e con:             | saquenca or):   |   |                                    |                              |                              |  |
|   | fedical                | Cause (Diseesa or injury<br>that initiated evants<br>rasulting in daath) Last   | c   | Dua to (or as a cons             | sequance of):   |   |                                    |                              |                              |  |
| for use                                   | Physician/M            |   | d   |                                  |   |   |                                    |                              |                              |  |
| achec                                     | Physi                  | Part II. Other significant conditions   | contributing to death bu  | t not rasulting in the           | undarlying ceusa gi   | van in Part I.                              |                                    | obacco use<br>∕es 2□N        |                              | to the cause of death<br>bably 4 X Unknow                                    |
| 8   | by                     | 1 ser jours   | 2010  |                                  |   |   |                                    |                              |                              |  |
| 2 should                                  | Completed              | / Coronary /  | Intery !  | mean                             | ೭   |   | 24a. Was<br>perfo                  | an autopsy<br>med?           | CC                           | Vara autopsy findings<br>vellebla prior to<br>ompletion of cause<br>f deeth? |
| page                                      | E O                    |   |   |                                  |   |   | 101                                | as XIN                       | 1                            | ☐ Yes 2☐ No  |
| to, p                                     | BeC                    | 25. Was casa referred to medical  |   |                                  |   | 26. Plece of Dee                            |                                    |                              |                              | 2010   |
| dire                                      | ToE                    | axeminar?<br>1 ☐ Yas 250 No   | Hospital: Inpatiar  | nt 2 ER/Outpat                   | ient 3 DOA Oth  | hor   | oma 5□ Resid                       |                              | Othar (Speci                 | ifv)   |
| 100                                       |                        | 27. Manner of Daath   | 28a Dete of Injur<br>(Month, Day  | y 28b. Time                      | of 28c. Inju  |   | 28d. Dascribe h                    |                              |                              | . , ,  |
| De Tu                                     | atic                   | 1 Netural 5 Pending invastigati   | on  | . Jany mijur                     |   | Yas 2□No                                    |                                    |                              |                              |  |
| for un pa                                 | Certification:         | 3 Suicide 8 Could not determine   |   | ry - At homa, farm,<br>(Specify) | straat, factory, office   |   | 28f. Location (5<br>City or Tow    |                              | im <i>ber or Rui</i>         | ral Routa Number,  |
|   | edical                 | 29a. Certifiar (Check only one) Certifying F  | hyelclan: To the best of miner: On the besis of and mannar sta            | axaminati <i>on</i> and/or       | eth occurred at tha til<br>Invastigation, in my o                         | ma, data end placa,<br>opinion, daath occur | and dua to tha cred at tha tima,   | ausa(s) and<br>date and pled | mannar as s<br>ca, end dua l | stated.<br>to tha cause(s)   |
| completely filled                         |                        | 29b. Signature and titla of certifiar   |   |                                  | 29c. Licans   | se number                                   |                                    | 29d. Date sig                | ned (Month,                  | , Day, Year)   |
| 0   |                        | Michigan  | - 1110 -  |                                  | D_  | 3722  | _                                  | 00                           | 111                          | <b>7</b> 3   |
|   | -                      | 30. Name and address of parson who  | completed cause of de   | ath /Item 22a\ /T                | e Print)  | 10/10                                       |                                    | 00                           | 1110                         | 10   |
|   |                        | SK GUNTA  | Alm ARK   | L (See 1                         | the Are-  | # 22  | a colon                            | u Cm                         | 11 91                        | 200105   |
|   |                        | 31. Data filad (Month, Dey, Yaar)   | 40.0  | 10000                            | 1   | 77 20                                       | - 21,40                            | 7"                           |                              |  |

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amendment, Item 20b, 6/19/98 Certificate of Death bam/Cecires No. Co 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth Month **Physician** 7: 26 Pm 98 6 Timothy D. Hart

4e Fecility Neme (Il not institution, give street and number) 16 Hartman /Medical 4b. City, Town, or Location of Deeth 4c. County of Death Examiner System Mary kind Medical Bultimane
If Under 1 Year | If Under 24 Hrs. Baltimore University 9. Birthplace (State or Foreign Country) Red Lion, Penns 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) **Funeral** Months Days Hours Min. 15 M 2 F Yrs. 9 211-40-5372 Pennsy Director Usual Residence of Decedant permit. Peges 1 end 2 should be filed within 72 hours after deeth with the Menyland Depertment of Heelth and Mental hygiene. Important: If Item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumetic event, to Medical Essision invalid. 10a State 10b. County 10c. City, Town or Location 10d. Inaide City Limits 1 ☐ Yes 2 No Director Delaware New Castle Newark 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 41 Laurel Avenue 19711 USA Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14 Rece - American Indian. 11. Meritel Stetus Bleck, White, etc. 1 ☐ Never Merried 2 Namied 1 ☐ Yes 2 TN No Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Engineering Designer Chemical 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Maidan Surnama) Harold Eugene Hartman Hilda Elizabeth Barnhart 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) 41 Laurel Avenue, Newark, DE Rebecca L. Hartman/wife 19711 20b. Plece of Disposition (Name of cometary, crematory or other place) 20c. Location - City or Town, State 20e. Method of Disposition Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 6722/98 4 ☐ Donation 5 ☐ Othar (Specify) West Chester, Pennsylva 22. Name and Address of Fecility 21. Signature of Funeral Service Licenses any ir Robert T. Jones & Foard, Inc. 23a. Penti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical **Examiner** to (or as a consequence of Examiner Diration physician end the buriel-transit The law requires that the deeth certificate be executed Sequentially list conditions, if eny, leading to Immediate cause. Entar Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequance of): ettending p for use as 60 ed by the e 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. signed by t d be detech 1 Yes 2 No 3 Probably 4 Unknown þ been sig 24b. Were autopsy findings available prior to Completed 24e. Was en eutopsy completion of cause of deeth? page 2 s 1 ☐ Yea 2X No certificate Physician: 25. Was casa raferred to medical examiner? director, Be 26. Placa of Daath (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 DOA this funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: After or Attending 5 Pending Investigation 1 Naturel 1 Yes 2 No death. Director: A 2 Accident 6 Could not be datarmined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) efter 4 | Homicide Euners ofter
 Funers! Dire Hospital 29a. Cartifian to Certifying Physician: To tha best of my knowledge, death occurred at the time, date and place, and dua to tha causa(s) and mannar as stated. edical 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, data end piece, end due to the ceuse(a) end manner stated. (Check only one) within 2 To the \$ 29d. Date signed (Month, Dey, Year) 29b. Signature end title of certifies 29c. License number 0

20

State Registrar 31. Date filed (Month, Day, Year)

JUN 1 9 1998

Charles

S. Drum mond III, M.A. 2.

191998 July Davidson Penders

Kesick

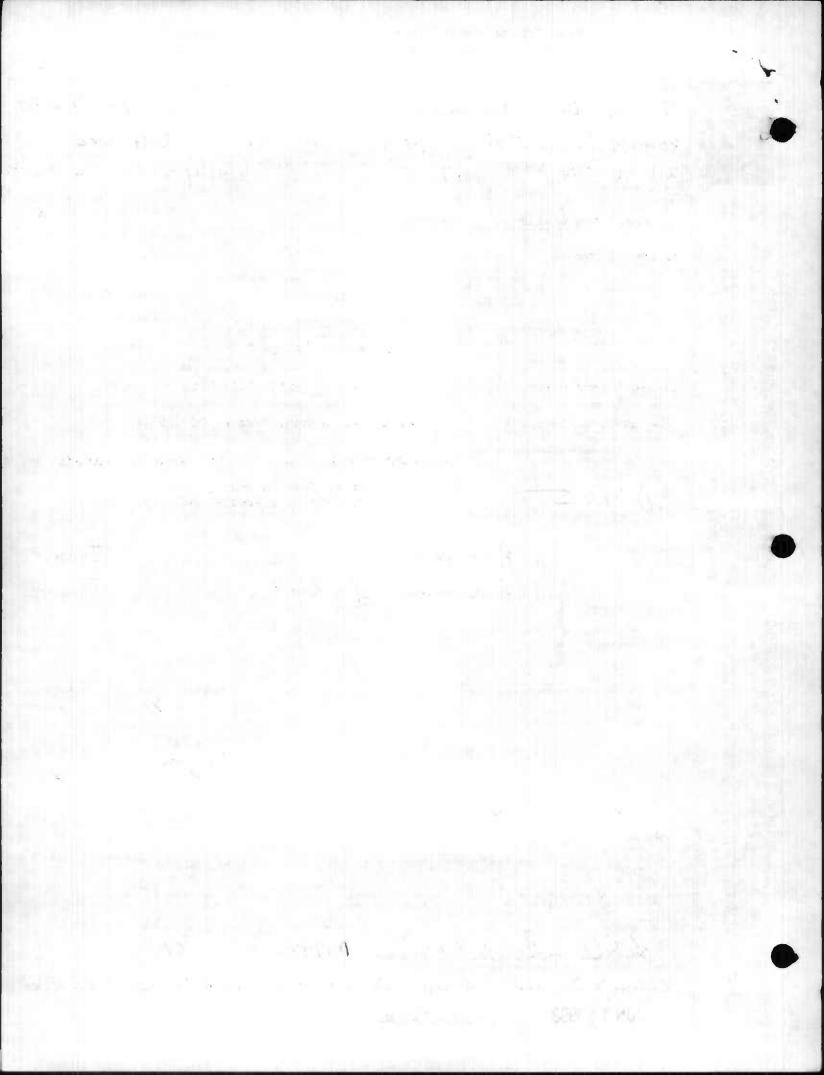
30. Name and eddress of person who completed cause of deeth (Itam 23a) (Type, Print)

Surgeon

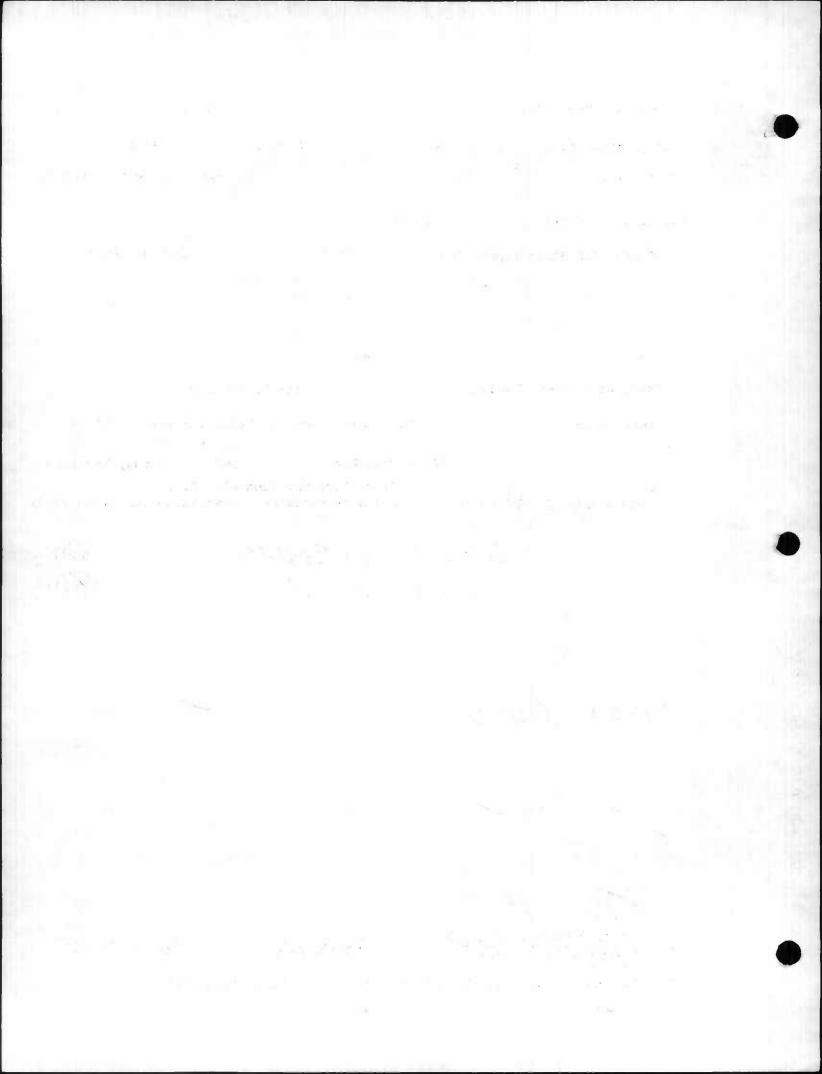
22 South

Greene Street Baltimore, Mykul 21228

DHMH 16 Rev 6/95



| -   |                | Decedent's Name (First, Middle, L   |   |                       |                                |                        | of Health a<br>of Death                  |                         |                               | Reg. No.         | 96            | 2049  |
|---|----------------|---|---|-----------------------|--------------------------------|------------------------|--|-------------------------|-------------------------------|------------------|---------------|---|
| Physicia<br>/Medic  |                | Mamie May   | Hess  |                       |                                |                        |  |                         | 2. Date of De<br>Month        | Dey              | Year<br>498   | 3. Time of Death                                |
| Examin  |                | 4a. Facility Name (If not institution, g  | ive street and number                           | ·)                    |                                |                        | 4b. City, Tow                            | vn, or Loce             | ation of Death                | 4c. County       | of Death      |   |
|   |                | Union Hospital  | of Cecil (                                      | County                |                                |                        | Elk                                      | ton                     |                               | Cec              | i1            |   |
| uneral  |                |   | Sex 7. A  | ge (In yrs. le        | st birthday) If                | Under 1 Y              |  |                         | B. Dete of Bird<br>(Month, Da | th<br>v. Year)   | 9. Birthp     | place (State or Forei                           |
| irector   |                | 225-34-1755   | 1□M 2X0F  | 78                    | Yrs.                           |                        | 110010                                   |                         |                               | er 14 19         |               | Virginia  |
| >   |                | Usual Residence of Decedent  10a. State 10b. County   |   | 10a Chu               | Town on Lauret                 |                        |  |                         |                               |                  |               |   |
| rai, or items 23s or 28s-1 show<br>Examiner must be notified at | -              |   |   |                       | Town or Location               | on                     |  |                         |                               |                  | 1             | Od. Inside City Limi                            |
| 1   | Sct            | Maryland Ceci   | .1  | E                     | lkton                          |                        |  |                         |                               |                  |               | 1 □ Yes 2 ☑ N                                   |
|   | Directo        | 10e. Street and Number  |   |                       |                                | Of. Zip Co             |  |                         |                               | 10g. Citizen of  |               |   |
|   | a              | 1369 East Old Ph  |   |                       |                                |                        | 921                                      |                         |                               | United           | Stat          | es  |
|   | Funerai        | 11. Marital Status  | 12. Was Decedent<br>Armed Forces                | ?                     | S. 13. Was                     | Decedent<br>s, specify | of Hispanic Orig<br>Cuban, Mexican,      | in? (Speci<br>Puerto Ri | fy Yes or No<br>can, etc.)    |                  | a - Americ    | ean Indian,<br>etc.                             |
|   | by F           | 1 Never Married 2 Married   | If Yes, Give                                    |                       | 10                             | Yes 2                  | No Specify:                              |                         |                               | Specif           | v:            |   |
|   | D D            | 3X Widowed 4 □ Divorced   | Year or Dates:                                  |                       |                                |                        | and Self advanced by                     |                         |                               |                  | Whi           |   |
| once.   | iete           | 15. Decedent's I<br>(Specify only highest g   |   |                       | 16a. Decedent                  | s Usuel O              | ccupation<br>lone during most<br>etired) | of working              | ,                             | 16b. Kind of B   | usiness/Ind   | dustry  |
|   | E G            | Eiementary/Secondery (0-12)   | College (1-4or                                  | 5+)                   |                                |                        |  |                         |                               |                  |               |   |
|   | Be Completed   | 17. Fether's Neme (First, Middle, Las   | at)   |                       | но                             | memal                  | 1  | e Name /                | First Middle                  | Maiden Suman     | 201           |   |
|   | Be             |   | ,   |                       |                                |                        |  |                         |                               |                  | 10)           |   |
|   | <sup>L</sup>   | Henry Cornelie  19a. informant's Name/Relationship  |   | rn                    | 10h Mailing A                  | ddrana /C              |  |                         | Asburr                        | *                | Chata 7/-     | 0.41  |
|   |                |   | (Type, Fint)                                    |                       |                                |                        | treet and Number                         |                         |                               |                  |               |   |
|   |                | Delmar A. Hess 20a. Method of Disposition   |   | 20b. Pla              | 261 C                          |                        | ney Driv                                 | e, El                   | Date                          | 20c. Location    |               | 1921  |
|   |                | M☐ Burlei 2 ☐ Cremation 3   |   |                       | metery, cremato                | ry or othe             | r place)                                 | Jı                      | ine 17                        | 200. Location    | City of To    | JWII, Stete                                     |
|   |                | 4 Donetion 5 Other (Spec  |   | Un                    | ion Cem                        |                        |  |                         | 1998                          | Uni              | on, M         | aryland   |
| MILES   |                | 21. Signature of Funeral Service Lice   | ensee   |                       | Hic                            | me and A               | ddress of Facility ome for               | Fune                    | rals,                         | P.A.             |               |   |
|   |                | Donald.   | 8- He   | ha                    |                                |                        |  |                         |                               |                  | Maryl         | and 2192  |
|   |                | 23a. Part1. Enter the disease, or cor<br>shock, or heart failure. List only                                 | nplications that cause<br>y one cause on each i | d the death.<br>iine. | Do not enter th                | e mode of              | dying, such as c                         | ardiac or i             | respiratory a                 | rrest,           |               | Approximete<br>Intervai Between                 |
| n   |                | at commentation and at  |   |                       | 1 1                            | ,                      |  |                         |                               |                  |               | Onset and Death                                 |
| al<br>er  |                | immediate Cause (Final disease or condition resulting In death)   | a Cle   | en                    | nem                            | NO                     | Sen                                      | 515                     |                               |                  | 1             | 18 hrs  |
| ı   | 100            | rosuling in doutry  | 0.  | Due to (or            | es a consequen                 | ca of):                | Sep.                                     |                         |                               |                  |               | 1811.   |
| ٦   | Examiner       |   | b. 14M  |                       |                                |                        | niu.                                     |                         |                               |                  |               | Tonis   |
| Ì   | xar            | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury |   | Due to (dr            | as a consequen                 | ce of):                |  |                         |                               |                  |               |   |
|   | 8              | cause. Enter Underlying<br>Cause (Disease or injury<br>thet Initiated events                                | c.  |                       |                                |                        |  |                         |                               |                  |               |   |
|   | edical         | resulting in death) Last  |   | Due to (or a          | as a consequen                 | ca of):                |  |                         |                               |                  | 1             |   |
| 1   | 3              |   | l d   |                       |                                |                        |  |                         |                               |                  |               |   |
|   | 20             |   |   |                       |                                |                        |  |                         |                               |                  |               |   |
|   | Physician/M    | Part li. Other aignificant conditions   | contributing to death t                         | but not result        | ting in the under              | tying caus             | e given in Part I.                       |                         |                               |                  |               | the cause of deat                               |
|   |                | Devere  | CONT  | >.                    |                                |                        |  |                         | Ne                            | Yes 2□ No        | 3 Prol        | bably 4 Unkno                                   |
|   | d by           |   |   |                       |                                |                        |  |                         | 24a Was                       | an autopsy       | 24b. W        | ere autopsy findings                            |
|   | Completed      |   |   |                       |                                |                        | r <sub>ee</sub>                          | and the same of         |                               | rmed?            | ev            | ailable prior to<br>mpietion of cause<br>death? |
|   | m C            |   |   |                       |                                |                        |  |                         |                               |                  |               |   |
|   | C              | 26 Was once referred to modical   |   |                       |                                |                        |  |                         | 101                           |                  | 1L            | Yes 2□ No                                       |
|   | o Be           | 25. Was case referred to medical examiner?  | Hospital:                                       |                       |                                |                        | Other                                    | 1                       | Check only o                  |                  |               |   |
|   | -              | 1 Yes 2 No  27. Manner of Deeth   | 1 Lampati                                       |                       | R/Outpatient 3<br>28b. Time of | DOA 28c.               | 4 LI NUI                                 |                         |                               | dence 6 Oth      |               | y)  |
|   | tior           | 1 ■ Naturei 5 □ Pending 2 □ Accident Investigation  | 28a. Date of Inju<br>(Month, Da                 | ay Year)              | injury                         | м                      | injury at<br>Work?<br>1 ☐ Yes 2 ☐ N      |                         |                               | ion injury cood. |               |   |
|   | Certification: | 3 ☐ Suicide 6 ☐ Could not   | ha  | iury - At hon         |                                |                        |  | -                       | f. Location /5                | Street and Numl  | ner or Rura   | il Route Number,                                |
|   | erti           | 4 ☐ Homicide determined   | 28e. Plece of in<br>building, e                 | tc. (Specify)         | 101111, 011001,                | ractory, or            | 1100                                     |                         | City or Tov                   |                  | , o, , , a, a | irriodio rember,                                |
|   |                | 29a. Certifier Certifying P   | hyaician: To the best                           | of my know            | ledge, death oo                | nitted at th           | ne time date and                         | nlace en                | d due to the                  | nauga/e) and m   | anner co ci   | tated   |
|   | edical         |   | miner: On the basis of                          | of examination        | on and/or Investi              | gation, in             | my opinion, death                        | occurred                | at the time,                  | date and placa,  | and due to    | the ceuse(s)                                    |
|   | Me             | 290. Signature and title of profiler  | A A   | ^                     |                                | 29c. Li                | cense number                             |                         | T                             | 29d. Date signe  | d (Month.     | Day, Year)                                      |
|   |                | 6 1/1/1/1/1/  | Mal MA  | AL                    |                                | 1                      | www.                                     |                         |                               | 1                | 17            | -CIO  |
|   |                | 20 11/1/1/1/  | 00000   | 1.0                   |                                | 10                     | 7) 150                                   | )                       |                               | 06-              | 11            | 78  |
|   |                | 30. Name and ederess of Verson who  |   |                       |                                |                        | T3 3 3- 1                                | 20-                     |                               | 21021            |               |   |
|   |                | John R. Mulvey,  31. Dat filed (Month, Day, Year)   |   |                       |                                | reet                   | , Elkton                                 | , Mai                   | Lyrand                        | 2192I            |               |   |
| 46.   | ite            | JUN 181   | 998 32. Hegist                                  | rer's Signatu         | And David                      |                        |  |                         |                               |                  |               |   |



|                   |  |      |   |                         | Siai              | e or ivi                          | aryları      |                                 | rtificat           |                | Death                                  | ivientai m            | Reg. No.                         | 3 2                       | 0491   |
|-------------------|--|------|---|-------------------------|-------------------|-----------------------------------|--------------|---------------------------------|--------------------|----------------|--|-----------------------|----------------------------------|---------------------------|--|
| П                 | Physician  | _    | Decedent's Nema   | a (First, Midd          | la, Last)         |                                   |              |                                 |                    |                |  | 2. Data of D<br>Month | eath<br>Day                      | Yaar                      | 3. Time of Desth   |
|                   | /Medical   |      | Lynn Hol  | lis He                  | nderson           |                                   |              |                                 |                    |                |  | June                  | 18, 1998                         | }                         | 0600   |
| 5                 | Examiner   | . 4a | Facility Nama (II   | f not institutio        | n, giva street ar | nd number,                        | )            |                                 |                    |                | 4b. City, Town, or                     | Location of Dea       | th 4c. County                    | of Death                  |  |
| Ĺ                 |  |      | 248 Bric  |                         |                   |                                   |              |                                 |                    |                | Elkton                                 |                       | Ceci                             | **                        |  |
|                   | Funeral<br>Director  |      | Social Security No. 219-60-7                                | 624                     | 6. Sax<br>1       |                                   |              | last birthday)<br>7 Yrs.        | If Under<br>Months | Days           | If Under 24 Hr<br>Hours Mir            |                       | ay, Year)                        | 9. Birthp<br>Coun<br>Dela | place (Stata or Foreign<br>htry)<br>aware                        |
|                   | yland  | -    | sual Rasidance of<br>a. Stata                               | Dacedant<br>10b. County | '                 |                                   | 10c. City    | y, Town or Lo                   | ocation            |                |  |                       |                                  | 1                         | 10d. Inside City Limits  |
|                   | Ma<br>arts   |      | Maryland  | Ceci                    | 1                 |                                   | Elk          | ton                             |                    |                |  |                       |                                  |                           | 1 ☐ Yas 2 🔀 No   |
|                   | or 28a-f s<br>or 28a-f s<br>or notified  | 10   | e. Street and Nun   | nber                    |                   |                                   |              |                                 | 10f. Zip           | Code           |  |                       | 10g. Citizan of V                | Vhat Cour                 | ntry?  |
|                   | hwii<br>23a c  |      | 248 Bric  | k Hill                  | Road              |                                   |              |                                 | 21                 | 921            |  |                       | Unite                            | d St                      | ates   |
|                   | r items 23   | 11   | . Marital Status  |                         |                   | Decedent                          | Evar in U,   | S. 13.1                         | Was Deced          | ent of H       | lispanic Origin? (<br>an, Maxican, Pua | Specify Yes or N      | o- 14. Race                      | e - Amaric<br>k, Whita,   | can fndian,  |
| 21215-0020        | by   | 2    | 1 Never Marria  |                         | ried 1 🗆          | Yes 2 d<br>s, Giva<br>r or Datas: |              |                                 | 1□ Yas             |                | Specify:                               | no moun, aro.,        | 100                              | Whi                       |  |
| 9                 | "naturel", o   | 3    | 10  |                         | nt's Education    | . 4                               |              | 16a. Dece                       | dent's Usua        | Occup          | pation                                 | and to a              | 16b. Kind of Bu                  | ısinass/în                | dustry   |
| 21                | led within 72 ho<br>hygiene.<br>The than "nature<br>of, the Wedterland<br>Completed  | 2    | Elamantary/Secon  |                         | st grade compli   | er <i>ea)</i><br>ega (1-4or       | 54)          | life.                           | DO NOT us          | e retire       | during most of wid)                    | orking                | 10000                            |                           |  |
| 21                | Hygiene. Hygiene. Ither than   |      | Liamanary   | 110019 (0-12)           | Com               | 4                                 | 017          | Teac                            | her                |                |  |                       | Educat                           | ion                       |  |
| b                 | a  | 17   | . Fathar's Nema (   | First, Middla,          | Last)             |                                   |              |                                 |                    |                | 18. Mothar's Na                        | ame (First, Middl     | e, <i>Maid</i> a <i>n Sum</i> am | a)                        |  |
| a                 | Mentel Mentel arked of arked o |      | Fred J.   | Hollis                  |                   |                                   |              |                                 |                    |                | Ethel                                  | Kelley                |                                  |                           |  |
| Maryland          | and Mentel is marked of eumatic every  |      | 9e. Informant's Ne  | me/Relations            | ship (Type, Prin  | t)                                |              | 19b. Maili                      | ng Addrass         | (Straat        | and Number or F                        | Rurel Route Num       | ber, City or Town,               | Stata, Zip                | Code)  |
|                   | and 2 alth a 27 is or tree   |      | Steven A  | . Hend                  | erson/            | Husba                             | nd           | 248                             | Brick              | Hil            | ll Road,                               | Elkton,               | Marylan                          | d 21                      | 921  |
| Baltimore,        | or other   | 20   | a. Mathod of Disp   | Cramation               |                   | from State                        | 0            | Place of Dispo<br>ematary, cras | metory or o        | thar pla       | ca)<br>ompany                          | June 18               | 20c. Location -<br>West Che      | ester                     | c,   |
| Ħ                 |  | -    | 4 Donation  |                         |                   |                                   | К.В          |                                 |                    |                |  | 1998                  | Pennsylv                         | ania                      |  |
| Ba                | permit. Pa<br>Department<br>Important:<br>any injury<br>ottos  | 2    | 1. Signatura of Fu  | narai Service           | licensae          | . 0                               |              | H                               | icks               | Home           | ss of Facility for Fu                  | •                     |                                  | farvl                     | and 21921  |
|                   |  | 2    | 3a. Part1. Enter the shock, or haar                         | na disaasa, o           | complications     | that causa                        | d tha death  |                                 |                    |                |  |                       |                                  | iar y a.                  | Approximata<br>Intervel Between                                  |
| я                 | Physician  |      | snock, or naai  | nt fallura. List        | only one ceuse    | on aach i                         | ma.          |                                 |                    |                |  |                       |                                  | 1                         | Onsef and Death  |
|                   | /Medical   | In   | mediate Cause (   | Final                   |                   |                                   | 0            | 4                               | -                  |                |  |                       |                                  |                           |  |
|                   | Examiner   |      | saasa or condition sulting in daath)                        | n                       | a                 |                                   |              | rast                            |                    | nco            | ~                                      |                       |                                  |                           | 7 years  |
|                   |  |      |   |                         |                   |                                   | Due to (o    | r es a conse                    | quence of):        |                |  |                       |                                  | 1                         |  |
|                   | executed in and interest   |      |   |                         | b                 |                                   | Due to /o    |                                 |                    |                |  |                       |                                  | - 1                       |  |
| -                 | eath certificate be executed attending physician and for use as the bunal-transit clan/Medical Examir  | S    | equantially list cor<br>any, laading to im                  | nditions,<br>madiata    |                   |                                   | Due to (o    | r es e consec                   | quence or):        |                |  |                       |                                  | - 1                       |  |
| 9                 | bunicia buni   | C    | ause. Entar Unda<br>eusa (Diseese or<br>et Initiated evants | Injury                  | C                 |                                   |              |                                 |                    |                |  |                       |                                  | 1                         |  |
| 68760,            | ficate be<br>physicials the bur  | re   | sulting in death) L   | ast                     |                   |                                   | Dua fo (or   | r as e conseq                   | quenca of):        |                |  |                       |                                  | 1                         |  |
|                   | ding se es   |      |   |                         | d                 |                                   |              |                                 |                    |                |  |                       |                                  |                           |  |
| Box               | atten<br>for u   |      |   |                         |                   |                                   |              |                                 |                    |                |  |                       |                                  |                           |  |
| P.O.              | that the death certified by the attending deteched for use of Physician/M  | Pa   | art II. Other signifi                                       | lcant condition         | ons contributing  | to death I                        | out not resu | ulting in the u                 | indarlying c       | ausa giv       | ven in Pert f.                         | 23b. Die              | d tobacco use cor                | ntribute to               | o the cause of death?  |
| 0.                | d by detection   |      |   |                         |                   |                                   |              |                                 |                    |                |  | 10                    | Yes 2010                         | 3 Pro                     | bably 4 Unknown  |
| ŝ                 | tigne<br>bed   |      |   |                         |                   |                                   |              |                                 |                    |                |  | -                     |                                  |                           |  |
| Records,          | The law requires that the death certificate be executed set has been signed by the attending physician and page 2 should be deteched for use as the bunal-transit Completed by Physician/Medical Examin  |      |   |                         |                   |                                   |              |                                 |                    |                |  |                       | s an autopsy<br>formed?          | av                        | /ara autopsy findings<br>vailabla prior to<br>omplation of causa |
| 9                 | aw ras by 2 st 2 st 2 st 2 st 2 st 2 st 2 st 2 s   | -    |   |                         |                   |                                   |              |                                 |                    |                |  |                       |                                  |                           | dasth?   |
| Œ                 | The law ete has page 2   |      |   |                         |                   |                                   |              |                                 |                    |                |  | 1 🗆                   | Yes 2 No                         | 1[                        | ☐ Yas 2☐ No  |
| Division of Vital |  | 25   | . Was casa refer  | red to medica           | 1                 |                                   |              |                                 |                    |                | 26. Place of D                         | eath (Check only      | one)                             | 1                         |  |
| >                 | 2 00   |      | exeminer?   | No                      | Hospital:         | 1 Inpati                          | ant 2        | ER/Outpatie                     | nt 3 DC            | A Oth          | har: 4 Nursing                         | Homa 5 ₽Ra            | sidance 6 □Oth                   | ar (Specil                | (v)  |
| 0                 | Ph<br>eral<br>eral   |      | . Manner of Deeth   |                         | 28a.              | Data of Inju                      | ury          | 28b. Tima o                     | 1 2                | 8c. Inju<br>Wo |  | -                     | how injury occur                 |                           |  |
| 0                 | offing the strong stron |      | 1 Natural 2 Accidant  | 5 Pendir<br>invast      | ng<br>igation     | (Montin, De                       | sy rear)     | Injury                          | М                  |                | Yas 2 No                               |                       |                                  |                           |  |
| 18                | tel or Attending P<br>rs efter death.<br>el Director: After t<br>led in by the funera<br>Certification:  |      | 3 ☐ Suicida   | 6 Could                 | nined 288.        | Placa of In                       | jury - At ho | me, farm, st                    | reat, factory      | , offica       |  |                       | (Street and Numb                 | per or Run                | al Routa Number,   |
| ă                 | effe<br>dint   |      | 4 Homicide  | -                       |                   | building, a                       | tc. (Specif) | y)                              |                    |                |  | City of 1             | own, Stete)                      |                           |  |
|                   |  |      | 9a. Cartifier   |                         |                   |                                   |              |                                 |                    |                |  |                       | a cause(s) and ma                |                           |  |
|                   | in 24 hour<br>in 24 hour<br>he Funer<br>pletely fil  |      | (Check only one)  | 2   Medical             |                   | manner si                         |              | tion end/or In                  | vestigation,       | In my o        | opinion, deeth oc                      | curred at the time    | , date and place,                | and dua to                | o tha cause(s)   |
|                   | Withir To th   |      | b. Signatura and  | titla of certifie       | or                |                                   |              |                                 | 290                | Licens         | se number                              |                       | 29d. Data signa                  |                           |  |
|                   |  |      | Mari  | to 74.                  | line 1"           | UD                                |              |                                 |                    | D              | - 4478                                 | 33                    | June 1                           | 8.1                       | 998  |
|                   |  | 20   | . Nama and addre  |                         |                   |                                   | rieeth /Ita- | 23e) /Tuno                      | Print)             | V              |  |                       |                                  |                           |  |
|                   |  | 30   | MON TO  |                         | KOUT,             | MO                                | 11           |                                 | ST HI              | 46             | Street                                 | EU                    | KTON, M                          | 10 2                      | -1921  |
|                   | Chata  | 31   | . Dete filed (Mont  | th, Dey, Year           |                   |                                   | rar's Signa  |                                 |                    | 7~             | 2 . 7 . 0 . 0 . 1                      | 1                     |                                  |                           | -  |
|                   | State<br>Registrar   |      | Jl  | JN 18                   | 1998              | Polin                             | Savid        | tura                            | المالية            |                |  |                       |                                  |                           |  |
|                   |  |      |   |                         | - 1 -             | 1                                 |              |                                 |                    |                |  |                       |                                  |                           |  |

DHMH 16 Rav 6/95

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Physician 1105 Jennie Emma Hatfield June /Medical 4a. Fecility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner Union Hospital Elkton Cecil If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) If Undar 1 Yaar 5. Sociel Sacurity Number 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** Months Days 1 ☐ M 2 ☐ ¥F Director 066-22-5935 89 August 17, 1908 New York Usual Residence of Decadent the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Hygiene. Ather than "natural", or items 23s or 28s-f show ent, it a Medical Examiner must be notified at 1 Yas 2 No Directo Cecil Maryland Elkton 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? With Funeral 1601 Stonegate Boulevard filed within 72 hours efter death United States

14. Raca - American Indian,
Black, Whita, atc. 21921 12. Wes Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Dates: 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuben, Mexican, Puarto Rican, atc.) 1 Navar Married 2 Married 21215-0020 White 1 ☐ Yas 2 2 No Specify: þ 3 XWidowad 4 ☐ Divorced Completed 16a. Dacadent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decadant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Elamantary/Sacondary (0-12) College (1-4or 5+) 12 Homemaker other traumatic event. Baltimore, Maryland 17. Father's Nema (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Surname) Be Pages 1 end 2 should be I nent of Health and Mentel I marked Charles Morrison Rebecca Stillwell 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Code) item 27 it other tre Carol Froberg/ Daughter 1601 Stonegate Boulevard, Elkton, Maryland 21921 20b. Plece of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, State
West Chester, 20a. Mathod of Disposition Data June 16, 1 ☐ Burial 2 M Cramation 3 ☐ Ramovel from Stela = 5 Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) 1998 R.A. Ferris and Company Pennsylvania 21. Signeture of Funaral Servica Licansee 22. Nama and Addrass of Facility
Hicks Home for Funerals, P.A. 103 West Stockton Street, Elkton, Maryland 21921 eles 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 610 Approximete Interval Between Onsat and Death **Physician** Esophageal Caucus
Due to (or as a consequence of): /Medical Immadiete Ceuse (Final 6 months diseasa or condition rasulting in death) Examiner Examiner The law requires that the death certificate be executed buriel-transit Sequantially list conditions, if any, laading to Immadiata cause. Enter Undarlying Cause (Disaasa or Injury that Initiated events rasulting in daath) Last end Dua to (or es a consequance of) Box 68760, physician Physician/Medicai the Dua to (or as a consaquenca of): for use as s certificate has been signed by the a director, page 2 should be detached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contributa to the cause of death? Peripheral Vascular Disease 1 Yes 2 No 3 Probably 4 JUnknown ò Arterial Susufficiency Be Completed 24b. Wera autopsy findings evelleble prior to 24e. Wes an autopsy performed? completion of causa of death? this certificate has 1 Yas 2 MNO 1 ☐ Yas 2 ☐ No Division of Vital Hospital or Attanding Physician: 25. Was casa rafarrad to medical 28. Piece of Death (Check only ona) Hospital: 1 Inpalient 2 ER/Oulpetienl 3 DOA 1 Yas 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To funeral 27. Manger of Deeth Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury et Work? 28d. Dascribe how Injury occurred After 1 Netural 5 Panding 1 ☐ Yes 2 ☐ No investigation 2 Accident efter deeth Director: in by the 3 Sulcida 6 Could not be determined 28e. Plece of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 4 Homloida To the Hospital within 24 hours a To the Funeral Completely filled 1 Cortifying Physician: To the best of my knowledge, deeth occurred at tha tima, date and place, end dua to tha causa(s) and mannar as stated.

2 Medical Examinar: On the bests of axemination and/or investigation, in my opinion, death occurred at tha tima, date and place, and due to the causa(s) and manner stated. 29a. Cartifian Medical 29b. Signatura and titla of cartified 29c. Licansa number 29d. Data signed (Month, Day, Yaar) Sachders 30. Nama and address of person who completed causa of daath (Item 23a) (Type, Print) Sheelmohan SACHDEV MD
32. Ragistrar's Signatura 118 North St, ELKton, md. 21921 31. Data filed (Month, Day, Year) JUN 1 8 1998 State Salia Davidson Registrar

SINNS

MINDONESA WILLIAMS Langer transfer of the second street of the second THE CONTRACT OF WATER CONTRACT THE CONTRACT OF

State of Maryland / Department of Health and Mental Hygiene. Certificate of Death 3. Time of Death 2. Deta of Deeth 1. Decedent's Nema (First, Middle, Last) Month June 1998 18 2:50 a.m. Hoffman Florence n

**Funeral** Director

**Physician** 

/Medical Examine

permit Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Haulh and Mental Hyglene.
Important: If them 27 is marked other than "natural", or items 23a or 28a-f show many injury or other traumatic event, the Medical Examines in outlined as page. Baltimore, Maryland 21215-0020

FLORENCE

Physician Examiner

The law requires that the death certificate be executed physician are the burial-t Division of Vital Records, P.O. Box 68760, signed by to To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After his certifics completely filled in by the funeral director,

| er                                   | 4e Facility Name (If not institution   |  |  |  |                       |                       |                    |                           |   | cation of Death                   |  |                             |   |
|--------------------------------------|--|--|--|--|-----------------------|-----------------------|--------------------|---------------------------|---|-----------------------------------|--|-----------------------------|---|
|                                      | Wicomico Nurs  | sing Ho  | me   |  |                       |                       |                    | Salisb                    | ury   | 7                                 | Wice   | omico                       |   |
|                                      | 5. Social Security Number  | 6. Sex   |  | e (In yrs. I                               | last birthday)        | If Under<br>Months    | r 1 Yeer<br>Days   |                           | Hrs.<br>Min.  | 8. Dete of Birth<br>(Month, Day   | Year)  | 9. Birthplece (<br>Country) | State or Forei                                |
|                                      | 212-18-6328  | 1□ M 2   | AL.  | 79   | Yrs.                  |                       | ,-                 |                           |   | 09/24/                            |  | Maryla                      |   |
|                                      | Usual Rasidence of Decedent  |  |  |  |                       |                       |                    |                           |   |                                   |  |                             |   |
| 2                                    | Maryland Some  |  |  |  | , Town or Lo<br>hance | ocation               |                    |                           |   |                                   |  |                             | Side City Limit                               |
| 3                                    | 10e. Streel end Number   |  |  |  |                       | 10f. Zip              | Coda               |                           |   | 1                                 | 0g. Citizen of   | Whet Country?               |   |
| 2                                    | 23351 Cove Roa   | Ч  |  |  |                       |                       | 218                | 224                       |   |                                   | - 11   | SA                          |   |
| 5                                    | 11. Maritel Stetus   |  | es Decedent I                                  | Ever in U.                                 | S. 13.                | Was Dece              | The second second  |                           | ? (Spe  | ecify Yas or No-                  | -  | ce - American Inc           | dian,   |
| o pe completed by I wilei at prieces | 1 Never Merried 2 Ma<br>3 Widowed 4 Divorce  | rried 1 [                                      | med Forces?  Yes 2 2.1 Yes, Give ear or Dates: |  |                       | If Yas, spe<br>1□ Yas |                    |                           | Puàrto  | ecify Yas or No-<br>Rican, etc.)  | Specif   | ck, Whila, etc.<br>y:       | US  |
|                                      | 15. Decede<br>(Specify only high   | nt's Education                                 |  |  | 16e. Dece<br>(Give    | kind of wo            | ork done           | during most of            | f worki   | ing                               | 16b. Kind of B   | usinass/Industry            |   |
| 2                                    |  | Elementary/Secondary (0-12) College (1-4or 5+) |  |  |                       |                       | se retire          | od)                       |   |                                   |  |                             |   |
| 5                                    | 12   |  | 2  |  | Sec                   | creta                 | ry                 |                           |   |                                   | Seafo  |                             |   |
|                                      | 17. Fether's Neme (First, Middle   | , Last)  |  |  |                       |                       |                    | 18. Mother's              | Neme  | (First, Middle,                   | Maiden Sumar   | ne)                         |   |
| 2                                    | Albert Jone  | S  |  |  |                       |                       |                    | Eva                       | Ke:   | lley                              |  |                             |   |
|                                      | 19e. Informent's Name/Reletion   |  |  |  | 19b. Maiii            | ng Address            | s (Stree           | t end Number o            | or Rura   | al Route Numbe                    | r, City or Town  | , State, Zip Code           | 9)  |
|                                      | Ellsworth Ho   | ffman  | /husb  | and  | 2335                  | 51 Cc                 | ve                 | Road,                     | CI  | nance,                            | Md. 2  | 1821                        |   |
|                                      | 20a. Method of Disposition   |  | dan service                                    | 20b. P                                     | iece of Dispo         | osition (Nei          | me of<br>other ple | ice)                      |   | Dete                              | 20c. Location  | - City or Town, S           | Stete   |
|                                      | 12NBurial 2 ☐ Cremation<br>4 ☐ Donation 5 ☐ Other /  |  | al from State                                  |  |                       |                       |                    | ery                       | 10  | 3/20/98                           | Chance   | . Maryla                    | and   |
|                                      | 21. Sonature of Funeral Service  | Lipensee 4                                     |  | 110  |                       |                       |                    | ess of Facility           | -   | 720704                            | Orianice   | , 1101 y 10                 | 1110  |
| /                                    | 23a Part 1. Enter the disease, a shook, or heart failure. List immediate Cause (Final disease or condition resulting in death)                             | B  | DI   | She  |                       | ns                    |                    | 1103-                     |   |                                   |  | Te                          | val Between<br>et and Death                   |
| rnystelstymedical casminer           | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last | {  |  | 19200110                                   | as a consec           | trassiter aut         |                    |                           |   |                                   |  |                             |   |
| 8                                    | Part II. Other significant condit  | lans contributi                                | ng to death h                                  | of med enter                               | Oliver in the c       | melanhina i           | navaa n            | use in Darf I             |   | 23h Did h                         | shacen use or  | ontribute to the            | cause of deat                                 |
| y ruys                               | aute   |  |  |  |                       |                       |                    | Water Part I              |   | CAN DES                           | Secretary Contraction of the Con | 3 Probably                  |   |
| n naisidiiin                         |  |  |  |  |                       | 7.0                   |                    |                           |   | 24a. Was a perfor                 | in autopey<br>med?   | available                   | utopsy findings<br>e prior to<br>don of cause |
| 1                                    |  |  |  |  |                       |                       |                    |                           |   | 107                               | es 2□ <b>X</b> o   | (7.69107)                   | 2 No  |
| 2                                    | 25. Was case referred to medic examiner?   |  |  |  | 10 000 10             |                       | Te                 |                           | Deat  | n (Check only o                   | ne)  |                             |   |
| 2                                    | 1 Ves 2 No   | Hospita  | 1 L. Inpatie                                   |  | ER/Outpatie           |                       | City               |                           | -   | me 5 🗆 Resid                      |  | quisties to the later       |   |
|                                      | 6 Gut Principles III   | tigation                                       | s. Date of Inju<br>(Month, Da                  | ry<br>y Year)                              | 28b. Time o<br>Injury | M M                   | 28c. Inju<br>Wo    | nyat<br>ork?<br>]Yes 2∐No |   | 28d. Describe how injury occurred |  |                             |   |
| Certification                        | 3 ☐ Suicide 6 ☐ Coult 4 ☐ Homicide deter   | p. Place of Inj<br>building, et                | ury - At ho<br>c. (Specify                     | v - At home, farm, street, factory, office |                       |                       |                    |                           | 28f. Location (Street and Number or Rural Route Number,<br>City or Town, State) |                                   |  |                             |   |

tig Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

21 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

D02026

29d. Date signed (Month, Day, Year)

State Registrar

Medical

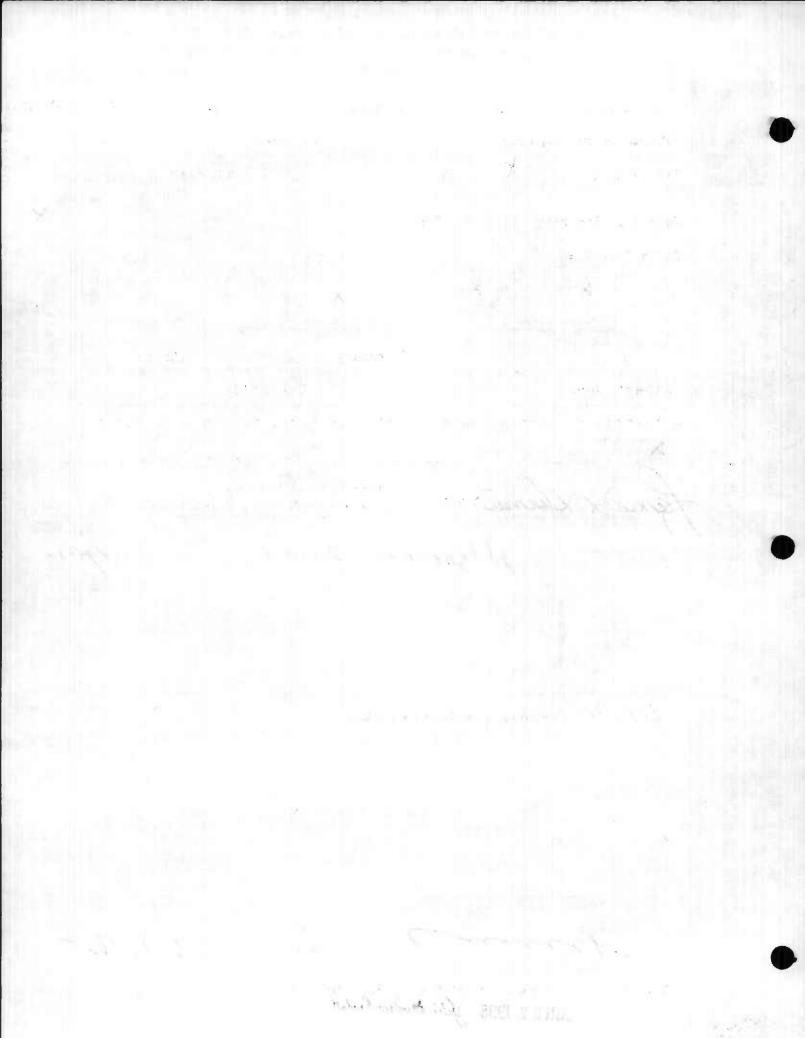
29b. Signature and title of girtifier

31. Dete filed (Month, Day, Yeer)

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

F.G. Arthes, MD 1622A Ocean Pines, Berlin, MD 21811

29a. Certifier



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Deta of Death 3. Time of Death June 18 1998 **Physician** Catherine Carida Hardesty 0740 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death Washington Adventist Hospital Takoma Park Prince Georges 5. Social Sacurity Number 7. Aga (In yrs. last birthday) If Undar 1 Year II Under 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) **Funeral** 10 M 20 F Days 216 76 2338 Director May 29, 1927 MD Usual Rasidance of Dacedant the Marylend 10a. Stata 10b. County items 23a or 28s-f show 10c. City. Town or Location 10d. Insida City Limits Examiner must be notified at MD Prince George's Director Adelphi 1 ☐ Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3120 Powder Mill Road 20783 USA death Funera 12. Was Decedant Ever in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No if Yes, specify Cuban, Maxican, Puarto Ricen, atc.) Reca - Amarican Indian, Black, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or itel any injury or other traumatic avent, the Medical Exercises once. 1 Navar Merried 2 ☐ Marriad Yes 27 No 1 Yas, Giva Baltimore, Maryland 21215-0020 1 Yas 2 □No Specify: à Specify: 3 Widowed 4 Divorced white Year or Dates: Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Eiamantary/Sacondary (0-12) Collaga (1-4 or 5+) never worked 17. Fathar's Name (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Surnama) Be 2 Noris George Hardesty Helen Edmonds 19e. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 420 West Dares Beach Rd. Apt. 202 Prince FrederickMD Elizabeth Denton - sister Learning of Disposition (Nama of Comatery, cramatory or other place)

Metropolitan Funeral Service, 1998Alexandria Virginia 20e. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Address of Facility Rausch Funeral Home PA 21. Signature of Funaral Sarvice Licensea 4405 Broomes Is. Rd. Port Republic MD 20676 23e. Part1. Enter tha disaase, or complications that ceused tha deeth. Do not anter tha mode of dying, such es cardiec or raspiratory errest, shock, or haart failure. List only one causa on aech lina. Approximate Intarval Batween Onset and Death **Physician** a. CANNAC Abbytamias

Due to (or as a consequence of): Immediata Causa (Final diseasa or condition rasulting in death) /Medical Examiner Due to (or as a consequence of):

NGG Y A 6+CTY DISCOST

Dua to (or as a consequence of): AND SEPSIS HISTORY Completed by Physician/Medical Examiner The law requires that the death certificete be asscuted for use as the bunal-transit Sequantially list conditions, if any, leeding to Immediata ceusa. Enter Underlying Causa (Disaese or injury that Initieted events rasulting In death) Last Division of Vital Records, P.O. Box 68760. Due to (or as a consequence of) Part II. Other significant conditions contributing to deeth but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contribute to the cause of death? O Aspisation @ Basectt's Esophagitis with Ulersation and Stricture 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings eveileble prior to 24a. Was en eutopsy completion of ceusa of deeth? certificate has 1 Yas 20 No 1 ☐ Yas 2 ☐ No Attending Physician: Be 25. Was casa rafarred to medical axaminar? 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 2 N Inpatiant 2 □ ER/Outpatient 3 □ DOA this 28e. Data of Injury (Month, Day Yaar) 27. Manner of Death 1 ☑ Netural 28c. Injury at Work? Certification: 28b. Tima of 28d. Describe how injury occurred After ours after deal.

I Director: Ah.

in by the fire 5 Pending Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be determined 3 Suicida 28e. Plece of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicida To the Hospital of within 24 hours af To the Funeral D completaly filled in to Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the causa(s) and mannar as stated.

| Medical Examiner: On the basis of axaminetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mennar stated. Medical 29a. Certifian (Check only one) 29b. Signatura apolitile of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) Morammed A. Manuran MD 6.18,96 30. Nama and address of person who complated ceusa of death (Item 23a) (Type, Print) 1 Teldo Terroce Sunta 20/4 Hypathsurken 188 31. Date filed (Month, Day, Year)

JUN 2 2 1998 > State

Registrar

# Ple

|  | Plea                             | se Type or                           |                     |                  |  |                        |           |  |                           | -       | ble.       | 20495  |
|--|----------------------------------|--------------------------------------|---------------------|------------------|--|------------------------|-----------|--|---------------------------|---------|------------|--|
|  |                                  | State                                | of Marylar          |                  | partment of<br>ertificate of                           |                        |           | fental Hy                              | giene<br>Rea. No.         |         | Ö          | 20493  |
| 1. Decedant's Nama   | (First, Middi                    | a, Last)                             |                     |                  |  |                        |           | 2. Data of De                          | eath                      |         | , a'C      | 3. Tima of Death   |
| SADIE  |                                  |                                      | HE                  | I GH             |  |                        |           | June                                   | 18                        | 19      | 998        | 6:45 P.M.  |
| 4a. Facility Nama (If  | not institution                  | n, giva street and n                 | umber)              |                  |  | 4b. City, To           | wn, or Lo | ocation of Deat                        | th 4c.                    | County  | of Death   | 1  |
| 18 Cent  | ral V                            | illage Dr                            | ive                 |                  |  | Princ                  | e Fr      | rederic                                | k                         | (       | Calve      | ert  |
| 5. Social Security No. 218-24-0  |                                  | 6. Sax<br>1 ☐ M 2 💢 F                | 7. Aga (In yrs.     | 72 Yrs           |  |                        | Min.      | 8. Data of Bi<br>(Month, Da<br>Feb. 20 | rth<br>ay, Year)<br>5, 19 | 926     |            | placa (Stata or Foreign<br>intry)<br>ryland                                  |
| Usual Rasidanca of<br>10a. Stata                                       | Decedant<br>10b. County          |                                      | 10- 0               |                  |  |                        |           |  |                           |         |            |  |
| Maryland   | Ca1v                             | ert                                  | Tod. Cit            | y, Town oi<br>Pr | ince Fred  | erick                  |           |  |                           |         |            | 10d. Insida City Limits 1 ☐ Yas 2\(\frac{1}{2}\)No                           |
| 10e. Streef and Num  | nber                             |                                      |                     |                  | 10f. Zip Code  |                        |           |  | 10g. Citi                 | zan of  | What Cou   | untry?   |
| 18 Ce  | ntral                            | Village 1                            | Drive               |                  | 2  | 0678                   |           |  |                           | U       | SA         |  |
| 11. Marital Status   | _                                | Armed F                              | 2 🔯 No<br>iva       | S. 1             | 3. Was Dacedanf of If Yas, specify C                   | uban, Maxicar          | n, Puarto | ecify Yas or No<br>Rican, atc.)        | 0-                        |         | ck, Whita  | ican Indian,<br>, atc.<br>ack  |
| 3 Nidowad  | 15. Decedan                      |                                      | Datas:              | 160 Do           | cedant's Usual Occ                                     | unetloo                |           |  | 16h K                     |         | usinass/li | nduetna  |
| (Speci   | fy only highas                   | st grada completed                   |                     | (G<br>life       | iva kind of work do<br>a. DO NOT usa ret               | na during mos<br>ired) | t of work | ing                                    | 100. K                    | nu vi b | usinass/ii | ndustry  |
| Elamantary/Secon   | ndary (0-12)                     | Collega                              | (1-4or 5+)          |                  | Housekeep  |                        |           |  | Nur                       | sin     | g Ho       | me   |
| 17. Fathar's Nama (i   | First, Middla,                   | Last)                                |                     |                  |  | 18. Mothe              | er's Nem  | a (First, Middle                       | , Ma <i>id</i> an         | Suman   | na)        |  |
| George   |                                  |                                      | Mackal1             |                  |  | Ann                    | a         |  |                           | F       | reem       | an   |
| 19a. Informant's Ne<br>Patricia  |                                  |                                      | ter                 |                  | ailing Addrass (Stre<br>1 Cameron                      |                        |           | al Routa Numb                          |                           |         |            | ip Code)   |
| 20a. Mathod of Disposition 2 ☐ 4 ☐ Donation                            | Cramation                        | 3 □Ramoval from                      | Ctata               | ematary, o       | sposition (Nama of<br>cramatory or other p<br>S Church |                        | ry 6      | Data<br>/23/98                         |                           |         |            | own, Stata   |
| 21. Signature of Fun   | naral Sarvice                    | Licensee<br>Sewel                    | re                  |                  | 22. Nama and Add                                       |                        | Se        | well Fu                                |                           |         |            | k, MD 20678  |
| 23a. Part1. Enter th   | e disaasa, or<br>t failure. List | complications that only one cause on | caused the deet     |                  |  |                        |           |  |                           |         | I          | Approximata<br>Interval Between  |
| Immadiate Cause (F<br>disaasa or condition<br>resulting in death)      | Final                            |                                      |                     | =1/              | MOND   | 1 00                   | <         | Col                                    | 101                       | V       |            | Onset and Death  |
|  |                                  |                                      | Dua to (c           | r as a con       | sequenca of):  |                        |           |  |                           |         | 1          |  |
| Sequentially list con  | ditions,                         | b. —                                 | Dua to (c           | ras a con        | sequance of):  |                        |           |  |                           |         | 1          |  |
| if any, leading to imr   | madieta<br>tving                 |                                      |                     |                  |  |                        |           |  |                           |         |            |  |
| Cause (Disaase or In<br>that initiated evants<br>resulting in death) L |                                  | C                                    | Dua to (o           | as a cons        | sequenca of):  |                        |           |  |                           |         | 1          |  |
| Tuoding in duality 2   |                                  | d                                    |                     |                  |  |                        |           |  |                           |         |            |  |
| Part II. Other signific  | cant conditio                    | ne contributing to d                 | leath but not ras   | uiting In the    | a undariving causa                                     | diven in Part          | 1.        | 23b. Did                               | tobacco                   | USA CO  | ntribute   | to the cause of death?   |
| M  | F75                              |                                      | C1V                 | _                |  |                        |           |  | Yes 3                     | 41      |            | obably 4 Unknown   |
|  |                                  |                                      |                     |                  |  |                        | ·         | 24a. Was                               | an autor<br>ormed?        | osy     | a          | Vare autopsy findings<br>vailable prior to<br>omplation of causa<br>f death? |
|  |                                  |                                      |                     |                  |  |                        |           | 10                                     | Yas 24                    | No      | 1          | □ Yas 2□ No  |
| 25. Was casa raterre<br>axaminar?                                      | ed to medical                    |                                      |                     |                  |  | 26. Place              | of Deet   | h (Check only                          | ona)                      | 1       | 1          |  |
|  | Vo                               | Hospital:                            | Inpatient 2         | ER/Outpa         | tient 3 DOA  | )ther                  | ursing Ho | . /                                    |                           | B Oth   | ar (Spec   | ify)   |
| 27. Manner of Death<br>1 Natural<br>2 Accident                         | 5 ☐ Pandin<br>invastig           | g (Mor                               |                     |                  |  |                        |           | 28d. Dascribe how injury occurred      |                           |         |            |  |
| 3 Suicide  | 6 ☐ Could r                      | not be 288, Place                    | e of Injury - At he | ma farm          | straat, factory, offic                                 | Α                      |           | 28f. Location (                        | Street an                 | d Numl  | ber or Ru  | ral Routa Number.  |

Physician /Medical Examiner

signed by the attending physician and d be detached for use es the burial-transit

been s

certificate has

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific. completely filled in by the funeral director, þ

Completed

Be

2

Certification:

Medical

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health end Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic event, its Medical Examinal must be notified at

Baltimore, Maryland 21215-0020

Director

Funeral

é

Completed

Be

10

Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Physician/Medical

6 Could 3 Suicide 4 Homicide

building, atc. (Specify)

City or Town, Stata) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.

(Check only one) 29b. Signatura and titla of certifier

29a. Certifiar

29c. Licensa number D-25435 29d. Data algned (Month, Day, Year) 6/19/98

30. Name and address of person who completed cause of deeth (Itam 23a) (Type, Print) Mukesh Mathur, M.D.

Prince Frederick, MD

State Registrar 31. Data filed (Month, Day, Year) 32. Registrar's Signatura A Dalia Stavilson Rawlall

enter l'artifici de l'artifici THE PERSON NAMED IN COLUMN ering a position come. Here all the establish the section of the s 

A SECURITION OF THE SECURITION

# TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buritarizans BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

|              | HEGISTHAN  |  | OLITIII                          | IOAIL            | PUEATH  | REG. NO   | ).               |   |  |  |  |  |  |  |
|--------------|--|--|----------------------------------|------------------|---|---|------------------|---|--|--|--|--|--|--|
|              | 1. DECEDENT'S NAME (First, Middle, Last)  NELLIE   |  | EY                               |                  |   | September 1   | DAY 1            | 998 12 50 A   |  |  |  |  |  |  |
|              | 4. SOCIAL SECURITY NUMBER  | 5. SEX 6. AGE  | (In yrs. last birthday)          | IF UNDER 1 YEAR  |   | 7. DATE OF BIRTH                                      |                  | B. BIRTHPLACE (State or Foreign                                     |  |  |  |  |  |  |
|              | 213-24-1731  90. FACILITY NAME (If not institution, give   | 1 🗆 M 2 🔀 F  | 90 YRS.                          |                  |   | March 29,   | _                | Maryland  |  |  |  |  |  |  |
| E I          | Manokinh   | Manor  |                                  |                  | N OR LOCATION OF D  |   |                  | TY OF DEATH   |  |  |  |  |  |  |
| 5            | RESIDENCE OF DECEDENT  |  |                                  |                  | cess Anne   | ?   | SC               | omerset   |  |  |  |  |  |  |
| DIRECTOR     | Maryland S   | omerset  | 10c, CIT                         | Y, TOWN OR LO    | n Station   | n   |                  | 10d. INSIDE CITY LIMITS?  1 YES 2 NO                                |  |  |  |  |  |  |
| FUNERAL      | 29070 Quindocqua   | Road   |                                  |                  | 101. ZIP CODE<br>21838  | 3   |                  | U.S.A.  |  |  |  |  |  |  |
| BY           | 11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced   | 12. WAS DECEDENT EVER II<br>FORCES? 1 YES<br>IF YES, GIVE WAR OR D | 2 XNO                            | If yes,          | ECENDENT OF HISPA<br>specify Cuben, Mexico<br>ES 2 TNO Specif | NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)<br>ÿ: | s or No-         | 14. RACE — American Indian,<br>Black, Whita, atc.<br>Specify: White |  |  |  |  |  |  |
| 0 <u>1</u>   | 15. DECEDENT'S EDU<br>(Specify only highest grad   | JCATION<br>completed)  | 16a. OECEDENT'S<br>(Give kind of | work done during | TION<br>most of working                                       | 16b. KIND OF BU                                       | SINESS/INDL      | JSTRY   |  |  |  |  |  |  |
| PLET         | Elementary/Secondary (0-12) Grade 6  | College (1-4 or 5+)  | Homemak                          | se retired.)     |   | At Ho   | ne               |   |  |  |  |  |  |  |
| COMPL        | 17. FATHER'S NAME (First, Middle, Leat)  |  |                                  |                  | 18. MOTHER'S NA   | ME (First, Middle, Maider                             |                  |   |  |  |  |  |  |  |
| BE           | Walter Slacum  |  |                                  |                  | Deer  |   | (Unkr            |   |  |  |  |  |  |  |
| 5            | 19e. INFORMANT'S NAME (Type/Print)  Myrtle Dorman (Daughter)  19b. Mailing address (Street end Number or Rural Route Number, City or Town, State, Zip Code)  1704 E. Oceanview Avenue— Norfolk, VA 23503  20e. METHOD OF DISPOSITION  1705 Burdel 2 Companies 2 Record from State  20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State  |  |                                  |                  |   |   |                  |   |  |  |  |  |  |  |
|              | 20a. METHOD OF DISPOSITION  1 N Buriel 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place)   |  |                                  |                  |   |   |                  |   |  |  |  |  |  |  |
|              | 1 M Buriet 2   Cremation 3   Removal from State   Cemetery, crematory or other place    Sunnyridge Memorial Park-6/24/98   Crisfield, MD     22. NAME AND ADDRESS OF FACILITY  |  |                                  |                  |   |   |                  |   |  |  |  |  |  |  |
|              | Sunnyridge Memorial Park-6/24/98 Crisfield, MD   Sunnyridge Memorial Park-6/24/98 Crisfield, MD   Sunnyridge Memorial Park-6/24/98 Crisfield, MD   22. NAME AND ADDRESS OF FACILITY   Bradshaw & Sons Funeral Home   306 W. Main St Crisfield, MD   21817  |  |                                  |                  |   |   |                  |   |  |  |  |  |  |  |
|              | 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF): Inches a cardiec or respiratory arrest, approximate interval Between Onset and Da Due TO (OR AS A CONSEQUENCE OF): Inches a cardiec or respiratory arrest, approximate interval Between Onset and Da Due TO (OR AS A CONSEQUENCE OF): Inches a cardiec or respiratory arrest, approximate interval Between Onset and Da Due TO (OR AS A CONSEQUENCE OF): Inches a cardiec or respiratory arrest, approximate interval Between Onset and Da Due TO (OR AS A CONSEQUENCE OF): |  |                                  |                  |   |   |                  |   |  |  |  |  |  |  |
| ERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):   |  |                                  |                  |   |   |                  |   |  |  |  |  |  |  |
| C L          | PART II. Other algnificant condition   | na contributing to deeth b   | ut not resulting                 | in the underly   | ing ceuse given in  | Part I. 24e. WAS AI                                   | AUTOPSY          | 24b. WERE AUTOPSY FINDIN  |  |  |  |  |  |  |
| EDICA        | anemi  | R  |                                  |                  |   | PERFO   |                  | AMAILABLE PRIOR TO<br>COMPLETION OF CAUSE<br>OF GEATH?              |  |  |  |  |  |  |
| ž            | DID TOBACCO USE CONT   | RIBUTE TO CAUSE O  | F DEATH YE                       | S NO             | W UNCERTAIL   | N D   |                  | 1 TES 2 NO  |  |  |  |  |  |  |
| SICIAN       | DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN 125. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:  |  |                                  |                  |   |   |                  |   |  |  |  |  |  |  |
| HYSI         | 1 VES 25 NO  | 1 Inpatient 2 I ER/Outp  |                                  |                  | ome 5 Residence   |   | Ulavaran         |   |  |  |  |  |  |  |
| ВУ РР        | 1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO  |  |                                  |                  |   |   |                  |   |  |  |  |  |  |  |
| ETEO         | 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28b. LOCATION (Street end Number or Rural Route Number, City or Town, State)  |  |                                  |                  |   |   |                  |   |  |  |  |  |  |  |
| COMPLE       | 29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated.  |  |                                  |                  |   |   |                  |   |  |  |  |  |  |  |
| O BE         | 296 DIGNATURE AND TITLE OF CERTIFIE  | Bellow   | , M. I                           | <b>D.</b>        | D 295   |   | 29d. DATE<br>▶ G | SIGNED (Month, Day, Year) -22-98                                    |  |  |  |  |  |  |
| 7            | 30. NAME AND ADDRESS OF PERSON WI<br>GREGORIO M. BE  | LI ASO NO  | E202 6                           | HIMAR            | ERRY DRIV   | E GALLES  | ZURV             | MD 21801  |  |  |  |  |  |  |
| - 1          | 31. DATE FILEO (Month, Day, Year)  | 32. REGISTRAR'S SIGN   | ATURE O                          |                  |   | -12000  | 1001             | ייט אויט אויי   |  |  |  |  |  |  |

98-3331-033 B.K.S JASON JENKINS

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

| cian  |  |  |   |  |  |  |  |  |  |  |   | Reg. No.  |  |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|--|--|---|---|--|--|--|--|--|--|
| cian  | 1. De  | cedent's Nam   | ne (First, Middle   | , Last)  |  |  |  |  |  |  | 2. Dete of De   |   | Vonc   | 3. Tima of Deeth   |  |  |  |  |
| dical   | J  | ASON J   | AVON JE   | NKINS  |  |  |  |  |  |  | JUNE  | 13, 199   | 98"  | 6:05 A   |  |  |  |  |
| iner  | 4a F   | A  | (If not institution   | , give street end<br>ROAD  | number)  |  |  |  |  | wn, or Lo  | ocation of Deat   |   |  | EORGES   |  |  |  |  |
| nl<br>or  |  | cial Security N  |   | 6. Sex<br>1 ☑ M 2 ☐ F  |  | yrs. last birthd<br>Yrs  | Months   |  | If Under<br>Hours  | 24 Hrs.<br>Min.  | 8. Date of Bi<br>(Month, D.<br>JAN 16   | rth<br>ay, Year)  | 9. Birth   | place (State or Fore   |  |  |  |  |
|   |  | i Residenca o  |   |  |  |  |  |  |  |  | 10.22.  | ,   |  |  |  |  |  |  |
| J.  | 10a.   | State<br>MD  | 10b. County   | E GEORG  |  | City, Town o   |  | ON   |  |  |   |   |  | 10d. Inside City Lim   |  |  |  |  |
| ect   |  | Street and Nu  |   | E GEUNG  | ES F   | OKI WA   | SHINGT(  |  |  |  |   | 10g. Citizen of N   | What Cou   |  |  |  |  |  |
| Funeral Director  |  |  |   | am.  |  |  | 101. Zip   | 0000   | 007/   | ,  |   |   |  |  |  |  |  |  |
| erai  |  | 305 TK   | AFALGAR   | 12 Was D   | Decedent Ever in   | nIIS   | 13 Was Deced   | lent of h  | 2074   |  | ecify Yes or N  | UNITED  |  | TES<br>can Indian,   |  |  |  |  |
| חח  |  |  | ried 2 Marri  | Armed  | Forces?  |  |  |  | an, Mexicar  | , Puerto   | ecify Yes or No<br>Rican, etc.)   | Bia   | ck, White,   | , etc.   |  |  |  |  |
| -   |  |  | 4 ☐ Divorced  | If Yes,  | Give<br>or Dates:  |  | 1□ Yes 2   | 2 X No   | Specify:   |  |   | Specify   | y: BL.   | ACK  |  |  |  |  |
|   |  |  | 15. Decedent  | 's Education   |  | 16a. De  | ecedent's Usua   | ai Occup   | pation   |  |   | 16b. Kind of B  | usiness/in   | ndustry  |  |  |  |  |
| Completed   | El   | (Specementary/Sec  |   | t grade complete   | ed)<br>ie (1-4or 5+)   | (G   | ive kind of wor<br>e. DO NOT us  | rk done<br>se retire   | during mos<br>d)   | t of work  | ding  |   |  |  |  |  |  |  |
| ,   | Ele  | menial y/3000  | ondary (0-12)   | 3  | 0 (1-401 34)   | COM  | PUTER S  | SERV   | ICE  |  |   | PRIVAT  | E  |  |  |  |  |  |
|   | 17. F  | ather's Name   | (First, Middle,   | Last)  |  |  |  |  | 18. Mothe  | er's Nam   | e (First, Middle  | , Maiden Suman  | ne)  |  |  |  |  |  |
| To Be   | EL   | BERT J   | . JENKI   | NS   |  |  |  |  | BETT   | Y A.   | CLARK   |   |  |  |  |  |  |  |
|   | 19a.   | Informant's N  | lame/Relations  | nip (Type, Print)  |  | 19b. M   | lailing Address  | (Street  | and Numbe  | er or Rur  | ral Route Numi  | per, City or Town,  | , State, Zij   | p Code)  |  |  |  |  |
|   | BE   | TTY AN   | N ZELKO   | WITZ /   | MOTHER   | 113  | 05 TRAI  | FALC   | GAR CT   | . FI   | C. WASH   | INGTON M  | D 20   | 744  |  |  |  |  |
|   |  |  |   |  | 1  |  | sposition (Nan   |  | ce)  |  | Date  | 20c. Location   | - City or T  | own, State   |  |  |  |  |
|   | 1X Buriai 2 Cremation 3 Removal from State   |  |   |  |  |  |  |  |  |  | 5-18-98   | ST. MAR   | RYS C  | OUNTY  |  |  |  |  |
|   | 4 Donation 5 Other (Specify) HOLY GHOST CEMETERY 6-18-98 ST. MARYS   |  |   |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |
|   | 22. Name and Address of Facility ALEXANDER S. POPE FUNERAL HOME 5538 MARLBORO PIKE, FORESTVILLE MD   |  |   |  |  |  |  |  |  |  |   |   |  | 20747  |  |  |  |  |
|   | 23a.   | Part1. Enter 1   | the disease, or   | complications th   | at caused the d  | leath. Do not  |  |  |  |  |   |   | MD   | Approximate  |  |  |  |  |
|   | 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. |  |   |  |  |  |  |  |  |  |   |   |  | Interval Between<br>Onset end Deeth  |  |  |  |  |
|   | Imm  | ediate Cause   | (Finai  | M  | יוו ייד דו די  | TNITID   | TES  |  |  |  |   |   | 1  |  |  |  |  |  |
|   | resu   | ase or condition the string in death)  | on  | a  |  |  | Immediate Cause (Final disease or condition MULTIPLE INJURIES  |  |  |  |   |   |  |  |  |  |  |  |
| Jer   |  |  |   |  |  |  | .000000000000  |  |  |  |   |   |  |  |  |  |  |  |
| attending physician and for use as the buriel-trensit clan/Medical Examiner |  |  |   |  | Due t  | o (or es e cor   | sequence of):  |  |  |  |   |   | 1  |  |  |  |  |  |
|   |  | entially list or   | onditions   | b  |  |  |  |  |  |  |   |   | 1  |  |  |  |  |  |
| LVall   | Sequ<br>if any   | uentially list co<br>y, leading to ir<br>e. Enter Und  | onditions,<br>mmediate<br>erlving   | b  |  |  | nsequence of):   |  |  |  |   |   |  |  |  |  |  |  |
| ical Exami  | Sequif any caus  | uentially list co<br>y, leading to ir<br>e. Enter Und<br>se (Disease or<br>initiated event   | onditions,<br>mmediate<br>lerlying<br>r injury  | b  | Due to   | o (or as a cor   | nsequence of):   |  |  |  |   |   |  |  |  |  |  |  |
|   | Sequif and cause Cause that in result  | uentially list co<br>y, leading to in<br>e. Enter Und<br>se (Disease or<br>initiated event<br>tring in death)  | onditions,<br>mmediate<br>erlying<br>r injury<br>is<br>Last   | c  | Due to   | o (or as a cor   |  |  |  |  |   |   |  |  |  |  |  |  |
| 2   | resul  | ting in death)   | Last  | cd   | Due to   | o (or as a con   | sequence of):  |  | ven in Part I  | 1.   | 23b. Dic  | I tobacco use co  | i<br>i<br>i<br>i<br>i<br>i<br>i<br>i   | to the causa of dea  |  |  |  |  |
| 2   | resul  | ting in death)   | Last  | cd   | Due to   | o (or as a con   | sequence of):  |  | ven in Part I  | 1.   |   | I tobacco use co  |  | to the causa of dea<br>obably 4 🗆 Unkn   |  |  |  |  |
| ay inysteriorin   | resul  | ting in death)   | Last  | cd   | Due to   | o (or as a con   | sequence of):  |  | ven in Part I  | 1.   |   |   |  |  |  |  |  |  |
| Dy ritysicialum   | resul  | ting in death)   | Last  | cd   | Due to   | o (or as a con   | sequence of):  |  | ven in Part I  | 1.   | 1 [<br>24e. Wa  |   | 3 Pro  | Vere autopsy finding   |  |  |  |  |
| ,   | resul  | ting in death)   | Last  | cd   | Due to   | o (or as a con   | sequence of):  |  | ven in Part I  | I.   | 1 [<br>24e. Wa  | Yes XXNo  | 3 Pro  | obably 4 Unkn  |  |  |  |  |
| Dy riiysiciatum   | resul  | ting in death)   | Last  | cd   | Due to   | o (or as a con   | sequence of):  |  | ven in Part I  | l.   | 1 Z4e. Wa   | Yes XXNo  | 3 Pro  | Vere autopsy finding valiable prior to ompletion of cause  |  |  |  |  |
| completed by thysiciansm  | Part I   | I. Other algni   | Last  | c  | Due to   | o (or as a con   | sequence of):  |  |  |  | 1 Z4e. Wa   | yes XXNo s en autopsy ormed?  Yes 2 \sum No   | 3 Pro  | Vere autopsy finding valiable prior to ompletion of cause f deeth?   |  |  |  |  |
| Be Completed by Physician/M   | Part I   | I. Other signi   | ificant condition   | Hospital   | Due to   | o (or as a con   | sequence of):  | eause gi   | 26. Place  | e of Deal  | 24e. Wa peri  | s en autopsy ormed?  Yes 2 \sum No one)   | 3 Pro  | Vere autopsy finding valiable prior to ompletion of cause f deeth?   |  |  |  |  |
| be completed by rnysician/m   | 25. V e X  | Vas case refe xaminer? Yes 2 □   | ifficant condition  | Hospital: 1  | Due to   | o (or as a con o (or as e con resulting in th  | isequence of): | eause gi   | 26. Place<br>her:<br>4 □ Nu<br>ry at   | e of Deal  | 24e. Wa peri  | s en autopsy ormed?  Yes 2 \( \text{No} \)  one)  idenca 6 \( \text{Yet} \) idency occur how injury occur   | 3 Pro  | Vere autopsy finding valiable prior to ompletion of cause f deeth?  KYes 2 No  |  |  |  |  |
| be completed by ruysiciarym   | 25. V e  | Vas case refe<br>xaminer?<br>Yay Yes 2<br>Alanner of Dea<br>Natural  | rred to medical  No th  | Hospital: 1 28a. De gration 6-1  | Due to   | o (or as a con o (or as e con resulting in th  | sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of):  | DA Offi  | 26. Place<br>her:<br>4 □ Nu  | e of Deal  | 24e. Wa peri  | yes 2 \( \text{No}\)  Yes 2 \( \text{No}\)  No  one)  | 3 Pro  | Vere autopsy finding valiable prior to ompletion of cause f deeth?  KYes 2 No  |  |  |  |  |
| be completed by ruysiciarym   | 25. V e X 27. M 1 1 X 3  | Vas case refe xaminer?  Yes 2 □ tanner of Dea □ Natural □ Suicide  | ificant condition   | Hospital: 1 28a. De (A) glation for be calculated and the calculated a | Due to  Due to  o death but not  linpatient ate of injury Again Day Year   | o (or as a conoco (or as e con | sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of):  | DA Ott   | 26. Place<br>her:<br>4 □ Nu<br>ry at   | e of Deal  | 24e. Wa peri  | S en autopsy ormed?  Yes 2 No one) sidenca & Xott   | 3 Production of the Control of the C | Vere autopsy finding valiable prior to ompletion of cause of deeth?  KYes 2 No  Why AT SCEN  |  |  |  |  |
| Be Completed by Physician/M   | 25. V e X 27. M 1 1 X 3  | Vas case refe<br>xaminer?<br>Yay Yes 2<br>Alanner of Dea<br>Natural  | rred to medical  No th 5 Pendin investig 6 Could  | Hospital: 1 28a. De (A) glation for be calculated and the calculated a | Due to  Due to  o death but not  linpatient at e of injury Year  | o (or as a conoco (or as e con | sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of):  | DA Ott   | 26. Place<br>her:<br>4 □ Nu<br>ry at   | e of Deal  | 24e. Wa period 100 th (Check only one 5 Res 28d. Describe AUTOMO 28f. Location City or 7c 135 CR        | Sen autopsy ormed?  Yes 2 No one) sidenca 6 XXott how injury occur BILE ACC (Street and Num. (Street and Num. (Street and Num. ESENT RC                   | 3 Production of the control of the c | Vere autopsy finding valiable prior to ompletion of cause of deeth?  Keyes 2 No  No SCEN   |  |  |  |  |
| dical Certification: To Be Completed by Physician/Medical Examiner          | 25. V e X 27. M 1 3 3 4 4  | Vas case refe xaminer?  Yes 2 □ tanner of Dea □ Natural □ Suicide  | ificant condition  red to medical  No  th  5 Pendin investig  6 Could redeem  | Hospital: 1 28a. Do A Spation for be and 28e. Pi bu  g Physician: To Examinar: On the  | Due to  Due to  Due to  Inpatient at e of injury tonth Day Year  Jeca of Injury Audiding, etc. (Spothers of example)                     | o (or as a conoco (or as e con | asequence of):  sequence of):  sequence of):  sequence of):  atient 3 DO  atient 2 A M  street, factory  | DA Ott   | 26. Place her: 4 □ Nu ry at rk? yes 2 €  | e of Deal<br>ursing Ho                                   | 24e. Wa peri  | S en autopsy ormed?  Yes 2 No one) sidenca & Xott   | 3 Production of the Production | Vere autopsy finding valiable prior to ompletion of cause of deeth?  No Yes 2 No  No Yes 2 No  No Yes 2 No  Trel Route Number,   |  |  |  |  |
| Completed by Physician/M  | 25. V e X 3 4 4 29a.   | Vas case refexaminer? Yes 2 lanner of Dea Natural Suicide Homicide Certifier (Check only one)  | rred to medical  No th 5   Pendin investig 6   Could r determ   | Hospital: 1 28a. De (A) Sation 6-1 28e. Pi bu  g Physician: To Examinar: On the and m  | Due to  Due to  Due to  Inpatient ate of injury Againth Day Year  Jees of Injury Againth Cay Year  Jees of Injury Againth Cay Year       | o (or as a conoco (or as e con | isequence of): | DA Otto  | 26. Place her: 4 □ Nu ry at rk? yes 2 €  | e of Deal<br>ursing Ho                                   | 24e. Wa peri  | Yes 2 No one) idenca & Yoth how injury occur BILE ACC (Street and Num. wm, State) ESENT RC ELT, MARY  | 24b. Washington and control of the c | Vere autopsy finding valiable prior to ompletion of cause of deeth?  Keyes 2 No  No AT SCEN  Trel Route Number,  stated, to the ceuse(s)   |  |  |  |  |
| edical Certification: To Be Completed by Physician/M                        | 25. V e X 3 4 4 29a.   | Vas case refexaminer? Yes 2 lanner of Dea Natural Suicide Homicide Certifier (Check only one)  | ificant condition  red to medical  No  th  5 Pendin investig  6 Could redeem  | Hospital: 1 28a. De (A) Sation 6-1 28e. Pi bu  g Physician: To Examinar: On the and m  | Due to  Due to  Due to  Inpatient at e of injury tonth Day Year  Jeca of Injury Audiding, etc. (Spothers of example)                     | o (or as a conoco (or as e con | isequence of): | DA Office at the ti, in my of the control of the co | 26. Place her: 4 □ Nu ry at rk? Yes  where the second of | e of Deal<br>ursing Ho                                   | 24e. Wa peri  | yes 2 No one) sidenca 6 Yott how injury occur BILE ACC (Street and Num. own, State) ESENT RC ELT, MARY ceuse(s) and m, date end place,                    | 3 Production of the control of the c | Vere autopsy finding valiable prior to ompletion of cause of deeth?  Keyes 2 No  No AT SCEN  Trel Route Number,  stated, to the ceuse(s)   |  |  |  |  |
| edical Certification: 10 Be Completed by Physician/M                        | 25. V e X 27. N 1 X 3 4 29a.   | Vas case refexaminer?  Yes 2 □ lanner of Dea □ Natural Maccident Suicide Homicide  Certifier (Check only one)  Signature and   | ificant condition  fred to medical  No  th  5 Pendin investig  6 Could relation  1 Cartifyin  2 Medical i   | Hospital: 1 28a. Do 6-1 28e. Pi bu 28e. Pi bu 28e. Pi bu 29 Physician: To Examinar: On the   | Due to  Due to  Due to  Inpatient ate of injury Again Day Year  Jeca of Injury Again, etc. (Spirite basis of examnanner stated.)         | o (or as a concept of the concept of | isequence of): | DA Office at the ti, in my of the control of the co | 26. Place her: 4 \sum No. ry at rk? I Yes  when, date ar opinion, dees  se number  | e of Deal<br>ursing Ho                                   | 24e. Wa peri  | yes 2 No one) sidenca 6 Yott how injury occur BILE ACC (Street and Num. own, State) ESENT RC ELT, MARY e ceuse(s) and m , date end piace, 29d. Dete signe | 3 Production of the control of the c | Vere autopsy finding valiable prior to ompletion of cause if deeth?  IN Yes 2 No  In Yes 2 No  I |  |  |  |  |
| edical Certification: To Be Completed by Physician/M                        | 25. V e X 27. N 1 3 4 29a. 29b. 30. N  | Vas case refexaminer?  Vas case refexaminer?  Vas case refexaminer?  Vas case refexaminer?  Vas case refexaminer?  Vas case refexaminer?  Vas case refexaminer?  Vas case refexaminer?  Cother saminer consider co | ificant condition  fred to medical  No  th  5   Pendin investig  6   Could relation  1   Cartifyin  2   Medical for cartifier  4   Street of cartifier  4   Street of cartifier  The street of person of the street | Hospital: 1 28a. De (A) Sation 6-1 28e. Pi bu  g Physician: To Examinar: On the and m  | Due to  Due to  Due to  o death but not  alte of injury  forth Day Year  Jeca of Injury  eleca of Injury  be basis of examnanner stated. | o (or as a concept of the concept of | atient 3 DC Por Print)   | DA Ott   | 26. Place her: 4 \( \subseteq \text{ Nv ry at rk?} \) Yes \( \subseteq \text{ Yes} \)  | e of Deal<br>ursing Ho<br>No<br>and place,<br>with occur | 24e. Wa period to the Check only one 5 Gestion City or 7. 135 CR GREINB and due to the tred at the time | yes 2 No one) sidenca 6 Yott how injury occur BILE ACC (Street and Num. own, State) ESENT RC ELT, MARY e ceuse(s) and m , date end piace, 29d. Dete signe | 3 Production of the control of the c | Vere autopsy finding valiable prior to ompletion of cause of deeth?  New Yes 2 No  New |  |  |  |  |



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State of Maryland / Department of Health and Mental Hygiene 98 20498

|  |   |  |                                | Centificate  | OT L                                | Jeath                                    |  | Reg. No.              |   |   |  |
|--|---|--|--------------------------------|--|-------------------------------------|--|--|-----------------------|---|---|--|
| Physician<br>/Medical  |   | LIGGETT  |                                |  |                                     |  | 1                                      | 11, 1                 |   | 3. Time of Death 2:51 P.M.  |  |
| Examiner   | 4a Facility Name (If not institution 7509 MANDAN ROA  | AD, APT. #20   | )3                             |  |                                     | b. City, Town, or L<br>GREENBEL:         | r                                      | PR                    |   | EORGE'S   |  |
| Funeral<br>Director  | 5. Social Security Number  578-20-2007  Usual Residence of Decedent   | 6. Sex 7. A  | ge (In yrs. last b             | Yrs. If Under 1 Months   | Year<br>Days                        | If Under 24 Hrs.<br>Houra Min.           | 8. Data of Bi<br>(Month, Di<br>JAN • 5 |                       | 9. Birti<br>Co<br>7 WES                           | hpiace (State or Foreign<br>untry)<br>I VIRGINIA                                |  |
| vith the Maryland or 288-f show be notified at   | 10a. State 10b. County  MARYLAND PRINC  | CE GEORGE'S  |                                | NBELT  | - 41-                               |  | I                                      | 40a China             | n of What Co                                      | 10d. Inside City Limits 1 Yas 2 No  |  |
| 2 2  | 10e. Street and Number  | ADE #20  |                                | 10f. Zip C   |                                     |  |  |                       |   |   |  |
| al, or items 23a<br>Example: runti<br>by Funeral I   | 7509 MANDAN ROA  11. Marital Status  1 Never Married 2K Marr 3 Widowad 4 Divorced   | 12. Was Decedent                                     | Ever in U,S.  No2-21-4         | 13. Was Deceder  |                                     | spanic Origin? (Sp<br>n, Maxican, Puerto | ecify Yas or No<br>Rican, etc.)        | 0- 14                 | ED STAT   | rican Indian,   |  |
| ner than "natural", it, the Medical Ex-  | 15. Decedan<br>(Specify only highes<br>Elementary/Secondary (0-12)<br>1.2   | t's Education<br>st grade completed)  College (1-4or | 5+)                            | Decedent's Usual<br>(Giva kind of work<br>life. DO NOT usa<br>OMPUTER A                                    | done d<br>retired,                  | luring most of work<br>)                 | ing                                    |                       | COVERN  |   |  |
| To Be Co   | 17. Fathar's Name (First, Middle, WARDEN LIGGETT  | Last)  | ·                              | OMPUTER A  | NAL.                                | 18. Mother's Nam                         | - (                                    |                       | GOVERN<br>umeme)                                  | NITEN I   |  |
| - In   | 19a. Informant's Name/Raiations   | hip (Type, Print)                                    | 19                             | b. Mailing Addrass (   | Street                              | and Number or Ru                         | ral Routa Numb                         | er, City or           | Town, State, 2                                    | Zip Code)   |  |
| If item 27 is marked other or other traumatic event,  To Be C  | MARY LIGGETT, V  20a. Method of Disposition  1 🕅 Burial 2 🗆 Cremation   |  | 20b. Piace                     | 509 MANDA of Disposition (Nemeror, cremetory or other  | 9)                                  | Date                                     | 20c. Loca                              | ation - City or       | Town, State                                       |   |  |
| important:<br>any injury<br>once.  | 4 Donation 5 Other (S   |  |                                | FORT LINCOLN CEMETERY 6/15/98 BRENTWOOD, MARYI  22. Nama and Address of Facility FORT LINCOLN FUNERAL HOME |                                     |  |  |                       |   |   |  |
| physician and immediate transit and immediat | 23a. Part1. Enter the disease, or shock, or heart failure. List  Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events | only one cause on each i                             | ATIC LIV                       | ER CANCER consequence of):   |                                     | g, 3001 ta 0010100                       | or respiratory t                       |                       |   | Approximata<br>Interval Between<br>Onset and Death                              |  |
| use as   | rasulting in death) Last  Part II. Other significant condition  | 23b. Did   | tobacco u                      | i i i i i i i i i i i i i i i i i i i  | to the causa of death?              |  |  |                       |   |   |  |
| y Ph   |   |  |                                |  |                                     |  | 10                                     | Yes 2                 | No 3∏P  | robably 4X Unknow   |  |
| 2 should<br>pieted   | <u>ur 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>   |  |                                |  |                                     |  | 24a. Wa                                | s an autops<br>ormed? |   | Were autopay findings<br>available prior to<br>completion of cause<br>of death? |  |
| is certificate ha<br>director, page<br>To Be Com   |   |  |                                |  |                                     |  | 1 🗆                                    | Yes 2K                | No  | 1 ☐ Yes 2 ☐ No  |  |
| Be ector   | 25. Was case referred to medical examiner?  | Hospital:  |                                |  | Othe                                | 26. Placa of Dea                         | -                                      |                       |   |   |  |
| ral dire   | 1 ☐ Yas 2 ⚠ No<br>27. Manner of Death   | 1 LI Inpati  |                                |  |                                     | 4 LI Nursing H                           | ome 5 Res<br>28d. Dascribe             |                       |   | city)   |  |
| To the Funeral Director: After thi completely filled in by the funeral Medical Certification: 1  | 1 Naturai 5 Pendin 2 Accident investig 3 Suicide 6 Could  | gation not be an allow of te                         | Injury M arm, street, factory, |  | (?<br>Yes 2 □ No                    | 28f. Location                            | (Street and                            |                       | ural Route Number,                                |   |  |
| filled in t  | 4   Homicioa  | building, e  | tc. (Specify)                  |  |                                     | e date and siece                         | City or To                             | own, Stata)           |   |   |  |
| To the Funeral completely filled   | (Check only 2 Medical one)  | Examinar: On the basis of<br>and mannar s            | of examination a               | nd/or invastigation, i   | my of                               | pinion, death occur                      |  | , date and p          | iace, and due                                     | to the cause(s)   |  |
| Top N  | 29b. Signature and life of certifie   |  |                                | D  | 29c. Licensa nu <i>m</i> ber D34722 |  |  |                       | 29d. Data signed (Month, Day, Year) $G - 12 - 98$ |   |  |
| 11/4   | VICKEN K. POO   | CHIKIAN, M.I   | 5632                           | ANNAPOLI   | S R                                 | OAD, SUI                                 | TE 3, B                                | LADEN                 | SBURG,  | MD 20710  |  |
| State<br>Registrar   | JUN 15  | 1998   | Jahra Dewalson Kardall         |  |                                     |  |  |                       |   |   |  |

MANAGER OF THE PARTY OF THE PAR

ASSET OF THE PARTY AND ADMINISTRATION OF THE PARTY.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

20499

|          | Physician |
|----------|-----------|
| 75       | /Medical  |
| <i>)</i> | Examiner  |
|          |           |

**Funeral** Director

10

the Marylend r 28a-f ahow Directo with "natural", or itema 23s or Funeral by Completed

death permit. Pages 1 and 2 should be filed within 72 hours effer d
Department of Health and Mentel Hygiene.
Important: If Item 27 is marked other than "natural", or item
any injury or other traumatic event, the Moural Energy once. Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

Examiner

Physician/Medicai

P

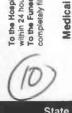
Completed

Be

Certification: To

and I-transit physician at s the burial-t 80 980 signed by the a should should is certificate has I this funerai After

that the death certificate be axecuted Box 68760. P.0. Records, law requires The Division of Vital Attending Physician: death. after death Director: A To the Hospital or Atterwithin 24 hours after der To the Funeral Director completely filled in by th



31. Dete filed (Month, Day, Year) State Registrar

25. Wes case referred to medical

5 Pending investigation

6 Could not be determined

1 Xyes 2 No

27. Manner of Death

1 Neturel

2 Accident

3 Suicide

29a. Certifier

4 | Homicide

(Check only



28a. Dete of injury (Month, Day Year)

Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. DIABETES MELLITUS

24b. Were autopsy findings availeble prior to completion of cause of death? 24a. Was en eutopsy 1 Yes 2 No 1 Type 2 No 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 A Residence 6 Other (Specify) 28d. Describe how injury occurred

1 Yes 2 No 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of

1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, and due to the ceuse(s) end manner as steted.

\*\*AMedical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete end piace, and due to the cause(s)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29b. Signatury and title of certifier

29c. License number

28c. Injury et Work?

29d. Date signed (Month, Day, Year)

D33954

JUNE 15,1998

30. 196 (Vern 23a) (Type, Print) ind address of person who or

M.D. 3001 HOSPITAL DRIVE, CHEVERLY MD 20785 MARIO F. GOLLE JR.

The Market Light

Committee of the state of the s

818 2 1 A S

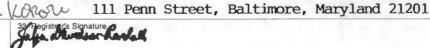
JACK WALLACE LAWSON

State of Maryland / Department of Health and Mental Hygiene

|        | 1 | 0 | 6    | U | 0 | U |  |
|--------|---|---|------|---|---|---|--|
| g. No. |   |   | Lago | - |   |   |  |

|             | ITEMS: #23  | PART   | I, 27 PER  | MEO G761                   | 7-29-98  | WR.  | Cei                    | rtificate o   | f Death                                   |                  | Reg. No.               | 0 4               | .0000  |  |  |
|-------------|---|--------|--|----------------------------|--|--|------------------------|---|---|------------------|------------------------|-------------------|--|--|--|
|             |   |        | cedent's Neme (Fir   | st, Middle, La             | st)  |  |                        |   |   | 2. Dete of De    | eath                   | Veer              | 3. Tima of Death   |  |  |
|             | Physician<br>/Medical   | T/     | ACK WALL   | ACE LA                     | AWSON  |  |                        |   |   | JUNE             | 25, Day 199            | 8 Yeer            | 0001 AM  |  |  |
|             | Examiner  | 4a F   | acility Name (# not  |                            |  | mber)  |                        |   | 4b. City, Town, or SEABROOK               |                  |                        | y of Death        | GEORGES  |  |  |
| -           | Funeral   |        | cial Security Number   | 4                          | ex<br>M M 2 F  | 7. Age (In yrs.  | last birthday)<br>Yrs. | If Under 1 Yes  |   | (Month, Di       |                        | Cour              | ,,   |  |  |
|             | Director  | -      | 19-90-608  |                            |  | 35   | 110.                   |   |   | MAR. 1           | 3, 1963                | WAS               | HINGTON, I   |  |  |
|             | pust #  | _      |  | County                     |  | 10c. Cit   | y, Town or Lo          | cation  |   |                  |                        | 1                 | 10d. Inside City Limits  |  |  |
|             | Mary<br>Mary<br>Med   | MAT    | RYLAND PI  | DINCE (                    | GEORGE '   | CE.  | ABROOK                 |   |   |                  |                        |                   | 1 ☐ Yes 2 No   |  |  |
|             | or 28s-f s  | 10e.   | Street and Number  | KINGE_C                    | BEORGE_  |  | NOON                   | 10f. Zip Code   | •   |                  | 10g. Citizen of        | What Coul         | ntry?  |  |  |
|             |   |        | 08 LINWO   | OD COLLE                   | ?T   |  |                        | 207   | 706                                       | - 1              | UNITED                 | STAT              | ES   |  |  |
|             | r tems 23   | 11. N  | faritel Stetus   | <i>55</i> <b>0</b> 001     | T  | edent Ever in U,   | S. 13. \               |   | f Hispanic Origin? (Suben, Mexican, Puert | pecify Yes or No |                        | ce - Americ       | can indian,  |  |  |
| 0           | or its  |        | Never Married  | 2 Married                  | 1 ☐ Yes<br>if Yes, Gir   | 2 X No   |                        | 1 ☐ Yes 2 🖾 N   |   | o moan, etc.)    |                        | ack, White,       |  |  |  |
| 00          | rali, c   |        | □ Widowed 4 □ I  | Divorced                   | Year or D  | ates:  |                        | 10 163 2 ДД 14  | o specify.                                |                  | Speci                  | y: WH             | ITE  |  |  |
| 5-          | "natural", adjest Ex  |        | 15.1<br>(Specify or  | Decedent's Ed              | lucation<br>da com <i>plated</i> )   |  | (Giva                  | ient's Usual Occ<br>kind of work dor  | ne during most of wor                     | rking            | 16b. Kind of E         | lusiness/in       | dustry   |  |  |
| 21215-0020  | ygiene. "natur<br>rer than "natur<br>rt, me Wedfell   | Eie    | ementary/Secondary   |                            | College (  | I-4or 5+)  |                        | DO NOT use ret  |   | 37               | DDTIA                  | m P               |  |  |  |
| 7           | Hygie Hygie ther ther ther the  |        | 12<br>ether's Name (First,   | Middle Leet                |  |  | ELEC                   | TRONICS   | TECHNICIA                                 | -                | PRIVA                  |                   |  |  |  |
| Maryland    | Sap Q   | 5      |  |                            |  |  |                        |   |   |                  |                        | 110)              |  |  |  |
| 2           | should band and Mente of marked urmatic of To F   |        | Informant's Name/F   |                            | Tune Print   |  | 19h Mailir             | o Address /Stre   | MARY JO                                   |                  |                        | State 7ii         | n Code)  |  |  |
| Ma          | d2:<br>th ar<br>7 is<br>frau  |        | ARY JO LAV   |                            |  |  |                        |   |   |                  |                        |                   |  |  |  |
| e,          | Pages 1 arent of Heant if Item 2 ry or other  |        | Method of Disposition  |                            | TOTHER   | 20b. P   | lace of Dispo          | 54TH AVENUE, RIVERDALE, MARYLAND 20737 position (Nama of Date 20c. Location - City or Town, State |   |                  |                        |                   |  |  |  |
| no          |   |        | Burial 2 Cre   |                            |  | State  |                        | natory or other p   |   | ( /07 /00        |                        |                   |  |  |  |
| Baltimore,  | permit. Pa<br>Departmen<br>Important:<br>eny Injury<br>ence.  | -      | Signature of Funeral   |                            |  | FOI  |                        | COLN CEN  |   | 6/2//98          | BRENTW                 | DOD,              | MARYLAND   |  |  |
| Ba          | Demit. Departm<br>Importar<br>any Inju  |        | 4.   | 4                          | 11   | /  | F                      | ORT LING  | COLN FUNER                                |                  |                        |                   |  |  |  |
|             |   | 230    | Dous (   | 7 · C                      | Han  | 3401 BLADENSBURG RD., BRENTWOC at caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, |                        |   |   |                  |                        |                   | Approximate  |  |  |
|             | Dhysisian   | 5.00   | shock, or heart faile  | ure. List only             | one cause on e   | ach line.  | i. Do not ent          | or the mode of t  | ying, addit as cardial                    | or respiratory t | A1100t,                | 1                 | tnterval Between<br>Onset and Death                              |  |  |
|             | Physician /Medical  | Imm    | ediate Ceuse (Final  |                            |  | FOCAL MY   | 2400141                | E1000010  |   |                  |                        |                   |  |  |  |
|             | Examiner  |        | ase or condition<br>Iting In death)  |                            | 8  | FOCAL MY   | r es e conseq          |   |   |                  |                        | 1                 |  |  |  |
|             |   |        |  |                            |  | D00 (0 (0  | i es e conseç          | juence orj.   |   |                  |                        | 1                 |  |  |  |
|             | certificate be executed uning physicien and use as the buriel-transit   | Segu   | uentially list conditio  | ns.                        | b  | Due to (o  | res a conseq           | juence of):   |   |                  |                        |                   |  |  |  |
| o,          | an ar<br>iniel-t  | if an  | pentially list condition<br>y, leeding to immedie. Enter Underlying<br>e. (Diseese or Injury | iate                       |  |  |                        |   |   |                  |                        |                   |  |  |  |
| 68760,      | physicials the bur  | that   | se (Diseese or Injury<br>initiated events<br>Iting in death) Last                            |                            | C  | Due to (o  | r as a conseq          | uence of):  |   |                  |                        |                   |  |  |  |
| 39 x        | ing ph  |        | ang in obalin Last   |                            |  |  |                        |   |   |                  |                        | 1                 |  |  |  |
| Bo          | ettending  <br>for use as   |        |  |                            | d  |  |                        |   |   |                  |                        |                   |  |  |  |
|             | 0 0 0   | Pert i | i. Other significant   | conditions o               | ontributing to de  | eath but not res   | ulting in the u        | nderlylng cause   | given in Part I.                          | 23b. Did         | tobacco uss co         | ontributa t       | to the cause of death  |  |  |
| P.0         | ed by the detached  |        |  |                            |  |  |                        |   |   | 1□               | Y88 25 No              | 3 Pro             | obably 4 Unknow  |  |  |
| ŝ           | 8 69 6  |        |  |                            |  |  |                        |   |   |                  |                        | 0.45 14           | form and a service distance                                      |  |  |
| Record      | The lew requires rate has been sign page 2 should be Completed by   |        |  |                            |  |  |                        |   |   | 24e. Was         | s an autopsy<br>ormed? | av                | Vere autopsy findings<br>vailable prior to<br>ompletion of cause |  |  |
| ec          | has b   |        | - 4  |                            |  |  |                        |   |   |                  |                        | of                | death?   |  |  |
|             | The le  |        |  |                            |  |  |                        |   |   | 10               | Yes 2□No               | 11                | Yes 2 No   |  |  |
| Vital       | certificate<br>rector, par  | 25. V  | Ves case referred to<br>xaminer?   | medical                    | (Incomitate  |  |                        |   | 28. Plece of De                           | ath (Check only  | ona)                   |                   |  |  |  |
| of          | Physicien:<br>this certific<br>ral director,  |        | Yes 2□No   |                            | 1  | npatient 2   |                        | IL SLI DOA  |   |                  | idence 8 🗆 Ot          |                   | (y)  |  |  |
| L<br>U      | After uner uner uner uner uner uner uner un   | 27. N  | lanner of Deeth  Naturel 5   | Pending                    |  | of Injury<br>th, Day Year)   | 28b. Time of<br>Injury |   | york?                                     | 28d. Describe    | how injury occu        | rred              |  |  |  |
| Sic         | Attending or death.  ector: After by the fune time  | 3      | ☐ Accident<br>☐ Suicide 6 [  | Investigetion Could not be | of be  |  |                        |   |   | her or Pur       | rel Boute Number       |                   |  |  |  |
| Division of | tal or Attending P is after death.  al Director: After ted in by the funers Certification:  | 4      | Homicide   | determined                 | 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify)  28f. Location (Streat and Number or Rural Rou City or Town, State) |  |                        |   |   |                  |                        | ar mound muniber, |  |  |  |
| _           | pital<br>oral<br>filled   |        | Certifier 1  | Cartifulna Ph              | g Physician: To the best of my knowledge, death occurred at the time, dete and piece, end due to the cause(s) and menner                                   |  |                        |   |   |                  | 2000000000             | etatod            |  |  |  |
|             | n 24 hou  | 250.   |  |                            | ninar: On the b  |  |                        |   | y opinion, death occu                     |                  |                        |                   |  |  |  |
|             | To the Hospital or Attending Physicien: within 24 hours effect death.  To the Funeral Director: After this certific completely filled in by the funeral director.  Medical Certification: To Be 6 |        | Signeture and title of   | of certifier 1             | and man  | 1  |                        | 29c. Lice   | ense number                               |                  | 29d. Date sign         | ed (Month,        | ed (Month, Day, Year)  |  |  |
|             | PSFO  |        | Mou  | 7                          | h. ()  | 600  |                        |   | O.C.M.E                                   |                  | JUNE                   | 25, 1             | 1998   |  |  |

Registrar



of death (Item 23a) (Type, Print)

